CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/9/2026 2.a. Candidate or Committee Name: Lee Ann Eaves

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 8622 Royal Oaks Dr

City: Knoxville State: TN Zip Code: 37931 Phone: _____

5. Candidate Home Address: 8622 Royal Oaks Dr

City: Knoxville State: TN Zip Code: 37931 Phone: _____

Candidate Email Address: LAE930@gmail.com

6. Office Sought: (include district number, if applicable) School Board, District 6

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: 4/26/2026 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.

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Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $5,403.85
b.	Total Receipts This Period	$ $3,252.40
c.	Total Disbursements This Period	$ $6,083.35
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $2,572.90
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Lee Ann Eaves

14. Reporting Period: Start Date: 4/26/2026 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) ..... $ $3,252.40

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.) ..... $ $3,252.40

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $6,083.35
(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.)..... $ $6,083.35

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: Lee Ann Eaves

2. Reporting Period: Start Date: 4/26/2026 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: Paula Middle Name: _____ Last Name: Tackett

Address: 250 Portwood Rd City: Clinton State: TN Zip Code: 37716

Occupation: Teacher Employer: Anderson County

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

Amount of Contribution: $ $100.00 Date of Contribution: 5/1/2026 Aggregate This Election: $ $100.00

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: $ $52.40 Date of Contribution: 5/15/2026 Aggregate This Election: $ $52.40

Business or Organization Name: Knox County Republican Party **OR**

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

Address: PO Box 50153 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: $ $500.00 Date of Contribution: 5/29/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Haslam III

Address: PO Box 10528 City: Knoxville State: TN Zip Code: 37939

Occupation: Business Owner Employer: Self

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 6/5/2026 Aggregate This Election: $ $1,000.0

Total Contributions: $ $1,652.40

(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: Lee Ann Eaves

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,652.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Martin Middle Name: _____ Last Name: Daniel

Address: 206 Whithorn Ln City: Knoxville State: TN Zip Code: 37909

Occupation: Business Owner Employer: Volunteer Outdoor Advertising LLC

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

Amount of Contribution: $ $250.00 Date of Contribution: 6/5/2026 Aggregate This Election: $ $250.00

Business or Organization Name: Karns Republican Club **OR**

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

Address: 7584 Glastonbury Rd City: Knoxville State: TN Zip Code: 37931

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: 6/10/2026 Aggregate This Election: $ $250.00

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: Business Ower Employer: Tiger GP

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 6/25/2026 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: V Middle Name: C Last Name: Curtis

Address: 712 Rose Garden Way City: Knoxville State: TN Zip Code: 37919

Occupation: Teacher Employer: Anderson County

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

Amount of Contribution: $ $100.00 Date of Contribution: 6/29/2026 Aggregate This Election: $ $100.00

Total Contributions: $ $3,252.40

(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: Lee Ann Eaves

2. Reporting Period: Start Date: 4/26/2026 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: _____ **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: $ $124.00 Date of Expenditure: $ 4/28/2026

Business or Organization Name: _____ **OR**

First Name: Jade Middle Name: _____ Last Name: Bass

Address: 67 North Locust Ave City: Marlton State: NJ Zip Code: 08053

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $68.03 Date of Expenditure: $ 5/1/2026

Business or Organization Name: _____ **OR**

First Name: Caleb Middle Name: _____ Last Name: Choma

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $63.77 Date of Expenditure: $ 5/1/2026

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: $ $102.57 Date of Expenditure: $ 5/1/2026

Business or Organization Name: _____ **OR**

First Name: Patty Middle Name: Jean Last Name: King

Address: 7604 Breckenridge Ln City: Knoxville State: TN Zip Code: 37938

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $97.57 Date of Expenditure: $ 5/1/2026

Total Expenditures: $ $455.94

(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: Lee Ann Eaves

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $455.94

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: Josh Middle Name: _____ Last Name: McKee

Address: 559 Quaker Rd City: Macedon State: NY Zip Code: 14502

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $447.55 Date of Expenditure: $ 5/1/2026

Business or Organization Name: _____ **OR**

First Name: Bethany Middle Name: _____ Last Name: Peart

Address: 9993 Hwy 221 City: Woodruff State: SC Zip Code: 29388

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $68.02 Date of Expenditure: $ 5/1/2026

Business or Organization Name: _____ **OR**

First Name: Andrew Middle Name: _____ Last Name: Schmidt

Address: 2307 W Beaver Creek Dr City: Knoxville State: TN Zip Code: 37949

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $107.19 Date of Expenditure: $ 5/1/2026

Business or Organization Name: _____ **OR**

First Name: Jonathan Middle Name: _____ Last Name: Schmidt

Address: 3564 S 2nd St City: Milwaukee State: WI Zip Code: 53207

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $141.29 Date of Expenditure: $ 5/1/2026

Business or Organization Name: _____ **OR**

First Name: Gabriel Middle Name: _____ Last Name: Stephens

Address: 1811 Harrison Rd City: Dothan State: AL Zip Code: 36303

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $306.62 Date of Expenditure: $ 5/1/2026

Total Expenditures: $ $1,526.61

(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: Lee Ann Eaves

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,526.61

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: Michael Middle Name: _____ Last Name: Sweeney Jr

Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $642.23 Date of Expenditure: $ 5/1/2026

Business or Organization Name: _____ **OR**

First Name: Cameron Middle Name: _____ Last Name: Wilson

Address: 308 Jule Dr City: Chesapeake State: VA Zip Code: 23322

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $59.52 Date of Expenditure: $ 5/1/2026

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: $ $382.96 Date of Expenditure: $ 5/1/2026

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: $ $19.69 Date of Expenditure: $ 5/1/2026

Business or Organization Name: Victory Text LLC **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: $ $715.90 Date of Expenditure: $ 5/4/2026

Total Expenditures: $ $3,346.91

(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: Lee Ann Eaves

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,346.91

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: 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: $ $251.28 Date of Expenditure: $ 5/4/2026

Business or Organization Name: _____ **OR**

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

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

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $30.00 Date of Expenditure: $ 5/5/2026

Business or Organization Name: _____ **OR**

First Name: Reagan Middle Name: _____ Last Name: Gibson

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $515.72 Date of Expenditure: $ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Patty Middle Name: Jean Last Name: King

Address: 7604 Breckenridge Ln City: Knoxville State: TN Zip Code: 37938

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $87.03 Date of Expenditure: $ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Sweeney Jr

Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $353.62 Date of Expenditure: $ 5/15/2026

Total Expenditures: $ $4,584.56

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Lee Ann Eaves

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $4,584.56

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: 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: $ $215.01 Date of Expenditure: $ 5/15/2026

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: $ $10.09 Date of Expenditure: $ 5/15/2026

Business or Organization Name: iPromoteu **OR**

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

Address: Dept 2419 PO Box 122419 City: Dallas State: TX Zip Code: 75312

Purpose of Expenditure: Printing

Amount of Expenditure: $ $495.72 Date of Expenditure: $ 5/29/2026

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: $ $325.57 Date of Expenditure: $ 6/16/2026

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

Amount of Expenditure: $ $450.00 Date of Expenditure: $ 6/29/2026

Total Expenditures: $ $6,080.95

(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: Lee Ann Eaves

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $6,080.95

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: Andedot/Fundraising Site **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 3723 Greenville Ave Ste 41002 City: Dallas State: TX Zip Code: 75206
Purpose of Expenditure: Bank Fees
Amount of Expenditure: $ $2.40 Date of Expenditure: $ 6/30/2026

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: $ ______

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: $ $6,083.35
(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.)