



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/31/2025 2.a. Candidate or Committee Name: Paul Young

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 10/5/2023

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

5. Candidate Home Address: 5824 Garden River Cove
 City: Memphis State: TN Zip Code: 38120 Phone: 9017612720

Candidate Email Address: paul@youngformemphis.com

6. Office Sought: (include district number, if applicable) Memphis Mayor

7. Name of Political Treasurer (may be candidate): Cassandra Webster
 Political Treasurer Email Address: chugheswebster@gmail.com

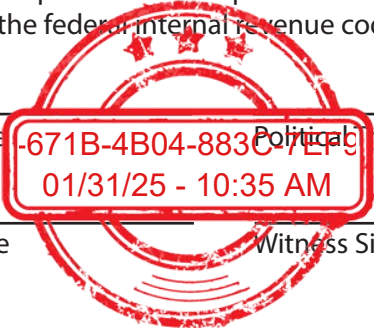
8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025

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



12. Summary:

a. Balance On Hand Last Report	\$ <u>\$33,805.51</u>
b. Total Receipts This Period	\$ <u>\$6,246.75</u>
c. Total Disbursements This Period	\$ <u>(\$16,080.66)</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$56,132.92</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: Paul Young

14. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025

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) \$ \$6,246.75
- 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.) \$ \$6,246.75

16. Disbursements:

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

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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
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: Carol Middle Name: _____ Last Name: Williamson
Address: 11317 Country Forest Cv City: Collierville State: TN Zip Code: 38017
Occupation: CEO Employer: Memphis Wrecking Co
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 7/26/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: Enterprise Mobility PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 600 Corporate Park Drive City: St Louis State: MO Zip Code: 63105
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: 11/4/2024 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: NGP Van Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 655 15th St NW Ste 650 City: Washington State: DC Zip Code: 20005
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$949.35 Date of Contribution: 9/6/2024 Aggregate This Election: \$ \$949.35

Business or Organization Name: NGP Van Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 655 15th St NW Ste 650 City: Washington State: DC Zip Code: 20005
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$949.35 Date of Contribution: 9/6/2024 Aggregate This Election: \$ \$949.35

Total Contributions: \$ \$3,398.70

(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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,398.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: NGP Van Inc **OR**

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

Address: 655 15th St NE Ste 650 City: Washington State: DC Zip Code: 20005

Occupation: _____ Employer: _____

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

Amount of Contribution: \$ \$949.35 Date of Contribution: 10/15/2024 Aggregate This Election: \$ \$949.35

Business or Organization Name: NGP Van Inc **OR**

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

Address: 655 15th St NW Ste 650 City: Washington State: DC Zip Code: 20005

Occupation: _____ Employer: _____

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

Amount of Contribution: \$ \$949.35 Date of Contribution: 10/15/2024 Aggregate This Election: \$ \$949.35

Business or Organization Name: NGP Van Inc **OR**

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

Address: 655 15th St NW Ste 650 City: Washington State: DC Zip Code: 20005

Occupation: _____ Employer: _____

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

Amount of Contribution: \$ \$949.35 Date of Contribution: 10/17/2024 Aggregate This Election: \$ \$949.35

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: \$ \$6,246.75

(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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
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: 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: \$ \$300.00 Date of Expenditure: \$ 8/8/2024

Business or Organization Name: Pinnacle Bank **OR**

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

Address: 150 3rd Avenue South Ste 900 City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$80.00 Date of Expenditure: \$ 7/5/2024

Business or Organization Name: Pinnacle Bank **OR**

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

Address: 150 3rd Avenue South Ste 900 City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$80.00 Date of Expenditure: \$ 8/5/2024

Business or Organization Name: Pinnacle Bank **OR**

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

Address: 150 3rd Avenue South Ste 900 City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ (\$560.00) Date of Expenditure: \$ 8/6/2024

Business or Organization Name: Pinnacle Bank **OR**

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

Address: 150 3rd Avenue South Ste 900 City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ (\$80.00) Date of Expenditure: \$ 8/12/2024

Total Expenditures: \$ (\$180.00)

(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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ (\$180.00)

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: Pinnacle Bank **OR**

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

Address: 150 3rd Avenue South Ste 900 City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$80.00 Date of Expenditure: \$ 9/5/2024

Business or Organization Name: Pinnacle Bank **OR**

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

Address: 150 3rd Avenue South Ste 900 City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$80.00 Date of Expenditure: \$ 10/7/2024

Business or Organization Name: VoteShift **OR**

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

Address: PO Box 2282 City: Birmingham State: AL Zip Code: 35201

Purpose of Expenditure: Campaign Management

Amount of Expenditure: \$ \$1,892.07 Date of Expenditure: \$ 7/15/2024

Business or Organization Name: Friends of Antonio Parkinson **OR**

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

Address: PO Box 281453 City: Memphis State: TN Zip Code: 38168

Purpose of Expenditure: Donations

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 7/12/2024

Business or Organization Name: Paragon Solution **OR**

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

Address: 2141 E Broadway Rd Ste 202 City: Tempe State: AZ Zip Code: 85285

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$25.00 Date of Expenditure: \$ 7/2/2024

Total Expenditures: \$ \$2,897.07

(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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,897.07

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: Paragon Solution **OR**

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

Address: 2141 E Broadway Rd Ste 202 City: Tempe State: AZ Zip Code: 85285

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$25.00 Date of Expenditure: \$ 8/2/2024

Business or Organization Name: Paragon Solution **OR**

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

Address: 2141 E Broadway Rd Ste 202 City: Tempe State: AZ Zip Code: 85285

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$25.00 Date of Expenditure: \$ 9/5/2024

Business or Organization Name: Paragon Solution **OR**

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

Address: 2141 E Broadway Rd Ste 202 City: Tempe State: AZ Zip Code: 85285

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$119.75 Date of Expenditure: \$ 10/2/2024

Business or Organization Name: Pinnacle Bank **OR**

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

Address: 150 3rd Avenue South Ste 900 City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ (\$160.00) Date of Expenditure: \$ 10/11/2024

Business or Organization Name: Paragon Solution **OR**

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

Address: 2141 E Broadway Rd Ste 202 City: Tempe State: AZ Zip Code: 85285

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 11/11/2024

Total Expenditures: \$ \$2,911.82

(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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,911.82

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: Public Storage **OR**

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

Address: 4910 Poplar Ave City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Storage

Amount of Expenditure: \$ \$113.00 Date of Expenditure: \$ 7/3/2024

Business or Organization Name: Public Storage **OR**

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

Address: 4910 Poplar Ave City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Storage

Amount of Expenditure: \$ \$113.00 Date of Expenditure: \$ 8/5/2024

Business or Organization Name: Public Storage **OR**

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

Address: 4910 Poplar Ave City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Storage

Amount of Expenditure: \$ \$113.00 Date of Expenditure: \$ 9/3/2024

Business or Organization Name: Public Storage **OR**

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

Address: 4910 Poplar Ave City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Storage

Amount of Expenditure: \$ \$113.00 Date of Expenditure: \$ 10/3/2024

Business or Organization Name: Paragon Solution **OR**

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

Address: 2141 E Broadway Rd Ste 202 City: Tempe State: AZ Zip Code: 85285

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$25.00 Date of Expenditure: \$ 12/2/2024

Total Expenditures: \$ \$3,388.82

(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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,388.82

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: Public Storage **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4910 Poplar Ave City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Storage
Amount of Expenditure: \$ \$113.00 Date of Expenditure: \$ 11/4/2024

Business or Organization Name: Public Storage **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4910 Poplar Ave City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Storage
Amount of Expenditure: \$ \$113.00 Date of Expenditure: \$ 12/3/2024

Business or Organization Name: NGP Van Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 655 15th St NW Ste 650 City: Washington State: DC Zip Code: 20005
Purpose of Expenditure: Fundraising
Amount of Expenditure: \$ \$949.35 Date of Expenditure: \$ 8/7/2024

Business or Organization Name: NGP Van Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 655 15th St NW Ste 650 City: Washington State: DC Zip Code: 20005
Purpose of Expenditure: Fundraising
Amount of Expenditure: \$ \$949.35 Date of Expenditure: \$ 8/23/2024

Business or Organization Name: SMC Entertainment **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4466 Elvis Presley Blvd #248 City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Advertising Refund
Amount of Expenditure: \$ (\$568.00) Date of Expenditure: \$ 7/11/2024

Total Expenditures: \$ \$4,945.52

(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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,945.52

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: VoteShift **OR**

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

Address: PO Box 2282 City: Birmingham State: AL Zip Code: 35201

Purpose of Expenditure: Campaign Management Refund

Amount of Expenditure: \$ (\$10,000.00) Date of Expenditure: \$ 7/11/2024

Business or Organization Name: _____ **OR**

First Name: Hannah Middle Name: _____ Last Name: Sekander

Address: 1350 Concourse Ave #807 City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Worker Refund

Amount of Expenditure: \$ (\$1,500.00) Date of Expenditure: \$ 7/11/2024

Business or Organization Name: _____ **OR**

First Name: Christian Middle Name: _____ Last Name: Warren

Address: 1907 York Ave City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Worker Refund

Amount of Expenditure: \$ (\$1,750.00) Date of Expenditure: \$ 7/11/2024

Business or Organization Name: _____ **OR**

First Name: Matthew Middle Name: _____ Last Name: Szalaj

Address: 1485 Eason City: Memphis State: TN Zip Code: 38116

Purpose of Expenditure: Campaign Worker Refund

Amount of Expenditure: \$ (\$1,750.00) Date of Expenditure: \$ 7/11/2024

Business or Organization Name: _____ **OR**

First Name: Renee Middle Name: _____ Last Name: Sekander

Address: 1350 Concourse Ave # 807 City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Worker Refund

Amount of Expenditure: \$ (\$5,000.00) Date of Expenditure: \$ 7/11/2024

Total Expenditures: \$ (\$15,054.48)

(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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ (\$15,054.48)

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: MailChimp OR

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

Address: 675 Ponce De Leon Ave NE Suite City: Atlanta State: GA Zip Code: 30308

Purpose of Expenditure: Email Services Refund

Amount of Expenditure: \$ (\$61.46) Date of Expenditure: \$ 7/11/2024

Business or Organization Name: _____ OR

First Name: Patricia Middle Name: _____ Last Name: Thompson

Address: 4038 Glenroy Dr City: Memphis State: TN Zip Code: 38125

Purpose of Expenditure: Fundraiser Supplies Refund

Amount of Expenditure: \$ (\$125.00) Date of Expenditure: \$ 7/11/2024

Business or Organization Name: Amazon OR

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

Address: 410 Terry Ave N City: Seattle State: WA Zip Code: 98109

Purpose of Expenditure: Supplies Refund

Amount of Expenditure: \$ (\$137.72) Date of Expenditure: \$ 7/11/2024

Business or Organization Name: NGP VAN Inc OR

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

Address: 655 15th St NW Ste 650 City: Washington State: DC Zip Code: 02005

Purpose of Expenditure: Web Services Refund

Amount of Expenditure: \$ (\$865.00) Date of Expenditure: \$ 7/11/2024

Business or Organization Name: Paragon Solution OR

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

Address: 2141 E Broadway Rd Ste 202 City: Tempe State: AZ Zip Code: 85285

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$25.00 Date of Expenditure: \$ 11/4/2024

Total Expenditures: \$ (\$16,218.66)

(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: Paul Young
2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ (\$16,218.66)

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: Paragon Solution **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2141 E Broadway Rd Ste 202 City: Tempe State: AZ Zip Code: 85285
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ \$25.00 Date of Expenditure: \$ 1/2/2025

Business or Organization Name: Public Storage **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4910 Poplar Ave City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Storage
Amount of Expenditure: \$ \$113.00 Date of Expenditure: \$ 1/3/2025

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: \$ _____

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: \$ (\$16,080.66)

(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.)