



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/10/2026 2.a. Candidate or Committee Name: Romel McMurry
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 1925 Cicero Dr
City: Murfreesboro State: TN Zip Code: 37129 Phone: _____
5. Candidate Home Address: 1925 Cicero Dr
City: Murfreesboro State: TN Zip Code: 37129 Phone: 6156177262
Candidate Email Address: Lemor2004@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #19
7. Name of Political Treasurer (may be candidate): Romel McMurry
Political Treasurer Email Address: Lemor2004@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: 4/1/2026 End Date: 6/30/2026
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

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07/10/26 - 5:02 PM

12. Summary:

a. Balance On Hand Last Report	\$ <u>17,096.20</u>
b. Total Receipts This Period	\$ <u>2,625.00</u>
c. Total Disbursements This Period	\$ <u>1,622.58</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>18,098.62</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: Romel McMurry

14. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

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) \$ \$2,625.00
- 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.) \$ \$2,625.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,622.58
(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.)..... \$ \$1,622.58

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: Romel McMurry
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
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: Caroline Middle Name: _____ Last Name: Lampley

Address: 1430 Georgetown Ln City: Murfreesboro State: TN Zip Code: 37129

Occupation: Unknown Employer: Unknown

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Meredith Middle Name: _____ Last Name: Thomas

Address: 634 Messick Court City: Murfreesboro State: TN Zip Code: 37130

Occupation: Sales Employer: Auto

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/10/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Byron Middle Name: _____ Last Name: Glenn

Address: 3018 Waywood Dr City: Murfreesboro State: TN Zip Code: 37128

Occupation: IT Administrator Employer: IT

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/16/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Bart Middle Name: _____ Last Name: Kline

Address: 1231 Whipoorwill Dr City: Kingston Springs State: TN Zip Code: 37082

Occupation: Architect Employer: KSA

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 4/26/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$800.00

(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: Romel McMurry
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$800.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Kim Middle Name: _____ Last Name: Storch
Address: 4814 Conquer Drive City: Murfreesboro State: TN Zip Code: 37128
Occupation: Rep Employer: Pulte
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Ernest Middle Name: _____ Last Name: Burgess
Address: 7097 Franklin Rd City: Murfreesboro State: TN Zip Code: 37128
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 5/18/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: _____ Last Name: Butterworth
Address: 74 Songbird. Ln. City: Readyville State: TN Zip Code: 37149
Occupation: Unknown Employer: Unknown
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 5/19/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Jeniffer Middle Name: _____ Last Name: Durand
Address: 216 Bonwood Drive City: Murfreesboro State: TN Zip Code: 37128
Occupation: Self Employed Employer: Self Employed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 6/5/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$1,425.00
(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: Romel McMurry
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,425.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Busey

Address: 317 N Walnut St. City: Murfreesboro State: TN Zip Code: 37130

Occupation: Agent Employer: State Farm

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/8/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Kenneth Middle Name: _____ Last Name: Thomas

Address: 4742 Woodrow Pl City: Arrington State: TN Zip Code: 37014

Occupation: Self Employed Employer: Self Employed

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/15/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Reginald Middle Name: _____ Last Name: Harris

Address: 1936 Rolling Creek Dr City: Murfreesboro State: TN Zip Code: 37128

Occupation: Sales Employer: Unknown

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 7/29/2026 Aggregate This Election: \$ \$200.00

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: \$ \$2,625.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Romel McMurry
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
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: Domestic Violence Sexual Assault Center **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1423 Kensington Square Ct City: Murfreesboro State: TN Zip Code: 37120
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$55.20 Date of Expenditure: \$ 4/16/2026

Business or Organization Name: Davy Mac Promotions **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 311 Trenton Ct City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Palm Cards
Amount of Expenditure: \$ \$235.00 Date of Expenditure: \$ 4/24/2026

Business or Organization Name: The Sweet Addiction Organization **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2246 Keeneland Commercial Blvd City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$56.92 Date of Expenditure: \$ 4/27/2026

Business or Organization Name: Staples **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1740 Old Fort Pkwy City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Plam Cards
Amount of Expenditure: \$ \$104.30 Date of Expenditure: \$ 4/27/2026

Business or Organization Name: Greenhouse Ministries **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 307 S Academy St City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$10.30 Date of Expenditure: \$ 4/28/2026

Total Expenditures: \$ \$461.72

(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: Romel McMurry
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$461.72

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: Uhaul Storage OR

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

Address: 1519 Beasie Rd City: Murfreesboro State: TN Zip Code: 37128

Purpose of Expenditure: Yard Sign Storage Rental

Amount of Expenditure: \$ \$10.92 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: Best Buy OR

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

Address: 2615 Medical Ctr Pkwy City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Copier Ink

Amount of Expenditure: \$ \$26.33 Date of Expenditure: \$ 5/7/2026

Business or Organization Name: L2 Inc OR

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

Address: unknown City: unknown State: TN Zip Code: 37129

Purpose of Expenditure: Data

Amount of Expenditure: \$ \$27.02 Date of Expenditure: \$ 5/11/2026

Business or Organization Name: Facebook OR

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

Address: unknown City: unknown State: CA Zip Code: 37129

Purpose of Expenditure: Ad

Amount of Expenditure: \$ \$4.81 Date of Expenditure: \$ 5/13/2026

Business or Organization Name: Staples OR

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

Address: 1740 Old Fort Parkway City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Labels

Amount of Expenditure: \$ \$16.45 Date of Expenditure: \$ 5/14/2026

Total Expenditures: \$ \$547.25

(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: Romel McMurry
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$547.25

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: Sam's Club OR

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

Address: 125 John Rice Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Gas

Amount of Expenditure: \$ \$56.76 Date of Expenditure: \$ 5/14/2026

Business or Organization Name: Tractor Supply Co OR

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

Address: 135 John Rice Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Zip Ties

Amount of Expenditure: \$ \$10.96 Date of Expenditure: \$ 5/14/2026

Business or Organization Name: Salvation Army OR

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

Address: 1137 W Main St City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$52.33 Date of Expenditure: \$ 5/15/2026

Business or Organization Name: Kroger OR

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

Address: 4432 Veterans Pkwy City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$62.40 Date of Expenditure: \$ 5/22/2026

Business or Organization Name: Joanies OR

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

Address: 1733 Saint Andrews City: Murfreesboro State: TN Zip Code: 37128

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$9.88 Date of Expenditure: \$ 5/26/2026

Total Expenditures: \$ \$739.58

(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: Romel McMurry
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$739.58

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: BP **OR**

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

Address: 4205 Manson Pike City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Gas

Amount of Expenditure: \$ \$48.34 Date of Expenditure: \$ 5/26/2026

Business or Organization Name: A.G.E. Graphics **OR**

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

Address: 678 Collins Rd City: Little Hocking State: OH Zip Code: 45742

Purpose of Expenditure: Yard Signs

Amount of Expenditure: \$ \$285.00 Date of Expenditure: \$ 5/28/2026

Business or Organization Name: Wilson Bank & Trust **OR**

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

Address: 4195 Franklin Rd City: Murfreesboro State: TN Zip Code: 37128

Purpose of Expenditure: Monthly bank fees

Amount of Expenditure: \$ \$20.00 Date of Expenditure: \$ 5/29/2026

Business or Organization Name: Davy Mac Promotions **OR**

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

Address: 311 Trenton Ct City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Palm Cards

Amount of Expenditure: \$ \$235.00 Date of Expenditure: \$ 6/2/2026

Business or Organization Name: Eggs Up Grill **OR**

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

Address: 5241 Veterans Pwky City: Murfreesboro State: TN Zip Code: 37128

Purpose of Expenditure: Constituent Breakfast

Amount of Expenditure: \$ \$34.87 Date of Expenditure: \$ 6/8/2026

Total Expenditures: \$ \$1,362.79

(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: Romel McMurry
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,362.79

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: Postal Annex **OR**

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

Address: 4183 Franklin Rd City: Murfreesboro State: TN Zip Code: 37128

Purpose of Expenditure: PO Box rental

Amount of Expenditure: \$ \$101.00 Date of Expenditure: \$ 6/8/2026

Business or Organization Name: Amazon **OR**

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

Address: Unknown City: Uknown State: TN Zip Code: 37129

Purpose of Expenditure: Event supplies

Amount of Expenditure: \$ \$48.37 Date of Expenditure: \$ 6/23/2026

Business or Organization Name: Publix **OR**

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

Address: 5229 Veterans Pkwy City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$31.20 Date of Expenditure: \$ 6/23/2026

Business or Organization Name: Sam's Club **OR**

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

Address: 125 John Rice Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Gas

Amount of Expenditure: \$ \$41.68 Date of Expenditure: \$ 6/23/2026

Business or Organization Name: Kroger **OR**

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

Address: 4432 Veterans Pkwy City: Murfreesboro State: TN Zip Code: 37128

Purpose of Expenditure: Gas

Amount of Expenditure: \$ \$37.54 Date of Expenditure: \$ 6/30/2026

Total Expenditures: \$ \$1,622.58

(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.)