



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 10/10/2025 2.a. Candidate or Committee Name: Doug Lloyd
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/4/2025
4. Campaign Address: PO Box 3161
City: Knoxville State: TN Zip Code: 37930 Phone: _____
5. Candidate Home Address: 5012 Cain Rd
City: Knoxville State: TN Zip Code: 37921 Phone: _____
Candidate Email Address: doug26lloyd@gmail.com
6. Office Sought: (include district number, if applicable) City Council, District 3
7. Name of Political Treasurer (may be candidate): Chrissey Stephens
Political Treasurer Email Address: clstephenstn@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: 8/17/2025 End Date: 9/30/2025
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

BFC7-4CC6-AB88-7951
10/10/25 - 4:18 PM

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$6,689.88</u>
b. Total Receipts This Period	\$ <u>\$16,661.36</u>
c. Total Disbursements This Period	\$ <u>\$9,108.36</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$14,242.88</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: Doug Lloyd

14. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025

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) \$ \$16,661.36
- 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.) \$ \$16,661.36

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$9,108.36
(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.)..... \$ \$9,108.36

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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
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: David Middle Name: _____ Last Name: Colquitt
Address: 3921 Glenfield Dr City: Knoxville State: TN Zip Code: 37919
Occupation: Business Owner Employer: Self
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,500.00 Date of Contribution: 8/28/2025 Aggregate This Election: \$ \$1,500.00

Business or Organization Name: Knox County Republican Party **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 431 City: Knoxville State: TN Zip Code: 37901
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$3,500.00 Date of Contribution: 9/3/2025 Aggregate This Election: \$ \$3,500.00

Business or Organization Name: Associated Builders and Contractors Inc PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 560 Royal Parkway City: Nashville State: TN Zip Code: 37214
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/4/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: Friends to Elect Elaine Davis **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1825 Point Wood Dr City: Knoxville State: TN Zip Code: 37920
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$125.00 Date of Contribution: 9/9/2025 Aggregate This Election: \$ \$125.00

Total Contributions: \$ \$6,125.00

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$6,125.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Daniel Middle Name: _____ Last Name: Ellis Jr
Address: 8534 Andersonville Pike City: Knoxville State: TN Zip Code: 37938
Occupation: Senior Consultant Employer: CGI
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$260.73 Date of Contribution: 9/9/2025 Aggregate This Election: \$ \$260.73

Business or Organization Name: _____ **OR**
First Name: Melody Middle Name: _____ Last Name: Watts
Address: PO Box 53182 City: Knoxville State: TN Zip Code: 37950
Occupation: Event Technician Employer: Pellissippi State Community College
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$104.48 Date of Contribution: 9/11/2025 Aggregate This Election: \$ \$104.48

Business or Organization Name: Cohen Communications Group **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 51366 City: Knoxville State: TN Zip Code: 37950
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 9/8/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: T Last Name: Bailey
Address: 319 Wooded Ln City: Knoxville State: TN Zip Code: 37922
Occupation: Sales Employer: Self
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 9/8/2025 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$7,240.21
(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$7,240.21

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Brian Middle Name: _____ Last Name: Lloyd
Address: PO Box 52306 City: Knoxville State: TN Zip Code: 37950
Occupation: Contractor Employer: Lloyds Electric
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/9/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Joseph Middle Name: _____ Last Name: Bailey
Address: 3808 Kingston Pike City: Knoxville State: TN Zip Code: 37919
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 9/9/2025 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**
First Name: Justin Middle Name: _____ Last Name: Lafferty
Address: 1509 Meeting House Rd City: Knoxville State: TN Zip Code: 37931
Occupation: State Representative Employer: State of Tennessee
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 9/9/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: Terry Hill County Commission **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8609 Garrison Dr City: Knoxville State: TN Zip Code: 37931
Occupation: County Commissioner Employer: Knox County
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 9/12/2025 Aggregate This Election: \$ \$300.00

Total Contributions: \$ \$8,940.21
(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$8,940.21

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Mike Middle Name: _____ Last Name: Gorgon

Address: 7255 Oak Ridge Hwy City: Knoxville State: TN Zip Code: 37931

Occupation: Owner Employer: Gordon's Drug Store

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 9/12/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: Hensley Direct Inc **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 51864 City: Knoxville State: TN Zip Code: 37950

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/15/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**

First Name: Kyle Middle Name: _____ Last Name: Nahrebne

Address: 7827 McMillan Rd City: Knoxville State: TN Zip Code: 37914

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$521.15 Date of Contribution: 9/16/2025 Aggregate This Election: \$ \$521.15

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Graham

Address: PO Box 12489 City: Knoxville State: TN Zip Code: 37912

Occupation: Owner/Founder Employer: Graham Corporation

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/17/2025 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$11,511.36

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$11,511.36

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: 321 Events Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1803 N Central St City: Knoxville State: TN Zip Code: 37917
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 9/23/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Oliver Middle Name: _____ Last Name: Smith IV
Address: 7216 Wellington Dr Ste 1 City: Knoxville State: TN Zip Code: 37919
Occupation: President Employer: Oliver Smith Realty & Development Co
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 9/25/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Douglas Middle Name: _____ Last Name: Harris
Address: 1212 Great Oaks Way City: Knoxville State: TN Zip Code: 37909
Occupation: Business Owner Employer: Self
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/26/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Carla Middle Name: _____ Last Name: Harris
Address: 1212 Great Oaks Way City: Knoxville State: TN Zip Code: 37909
Occupation: Homemaker Employer: Self
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/26/2025 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$14,261.36
(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$14,261.36

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Sarah Middle Name: _____ Last Name: Staup
Address: PO Box 52733 City: Knoxville State: TN Zip Code: 37950
Occupation: Business Owner Employer: Self
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,900.00 Date of Contribution: 9/26/2025 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: Carroll M Blalock Heating & Air Conditioning **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 872 Proffitt Springs Rd City: Maryville State: TN Zip Code: 37801
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 9/26/2025 Aggregate This Election: \$ \$500.00

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: \$ _____

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: \$ \$16,661.36
(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
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: _____ **OR**
First Name: Lauren Middle Name: _____ Last Name: Jenkins
Address: 50 Prospect Street Apt 903 City: Somerville State: MA Zip Code: 02143
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$45.00 Date of Expenditure: \$ 8/18/2025

Business or Organization Name: _____ **OR**
First Name: Lizzy Middle Name: _____ Last Name: McDaniel
Address: 2901 Cross Valley Rd City: Knoxville State: TN Zip Code: 37917
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$41.25 Date of Expenditure: \$ 8/18/2025

Business or Organization Name: Victory Text **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 190 Monroe Ave NW Ste 300 City: Grand Rapids State: MI Zip Code: 49503
Purpose of Expenditure: Texting Services
Amount of Expenditure: \$ \$108.72 Date of Expenditure: \$ 8/19/2025

Business or Organization Name: Burns Mailing & Printing **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6131 Industrial Heights Dr NW City: Knoxville State: TN Zip Code: 37909
Purpose of Expenditure: Postage
Amount of Expenditure: \$ \$681.31 Date of Expenditure: \$ 8/20/2025

Business or Organization Name: Hart Graphics **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932
Purpose of Expenditure: Printing
Amount of Expenditure: \$ \$586.54 Date of Expenditure: \$ 8/20/2025

Total Expenditures: \$ \$1,462.82

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,462.82

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: Emily Middle Name: _____ Last Name: Wiatr
Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37990
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$165.00 Date of Expenditure: \$ 8/20/2025

Business or Organization Name: _____ **OR**
First Name: Chrissey Middle Name: _____ Last Name: Stephens
Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37931
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$175.00 Date of Expenditure: \$ 8/20/2025

Business or Organization Name: _____ **OR**
First Name: Elijah Middle Name: _____ Last Name: Boatwright
Address: 221 E Blount Ave Apt 609 City: Knoxville State: TN Zip Code: 37920
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$317.32 Date of Expenditure: \$ 8/22/2025

Business or Organization Name: _____ **OR**
First Name: Pierce Middle Name: _____ Last Name: Broussard
Address: 2042 Gusty Wind Ln City: Knoxville State: TN Zip Code: 37932
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$171.89 Date of Expenditure: \$ 8/22/2025

Business or Organization Name: _____ **OR**
First Name: Jonah Middle Name: _____ Last Name: Davis
Address: 9271 Davis Ferry Rd City: Loudon State: TN Zip Code: 37774
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$98.65 Date of Expenditure: \$ 8/22/2025

Total Expenditures: \$ \$2,390.68

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,390.68

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: Patty Middle Name: Jean Last Name: King

Address: 950 Wildwood Garden Dr City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$835.75 Date of Expenditure: \$ 8/22/2025

Business or Organization Name: _____ **OR**

First Name: Bunker Middle Name: _____ Last Name: Seyfert

Address: 2658 Scottish Pike City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$345.97 Date of Expenditure: \$ 8/22/2025

Business or Organization Name: IRS **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: \$ \$332.75 Date of Expenditure: \$ 8/22/2025

Business or Organization Name: Professional Payroll Services **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: \$ \$31.47 Date of Expenditure: \$ 8/22/2025

Business or Organization Name: Victory Text **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 190 Monroe Ave NW Ste 300 City: Grand Rapids State: MI Zip Code: 49503

Purpose of Expenditure: Texting Services

Amount of Expenditure: \$ \$99.68 Date of Expenditure: \$ 8/27/2025

Total Expenditures: \$ \$4,036.30

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,036.30

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: Maxwell Middle Name: _____ Last Name: Andrews
Address: 2035 Rivergate Dr City: Knoxville State: TN Zip Code: 37920
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$72.00 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: _____ **OR**
First Name: Elijah Middle Name: _____ Last Name: Boatwright
Address: 221 E Blount Ave Apt 609 City: Knoxville State: TN Zip Code: 37920
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$105.61 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: _____ **OR**
First Name: Pierce Middle Name: _____ Last Name: Broussard
Address: 2042 Gusty Wind Ln City: Knoxville State: TN Zip Code: 37932
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$122.73 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: _____ **OR**
First Name: Jonah Middle Name: _____ Last Name: Davis
Address: 9271 Davis Ferry Rd City: Loudon State: TN Zip Code: 37774
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$82.21 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: _____ **OR**
First Name: Lauren Middle Name: _____ Last Name: Jenkins
Address: 50 Prospect Street Apt 903 City: Somerville State: MA Zip Code: 02143
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$112.50 Date of Expenditure: \$ 9/5/2025

Total Expenditures: \$ \$4,531.35

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,531.35

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: Patty Middle Name: Jean Last Name: King
Address: 950 Wildwood Garden Dr City: Knoxville State: TN Zip Code: 37920
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$538.49 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: _____ **OR**
First Name: Elizabeth Middle Name: _____ Last Name: McDaniel
Address: 2901 Cross Valley Rd City: Knoxville State: TN Zip Code: 37917
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$48.49 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: _____ **OR**
First Name: Jakub Middle Name: _____ Last Name: Newcomb
Address: 5824 Eldridge Rd City: Knoxville State: TN Zip Code: 37918
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$25.15 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: _____ **OR**
First Name: Bunker Middle Name: _____ Last Name: Seyfert
Address: 2658 Scottish Pike City: Knoxville State: TN Zip Code: 37920
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$172.63 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: _____ **OR**
First Name: Peter Middle Name: _____ Last Name: Wild
Address: 1043 Richland Rd City: Blaine State: TN Zip Code: 37990
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$37.52 Date of Expenditure: \$ 9/5/2025

Total Expenditures: \$ \$5,353.63

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$5,353.63

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: IRS **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: \$ \$196.83 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: Professional Payroll Services **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: \$ \$23.54 Date of Expenditure: \$ 9/5/2025

Business or Organization Name: i360 **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2300 Clarendon Blvd Ste 800 City: Arlington State: VA Zip Code: 22201

Purpose of Expenditure: Technology Subscription

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 9/6/2025

Business or Organization Name: Melody Watts Campaign **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 31761 City: Knoxville State: TN Zip Code: 37930

Purpose of Expenditure: Campaign Donation

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 9/6/2025

Business or Organization Name: Becky Jones Campaign **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 31761 City: Knoxville State: TN Zip Code: 37930

Purpose of Expenditure: Campaign Donation

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 9/6/2025

Total Expenditures: \$ \$6,824.00

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$6,824.00

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: Wind Consulting OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Campaign Consultant

Amount of Expenditure: \$ \$1,040.00 Date of Expenditure: \$ 9/8/2025

Business or Organization Name: _____ OR

First Name: Emily Middle Name: _____ Last Name: Wiatr

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37990

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$131.25 Date of Expenditure: \$ 9/8/2025

Business or Organization Name: Hart Graphics OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$393.30 Date of Expenditure: \$ 9/15/2025

Business or Organization Name: _____ OR

First Name: Maxwell Middle Name: _____ Last Name: Andrews

Address: 2035 Rivergate Dr City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$55.41 Date of Expenditure: \$ 9/19/2025

Business or Organization Name: _____ OR

First Name: Alicia Middle Name: _____ Last Name: Gonzales

Address: 5840 NW Alpha Ct City: Port St Luice State: FL Zip Code: 34986

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$48.03 Date of Expenditure: \$ 9/19/2025

Total Expenditures: \$ \$8,491.99

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$8,491.99

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: Caleb Middle Name: _____ Last Name: Grinstead
Address: 323 Greystone Rd City: Marion State: VA Zip Code: 24354
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$84.97 Date of Expenditure: \$ 9/19/2025

Business or Organization Name: _____ **OR**
First Name: Patty Middle Name: Jean Last Name: King
Address: 950 Wildwood Garden Dr City: Knoxville State: TN Zip Code: 37920
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$91.49 Date of Expenditure: \$ 9/19/2025

Business or Organization Name: _____ **OR**
First Name: Ethan Middle Name: _____ Last Name: McMurray
Address: 162 Booher Rd City: Jonesborough State: TN Zip Code: 37659
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$48.03 Date of Expenditure: \$ 9/19/2025

Business or Organization Name: _____ **OR**
First Name: Peter Middle Name: _____ Last Name: Wild
Address: 1043 Richland Rd City: Blaine State: TN Zip Code: 37990
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$60.03 Date of Expenditure: \$ 9/19/2025

Business or Organization Name: IRS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280
Purpose of Expenditure: Payroll Taxes
Amount of Expenditure: \$ \$64.78 Date of Expenditure: \$ 9/19/2025

Total Expenditures: \$ \$8,841.29

(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: Doug Lloyd
2. Reporting Period: Start Date: 8/17/2025 End Date: 9/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$8,841.29

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: Professional Payroll Services **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: \$ \$9.00 Date of Expenditure: \$ 9/19/2025

Business or Organization Name: MyRouteOnline **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 241 Perkins St City: Boston State: MA Zip Code: 02130

Purpose of Expenditure: Technology Subscription

Amount of Expenditure: \$ \$68.31 Date of Expenditure: \$ 9/22/2025

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Wiatr

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37990

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$82.50 Date of Expenditure: \$ 9/24/2025

Business or Organization Name: Andedot/Fundraising Site **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 5555 Hilton Ave Ste 106 City: Baton Rouge State: LA Zip Code: 70808

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$107.26 Date of Expenditure: \$ 9/30/2025

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: \$ _____

Total Expenditures: \$ \$9,108.36

(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.)