CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 2/27/2024 2.a. Candidate or Committee Name: Damon Rawls

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 3/5/2024 (Primary)

4. Campaign Address: 2313 E 5th Ave

City: Knoxville State: TN Zip Code: 37917 Phone: (865) 271-8021

5. Candidate Home Address: 2313 E 5th Ave

City: Knoxville State: TN Zip Code: 37917 Phone: (865) 271-8021

Candidate Email Address: _____

6. Office Sought: (include district number, if applicable) Knox County Commission, District 1

7. Name of Political Treasurer (may be candidate): Matthew Best

Political Treasurer Email Address: mbestiv@gmail.com

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☒ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental

9. Reporting Period: Start Date: 1/16/2024 End Date: 2/24/2024

10. Detailed Disclosure: (Check one)

☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)

☒ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than $1,000 and/or expenditures total more than $1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Candidate Signature	Date	Political Treasurer Signature	Date
	2/26/2024		2/26/2024

Witness Signature	Date	Witness Signature	Date
	2/26/2024		2/26/2024

12. Summary:

a.	Balance On Hand Last Report	$ 3,526.02
b.	Total Receipts This Period	$ 6,601.00
c.	Total Disbursements This Period	$ 4,296.32
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 5,830.70
e.	Total Loans Outstanding	$ -
f.	Total Obligations Outstanding	$ -

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Damon Rawls

14. Reporting Period: Start Date: 1/16/2024 End Date: 2/24/2024

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ -
(Note: Effective January 16, 2023, Unitemized Contributions are capped at $2,000. See *Instructions* for more information.)

b. Itemized Contributions (over $100 from each source this period) ..... $ 6,601.00

c. Loans Received This Reporting Period ..... $ -

d. Interest Received This Reporting Period ..... $ -

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 6,601.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 4,296.32
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ -

c. Total Obligation Payments Made This Period ..... $ -

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 4,296.32

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ -

b. Itemized In-Kind Contributions Received This Period ..... $ -

c. Total In-Kind Contributions Received This Period ..... $ -

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ -

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ____________ End Date: ____________

3. Total campaign contributions from preceding page (enter $0 if first page) $ SEE ATTACHED

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ______________________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________________ City: ____________ State: ____ Zip Code: ________

Occupation: ____________________ Employer: ____________________

Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $________ Date of Contribution: ________ Aggregate This Election: $________

Business or Organization Name: ______________________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________________ City: ____________ State: ____ Zip Code: ________

Occupation: ____________________ Employer: ____________________

Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $________ Date of Contribution: ________ Aggregate This Election: $________

Business or Organization Name: ______________________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________________ City: ____________ State: ____ Zip Code: ________

Occupation: ____________________ Employer: ____________________

Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $________ Date of Contribution: ________ Aggregate This Election: $________

Business or Organization Name: ______________________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________________ City: ____________ State: ____ Zip Code: ________

Occupation: ____________________ Employer: ____________________

Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $________ Date of Contribution: ________ Aggregate This Election: $________

Total Contributions: $____________________
(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

Date	Amount	First	Last	Address	City	State	ZIP	Occupation	Employer
1/23/2024	15	Kathy	McGranaghan	171 Confederacy Circle	Knoxville	TN	37917	Not Employed	Not Employed
1/23/2024	25	Nancy	Mott	3117 E 5th Ave	Knoxville	TN	37917	psychotherapist	self
1/23/2024	50	William	Mendoza-Euceda	2442 Brown Ave	Knoxville	TN	37917	Cook	Tomato Head
1/25/2024	150	Tennessee Strategies LLC		PO Box 23893	Knoxville	TN	37933	n/a	n/a
1/25/2024	10	Lala	Smith	9216 Colchester Ridge Rd	Knoxville	TN	37922	Not Employed	Not Employed
1/25/2024	100	Stephanie	Hall	560 Riverfront Way	Knoxville	TN	37915	M.D.	self employed
1/30/2024	50	Elizabeth	Rowland	615 Balsam Dr	Knoxville	TN	37918	Director	US-China Business Network
1/30/2024	25	Gail	Montgomery	2912 Sunset Ave	Knoxville	TN	37914	Program Manager	Advantus Health
1/30/2024	25	Isaac	Sherman	5201 western ave #435	Knoxville	TN	37914	Retired military	Usaf
2/1/2024	25	Alysha	Burnette	1507 Woodbine Avenue	Knoxville	TN	37917	Teacher	KCS
2/1/2024	25	Elizabeth	Deeter	4869 Chambliss Ave	Knoxville	TN	37919	Social Work	self
2/2/2024	6	Brady	Watson	208 Doughty Dr	Knoxville	TN	37918	Community Organizer	Union of Concerned Scientists
2/5/2024	100	Benjamin	Mullins	10721 Wood Oak Ct	Knoxville	TN	37922	Attorney	Frantz, McConnell & Seymour, LLP
2/7/2024	250	Kevin	Murphy	4508 Murphy Rd	Knoxville	TN	37918	Retired	self
2/9/2024	1000	Scott	Davis	1515 Ashland Way	Knoxville	TN	37919	Owner	Eagle Bend Development
2/11/2024	200	Harold	Middlebrook	2334 Dandridge Ave	Knoxville	TN	37915	Not Employed	Not Employed
2/13/2024	100	Stephanie	Hall	560 Riverfront Way	Knoxville	TN	37915	M.D.	self employed
2/13/2024	25	Julie	Mitchell	602 S Gay St #603	Knoxville	TN	37902	Scientist	ORNL
2/13/2024	20	James	Higdon	PO Box 5372	Maryville	TN	37801	consultant	L'Espace Motorcoach, Inc
2/13/2024	100	Marshall	Jensen	412 East Scott Ave	Knoxville	TN	37917	Attorney	Federal Public Defender
2/14/2024	3000	East TN Realtors PAC		609 Weisgarber Rd	Knoxville	TN	37919	n/a	n/a
2/14/2024	100	Thomas	King	139 E Glenwood Ave	Knoxville	TN	37917	General Contractor	Cornerstone Construction Services, Inc.
2/20/2024	500	Harry	Boston	1202 Luttrell St	Knoxville	TN	37917	Executive	Boston Government Services
2/21/2024	250	Denise	Dean	2184 N Ridge Dr	Jefferson City	TN	37760	Not Employed	Not Employed
2/21/2024	100	Nathaniel	Shelso	237 Deadrick Ave	Knoxville	TN	37921	Senier Relationships Manager	FirstBank
2/21/2024	100	Lisa	Sorensen	933 Luttrell St	Knoxville	TN	37921	Owner	Bliss
2/24/2024	250	Charles	Morris	333 W Depot Ave #413	Knoxville	TN	37917	Marketing	Morris Creative Group

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ____________________

2. Reporting Period: Start Date: ____________ End Date: ____________

3. Total in-kind contributions from preceding page (enter $0 if first page) $ ____________________

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: ____________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________________ City: ____________ State: ____ Zip Code: ________

Occupation: ____________________ Employer: ____________________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ____________________

Business or Organization Name: ____________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________________ City: ____________ State: ____ Zip Code: ________

Occupation: ____________________ Employer: ____________________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ____________________

Business or Organization Name: ____________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________________ City: ____________ State: ____ Zip Code: ________

Occupation: ____________________ Employer: ____________________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ____________________

Business or Organization Name: ____________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________________ City: ____________ State: ____ Zip Code: ________

Occupation: ____________________ Employer: ____________________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ____________________

Total In-Kind Contributions: $ ____________________

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: ______________________

2. Reporting Period: Start Date: ____________ End Date: ____________

3. Total campaign expenditures from preceding page (enter $0 if first page) $ SEE ATTACHED

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: ____________

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: ____________

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: ____________

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: ____________

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: ____________

Total Expenditures: $ ______________________
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

Damon Rawls for County Commission - Expenditures							
Date	Name	Address	City	State	ZIP	Amount	Purpose
1/22/2024	Squarespace	8 Clarkston St	New York	NY	10014	$37.15	Website
1/31/2024	Morgan Street Strategies	1037 Tranquilla Dr	Knoxville	TN	37919	$600.00	Consulting
2/20/2024	Russell Printing Options	1800 Grand Ave	Knoxville	TN	37916	$2,946.97	Printing & Mailing
2/20/2024	Queen Tee's	2566 E Magnolia Ave, Ste. 101	Knoxville	TN	37914	$168.00	Shirts
2/21/2024	Kroger	4414 Asheville Hwy	Knoxville	TN	37914	$111.42	Event Supplies
2/21/2024	East End Liquor	5406 Asheville Hwy	Knoxville	TN	37914	$76.44	Event Supplies
2/22/2024	Squarespace	8 Clarkston St	New York	NY	10014	$37.15	Website
2/24/2024	ActBlue	366 Summer St	Sommerville	MA	2144	$319.19	Fundraising Fees

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: ______________________________
2. Reporting Period: Start Date: ______________ End Date: ______________
3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Outstanding Loan Balance (Beginning) .... $ ______________

Loans Received .... $ ______________

Loan Payments .... $ ______________

Outstanding Loan (End) .... $ ______________

Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: ______________

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $______________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $______________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $______________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $______________

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) .... $______________

Loans Received .... $______________

Loan Payments .... $______________

Outstanding Loan (End) .... $______________

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______________________________

First Name: ______________ Middle Name: ________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: ________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: ________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: ________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$