



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/29/2026 2.a. Candidate or Committee Name: Jeff Lloyd
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 403 Apollo Dr
City: Murfreesboro State: TN Zip Code: 37130 Phone: _____
5. Candidate Home Address: 403 Apollo Dr
City: Murfreesboro State: TN Zip Code: 37130 Phone: _____
Candidate Email Address: jefflloyd21st@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #21
7. Name of Political Treasurer (may be candidate): John Meyers
Political Treasurer Email Address: meyersjc@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: 7/1/2026 End Date: 7/30/2026
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 _____

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$1,534.05</u>
b. Total Receipts This Period	\$ <u>\$1,780.00</u>
c. Total Disbursements This Period	\$ <u>\$2,481.60</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$832.45</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: Jeff Lloyd

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026

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) \$ \$1,780.00
- 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.) \$ \$1,780.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$2,481.60
(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.)..... \$ \$2,481.60

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: Jeff Lloyd
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026
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: Michael Middle Name: _____ Last Name: Patrick
Address: 9911 E Thornbush Ave City: Mesa State: AZ Zip Code: 85212
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 7/8/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Shana Middle Name: _____ Last Name: Zainal
Address: 3154 Bradyville Pike City: Murfreesboro State: TN Zip Code: 37127
Occupation: Self Employed Employer: Self Employed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$30.00 Date of Contribution: 7/20/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Shane Middle Name: _____ Last Name: Reeves
Address: 352 W Northfield Blvd #3 City: Murfreesboro State: TN Zip Code: 37129
Occupation: CEO Employer: Twelve Stone Health Partners
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 7/3/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: Rutherford County Home Builders Association **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 352 W Northfield Blvd City: Murfreesboro State: TN Zip Code: 37129
Occupation: President Employer: Rutherford County Home Builders Association
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 7/15/2026 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$1,530.00
(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: Jeff Lloyd
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,530.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Austin Middle Name: _____ Last Name: Maxwell

Address: 1503 SE Broad St City: Murfreesboro State: TN Zip Code: 31730

Occupation: Thought Leader Leason Employer: Johnson and Johnson Innovative Medicine

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 6/12/2026 Aggregate This Election: \$ \$250.00

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: \$ _____

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: \$ \$1,780.00

(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: Jeff Lloyd
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026
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: United States Postal Service **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2255 Memorial Blvd City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Postage Stamps
Amount of Expenditure: \$ \$390.00 Date of Expenditure: \$ 7/9/2026

Business or Organization Name: Staples.com **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 500 Staples Dr City: Framingham State: MA Zip Code: 01702
Purpose of Expenditure: Ink Cartridge
Amount of Expenditure: \$ \$68.03 Date of Expenditure: \$ 7/28/2026

Business or Organization Name: Walmart **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2012 Memorial Blvd City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Shipping Lables
Amount of Expenditure: \$ \$10.89 Date of Expenditure: \$ 7/23/2026

Business or Organization Name: Staples.com **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 500 Staples Dr City: Framingham State: MA Zip Code: 01702
Purpose of Expenditure: Mailers
Amount of Expenditure: \$ \$340.18 Date of Expenditure: \$ 7/19/2026

Business or Organization Name: Staples.com **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 500 Staples Dr City: Framingham State: MA Zip Code: 01702
Purpose of Expenditure: Mailers
Amount of Expenditure: \$ \$172.29 Date of Expenditure: \$ 7/8/2026

Total Expenditures: \$ \$981.39

(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: Jeff Lloyd
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$981.39

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: Walgreens OR

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

Address: 106 W Northfield Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$234.00 Date of Expenditure: \$ 7/11/2026

Business or Organization Name: Papa John's OR

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

Address: 2089 Lascassas Pike Ste E City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Food for postcard party

Amount of Expenditure: \$ \$41.88 Date of Expenditure: \$ 7/12/2026

Business or Organization Name: Speedway OR

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

Address: 2624 S Rutherford Blvd City: Murfreesboro State: TN Zip Code: 37127

Purpose of Expenditure: Gas for campaign truck

Amount of Expenditure: \$ \$75.05 Date of Expenditure: \$ 7/12/2026

Business or Organization Name: Walmart OR

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

Address: 2900 S Rutherford Blvd City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Sign Stakes

Amount of Expenditure: \$ \$47.57 Date of Expenditure: \$ 7/16/2026

Business or Organization Name: _____ OR

First Name: Clarence Middle Name: _____ Last Name: Santini II

Address: 403 Apollo Dr City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Pay for 3 days of door knocking

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 7/28/2026

Total Expenditures: \$ \$1,629.89

(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: Jeff Lloyd
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,629.89

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: Jamyson Middle Name: _____ Last Name: Hale
Address: 403 Apollo Dr City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: 2 days of door knocking, phone calls and texting voters
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 7/28/2026

Business or Organization Name: United States Postal Service **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 825 S Church St City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Stamps
Amount of Expenditure: \$ \$410.00 Date of Expenditure: \$ 7/23/2026

Business or Organization Name: Staples.com **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 500 Staples Dr City: Framingham State: MA Zip Code: 01702
Purpose of Expenditure: Mailers
Amount of Expenditure: \$ \$93.28 Date of Expenditure: \$ 7/3/2026

Business or Organization Name: Staples.com **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 500 Staples Dr City: Framingham State: MA Zip Code: 01702
Purpose of Expenditure: Mailers
Amount of Expenditure: \$ \$106.45 Date of Expenditure: \$ 7/3/2026

Business or Organization Name: Kenneth Barrett for Sheriff **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 9511 Lebanon Hwy City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Kenneth Barrett Ice Cream Social
Amount of Expenditure: \$ \$41.98 Date of Expenditure: \$ 7/11/2026

Total Expenditures: \$ \$2,481.60

(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.)