



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 1/28/2026 2.a. Candidate or Committee Name: John Covington

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 11/3/2026

4. Campaign Address: 1661 Aaron Brenner Dr Ste 300  
 City: Memphis State: TN Zip Code: 38120 Phone: 9017612720

5. Candidate Home Address: 11648 Underwood Dr  
 City: Arlington State: TN Zip Code: 38002 Phone: 9014969776  
 Candidate Email Address: covington.john@gmail.com

6. Office Sought: (include district number, if applicable) Shelby County Commissioner, Dist. 1

7. Name of Political Treasurer (may be candidate): Randie Smalley  
 Political Treasurer Email Address: randie.smalley@gmail.com

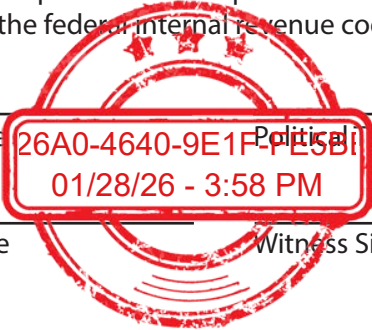
8. Category or Report: (check one)  
 First Quarter     Second Quarter     Third Quarter     Fourth Quarter     Pre-Primary     Pre-General  
 Mid-Year Supplemental     Year-End Supplemental     Runoff Election

9. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

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
Witness Signature	Date	Witness Signature	Date



12. Summary:

a. Balance On Hand Last Report .....	\$ <u>\$109.30</u>
b. Total Receipts This Period .....	\$ <u>\$9,456.50</u>
c. Total Disbursements This Period .....	\$ <u>\$460.26</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>\$9,105.54</u>
e. Total Loans Outstanding .....	\$ <u>\$0.00</u>
f. Total Obligations Outstanding .....	\$ <u>\$0.00</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: John Covington

14. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

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) ..... \$ \$9,456.50
- 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.) ..... \$ \$9,456.50

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$460.26  
(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.)..... \$ \$460.26

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: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Will Middle Name: \_\_\_\_\_ Last Name: Shapiro  
Address: 7825 West Rim Dr City: Austin State: TX Zip Code: 78731  
Occupation: Consultant Employer: Self Employed  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$500.00 Date of Contribution: 7/16/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Jeremy Middle Name: \_\_\_\_\_ Last Name: White  
Address: 589 Dunwick Cv City: Collierville State: TN Zip Code: 38017  
Occupation: Secretary Treasurer Employer: MPD  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 7/18/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Stephen Middle Name: \_\_\_\_\_ Last Name: McHugh  
Address: 1575 Eastmoreland Ave City: Memphis State: TN Zip Code: 38104  
Occupation: Appraiser Employer: Shelby County Government  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$50.00 Date of Contribution: 7/18/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: Memphis Police Associateion (M-PAC) **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 638 Jefferson Ave City: Memphis State: TN Zip Code: 38105  
Occupation: NA Employer: NA  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$2,500.0 Date of Contribution: 8/12/2025 Aggregate This Election: \$ \$2,500.0

Total Contributions: \$ \$3,150.00

(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.)

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Joseph Middle Name: \_\_\_\_\_ Last Name: Cunningham  
Address: 11915 Country Valley Cv City: Arlington State: TN Zip Code: 38002  
Occupation: President Employer: Memphis Police Association  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$200.00 Date of Contribution: 8/25/2025 Aggregate This Election: \$ \$200.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Jeremy Middle Name: \_\_\_\_\_ Last Name: White  
Address: 589 Dunwick Cv City: Collierville State: TN Zip Code: 38017  
Occupation: Secretary Treasurer Employer: MPD  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$50.00 Date of Contribution: 9/18/2025 Aggregate This Election: \$ \$150.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Carole Middle Name: W Last Name: West  
Address: 6165 Chartwell Ln City: Memphis State: TN Zip Code: 38120  
Occupation: Admin Employer: Admin  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$1,000.0 Date of Contribution: 9/22/2025 Aggregate This Election: \$ \$1,000.0

Business or Organization Name: Memphis Fire Fighters Association PAC **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 5150 State Rd Ste 103 City: Memphis State: TN Zip Code: 38134  
Occupation: NA Employer: NA  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$500.00 Date of Contribution: 9/22/2025 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$4,900.00

(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.)

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$4,900.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Chris Middle Name: \_\_\_\_\_ Last Name: Sansone  
Address: 170 N Main St City: Memphis State: TN Zip Code: 38105  
Occupation: Police Officer Employer: City of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$50.00 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Ken Middle Name: \_\_\_\_\_ Last Name: Walcott  
Address: 1143 Boone Dr City: Hernando State: MS Zip Code: 38632  
Occupation: Police Officer Employer: City of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$1.50 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$1.50

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Ken Middle Name: \_\_\_\_\_ Last Name: Walcott  
Address: 1143 Boone Dr City: Hernando State: MS Zip Code: 38632  
Occupation: Police Officer Employer: City of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$101.50

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Brittney Middle Name: \_\_\_\_\_ Last Name: Morris  
Address: 4892 Snickers Dr City: Bartlett State: TN Zip Code: 38002  
Occupation: Clinical Account Executive Employer: Baptist Trinity Home Care  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$5,151.50

(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.)

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$5,151.50

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: John Middle Name: \_\_\_\_\_ Last Name: Covington  
Address: 11648 Underwood City: Arlington State: TN Zip Code: 38002  
Occupation: Police Officer Employer: City of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Michael Middle Name: \_\_\_\_\_ Last Name: Hooker  
Address: 59 S. Cox St. City: Memphis State: TN Zip Code: 38104  
Occupation: Police Officer Employer: Memphis Police Department  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$50.00 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: John Middle Name: \_\_\_\_\_ Last Name: Covington  
Address: 11648 Underwood City: Arlington State: TN Zip Code: 38002  
Occupation: Police Officer Employer: City of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$200.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Traynor Middle Name: \_\_\_\_\_ Last Name: Jennings III  
Address: 90 Waring Rd City: Memphis State: TN Zip Code: 38117  
Occupation: Retired Employer: Retired  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$250.00 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$5,651.50

(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.)

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$5,651.50

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Ben C. Middle Name: \_\_\_\_\_ Last Name: Adams Jr.  
Address: 4272 Gwynne Rd City: Memphis State: TN Zip Code: 38117  
Occupation: Attorney Employer: Baker Donelson  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$250.00 Date of Contribution: 9/26/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: John Middle Name: \_\_\_\_\_ Last Name: Covington  
Address: 11648 Underwood City: Arlington State: TN Zip Code: 38002  
Occupation: Police Officer Employer: City of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 9/26/2025 Aggregate This Election: \$ \$300.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Stephen Middle Name: R Last Name: Leffler  
Address: 707 Adams Avenue City: Memphis State: TN Zip Code: 38105  
Occupation: Attorney Employer: Leffler Law  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$500.00 Date of Contribution: 10/8/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: John Middle Name: \_\_\_\_\_ Last Name: Covington  
Address: 11648 Underwood City: Arlington State: TN Zip Code: 38002  
Occupation: Police Officer Employer: City of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$235.00 Date of Contribution: 10/15/2025 Aggregate This Election: \$ \$535.00

Total Contributions: \$ \$6,736.50

(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.)

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$6,736.50

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: John Middle Name: \_\_\_\_\_ Last Name: Covington  
Address: 11648 Underwood City: Arlington State: TN Zip Code: 38002  
Occupation: Police Officer Employer: City of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$10.00 Date of Contribution: 10/20/2025 Aggregate This Election: \$ \$545.00

Business or Organization Name: Memphis Fire Fighters Association PAC **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 5150 Stage Rd Ste 103 City: Memphis State: TN Zip Code: 38134  
Occupation: NA Employer: NA  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$2,000.00 Date of Contribution: 11/14/2025 Aggregate This Election: \$ \$2,000.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Kelly Middle Name: \_\_\_\_\_ Last Name: Nichols  
Address: 3655 Lucy Rd City: Millington State: TN Zip Code: 38053  
Occupation: Police Officer Employer: Millington City Government  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$10.00 Date of Contribution: 11/18/2025 Aggregate This Election: \$ \$10.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Jim Middle Name: \_\_\_\_\_ Last Name: Strickland  
Address: 267 Ridgefield Rd City: Memphis State: TN Zip Code: 38111  
Occupation: Dean, Law School Employer: University of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$250.00 Date of Contribution: 7/24/2025 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$9,006.50  
(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.)

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$9,006.50

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Deborah Middle Name: \_\_\_\_\_ Last Name: Godwin  
Address: 211 Brenrich Cove S City: Memphis State: TN Zip Code: 38117  
Occupation: Attorney Employer: Godwin, Morris, Laurenzi, & Bloomfield PC  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 9/22/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Jim Middle Name: \_\_\_\_\_ Last Name: Strickland  
Address: 267 Ridgfield Rd City: Memphis State: TN Zip Code: 38111  
Occupation: Dean, Law School Employer: University of Memphis  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$250.00 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Katie Middle Name: \_\_\_\_\_ Last Name: Frulla  
Address: 6794 Eastridge Cove City: Memphis State: TN Zip Code: 38120  
Occupation: Real Estate Manager Employer: CBRE  
Contribution Received For:  Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 12/8/2025 Aggregate This Election: \$ \$100.00

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: \$ \$9,456.50

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: Watkins Uiberall PLLC **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Accounting

Amount of Expenditure: \$ \$350.00 Date of Expenditure: \$ 9/10/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$20.30 Date of Expenditure: \$ 7/16/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$6.60 Date of Expenditure: \$ 7/18/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$10.30 Date of Expenditure: \$ 7/24/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$8.30 Date of Expenditure: \$ 8/25/2025

Total Expenditures: \$ \$395.50

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$395.50

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: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 9/18/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$14.60 Date of Expenditure: \$ 9/23/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$28.16 Date of Expenditure: \$ 9/23/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 9/26/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$9.70 Date of Expenditure: \$ 10/15/2025

Total Expenditures: \$ \$454.56

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John Covington
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$454.56

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: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$0.70 Date of Expenditure: \$ 10/20/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$0.70 Date of Expenditure: \$ 11/18/2025

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 12/8/2025

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: \$ \$460.26

(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.)