

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Karen Johnson

14. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$51.32
(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) \$ _____
- 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.) \$ \$51.32

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,260.00
(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.)..... \$ \$1,260.00

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Karen Johnson
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: Stephen Middle Name: _____ Last Name: Thomas Lindsey Gr
Address: PO Box 150724 City: Nashville State: TN Zip Code: 37215
Purpose of Expenditure: Consulting
Amount of Expenditure: \$ \$850.00 Date of Expenditure: \$ 2/6/2026

Business or Organization Name: Friends of Freda Player **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 961 City: Madison State: TN Zip Code: 37116
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 3/19/2026

Business or Organization Name: Hurt for Clerk **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6816 Willow Oak Dr City: Nashville State: TN Zip Code: 37221
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 3/19/2026

Business or Organization Name: Pinnacle Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 150 3rd Ave S City: Nashville State: TN Zip Code: 37201
Purpose of Expenditure: Fee
Amount of Expenditure: \$ \$10.00 Date of Expenditure: \$ 3/6/2026

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: \$ _____

Total Expenditures: \$ \$1,260.00

(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.)