



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7-14-25 2.a. Candidate or Committee Name: Committee to Elect Jon Carroll
 2.b. If Committee, Name of Candidate: Jon Carroll 3. Election Date: 8-2-26
 4. Campaign Address: 3757 Hearnsey Avenue
 City: Memphis State: TN Zip Code: 38111 Phone: 901-301-3433
 5. Candidate Home Address: 3757 Hearnsey Avenue
 City: Memphis State: TN Zip Code: 38111 Phone: 901-301-3433
 Candidate Email Address: VoteJonCarroll@gmail.com
 6. Office Sought: (include district number, if applicable) County School Board, District 9
 7. Name of Political Treasurer (may be candidate): Candidate
 Political Treasurer Email Address: _____

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: 1-1-25 End Date: 6-30-25

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.

Jonathan Carroll 7-15-25
 Candidate Signature Date

Jonathan Carroll 7-15-25
 Political Treasurer Signature Date

William Wesley 7-15-25
 Witness Signature Date

 Witness Signature Date

12. Summary:
 a. Balance On Hand Last Report \$ 0
 b. Total Receipts This Period \$ 2000
 c. Total Disbursements This Period \$ 1189.15
 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 810.85
 e. Total Loans Outstanding \$ —
 f. Total Obligations Outstanding \$ —

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Committee to Elect Jon Carroll

14. Reporting Period: Start Date: 01-01-25 End Date: 06-30-25

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) \$ 2000
- 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.) \$ 2000

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1189.15
(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.)..... \$ 1189.15

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: Committee to Elect Tom Carroll
2. Reporting Period: Start Date: 1-1-25 End Date: 6-30-25
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: David Holt Middle Name: _____ Last Name: _____
Address: 6718 Kirby Oaks Lane City: Memphis TN State: TN Zip Code: 38117
Occupation: Occupational Therapist Employer: Quince Skilled Nursing
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ 1000

Business or Organization Name: Leadership for Educational Equity **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 800 N. King Street Ste 504 City: Wilmington State: DE Zip Code: 19801
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 6000 Date of Contribution: 5-19-25 Aggregate This Election: \$ 1000

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: \$ 2000.00

(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: Committee to Elect Don Carnoy
2. Reporting Period: Start Date: 1-1-25 End Date: 6-30-25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2

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: First Business Bank OR

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

Address: 165 Madison Ave City: Memphis State: TN Zip Code: 38103

Purpose of Expenditure: Statement Fees

Amount of Expenditure: \$ 6.00 Date of Expenditure: ~~5-27-25~~ 7-25-25

Business or Organization Name: GoDaddy.com OR

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

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Website Fees

Amount of Expenditure: \$ 54.32 Date of Expenditure: 5-8-25

Business or Organization Name: Leadership for Educational Equity OR

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

Address: 800 N. King St., Ste 304-4181 City: Wilmington State: DE Zip Code: 19801

Purpose of Expenditure: Consultant Fees

Amount of Expenditure: \$ 1000 Date of Expenditure: 5-27-25

Business or Organization Name: Made by Clyde OR

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

Address: 5796 Shelby Oaks Drive, Ste 16 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Campaign photo deposit

Amount of Expenditure: \$ 100 Date of Expenditure: 6-23-25

Business or Organization Name: Act Blue OR

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

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Processing Fees

Amount of Expenditure: \$ 2985 Date of Expenditure: 3-28-25

Total Expenditures: \$ 1189.15

(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.)