CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 8/4/26 2.a. Candidate or Committee Name: Janet McClora

2.b. If Committee, Name of Candidate: 3. Election Date: 8/6/26

4. Campaign Address: 6636 Archway Cv

City: Bartlett State: TN Zip Code: 38133 Phone: 901 281-2002

5. Candidate Home Address: 6636 Archway Cv

City: Bartlett State: TN Zip Code: 38133 Phone: 901 281-2002

Candidate Email Address: Janetmcclora for district32@gmail.com

6. Office Sought: (include district number, if applicable) Committeewoman District 32

7. Name of Political Treasurer (~~may be candidate~~): Janet McClora

Political Treasurer Email Address: JanetMcClora@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: 4/1/26 End Date: 6/30/26

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 8/4/26 Date

~~Political~~ Treasurer Signature 8/4/26 Date

Witness Signature Bonnell Huss 8/4/26 Date

Witness Signature Bonnell Huss 8/4/26 Date

12. Summary:

a.	Balance On Hand Last Report	$ 29.96
b.	Total Receipts This Period	$ 289.62
c.	Total Disbursements This Period	$ 289.62
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 29.96
e.	Total Loans Outstanding	$ 100.00
f.	Total Obligations Outstanding	$ 0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jared Medora

14. Reporting Period: Start Date: 4/1/26 End Date: 6/30/26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0.00
(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) ..... $ 10.00

c. Loans Received This Reporting Period ..... $ 0.00

d. Interest Received This Reporting Period ..... $ 0.00

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 10.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 287.62
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 0.00

c. Total Obligation Payments Made This Period ..... $ 0.00

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 287.62

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0.00

b. Itemized In-Kind Contributions Received This Period ..... $ 0.00

c. Total In-Kind Contributions Received This Period ..... $ 0.00

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sam D McClora
2. Reporting Period: Start Date: 4/1/26 End Date: 6/30/26
3. Total campaign contributions from preceding page (enter $0 if first page) $ 70.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Stacey Benson **OR**
First Name: Stacey Middle Name: _____ Last Name: Benson
Address: _____ City: _____ State: ____ Zip Code: _____
Occupation: Teacher Employer: _____
Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $ 50.00 Date of Contribution: _____ Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**
First Name: Melvin Middle Name: _____ Last Name: Watkins
Address: _____ City: _____ State: ____ Zip Code: _____
Occupation: Pastor Employer: _____
Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $ 20.00 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: $ 70.00
(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Total in-kind contributions from preceding page (enter $0 if first page) $ ______________

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ______________

Occupation: ______________ Employer: ______________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $________

Description of In-Kind Contribution: ______________________________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ______________

Occupation: ______________ Employer: ______________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $________

Description of In-Kind Contribution: ______________________________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ______________

Occupation: ______________ Employer: ______________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $________

Description of In-Kind Contribution: ______________________________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ______________

Occupation: ______________ Employer: ______________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $________

Description of In-Kind Contribution: ______________________________

Total In-Kind Contributions: $ ______________

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