



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7-15-24 2.a. Candidate or Committee Name: Friends of Jon Carroll
 2.b. If Committee, Name of Candidate: Jon Carroll 3. Election Date: 8-1-26
 4. Campaign Address: 3757 Kearney Avenue
 City: Memphis State: TN Zip Code: 38111 Phone: 901-301-3453
 5. Candidate Home Address: 3757 Kearney Avenue
 City: Memphis State: TN Zip Code: 38111 Phone: 901-301-3453
 Candidate Email Address: jon.c.carroll@gmail.com, joncarroll901@gmail.com
 6. Office Sought: (include district number, if applicable) TN DP Exec Committeeman District 33
 7. Name of Political Treasurer (may be candidate): Jon Carroll
 Political Treasurer Email Address: joncarroll901@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: 1-1-24 End Date: 6-30-24

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.

<u>[Signature]</u> Candidate Signature	<u>7-15-24</u> Date	<u>[Signature]</u> Political Treasurer Signature	<u>7-15-24</u> Date
_____ Witness Signature	_____ Date	_____ Witness Signature	_____ Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>1317.97</u>
b. Total Receipts This Period	\$ <u>1086.00</u>
c. Total Disbursements This Period	\$ <u>1662.11</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>740.89</u>
e. Total Loans Outstanding	\$ _____
f. Total Obligations Outstanding	\$ _____

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Jun Carroll

14. Reporting Period: Start Date: 1-1-24 End Date: 6-30-24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 396
(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) \$ 690
- 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.) \$ 1086

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 166211
(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.)..... \$ —

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: Friends of Tom Carroll
2. Reporting Period: Start Date: 1-1-24 End Date: 6-30-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: David Middle Name: _____ Last Name: Holt
Address: 6718 Kirby Oaks Lane City: Memphis State: TN Zip Code: 38117
Occupation: Occupational Therapist Employer: Quince Stilled Nursing
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 300 Date of Contribution: 5-8-24 Aggregate This Election: \$ 850

Business or Organization Name: _____ OR
First Name: Rachel Middle Name: _____ Last Name: Campbell
Address: 4412 Murray Hills Drive City: Chattanooga State: TN Zip Code: 37416
Occupation: Unemployed Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 4-2-24 Aggregate This Election: \$ 720

Business or Organization Name: _____ OR
First Name: Sanjeev Middle Name: _____ Last Name: Mamula
Address: 393 Dogwood Valley Dr City: ~~Memphis~~ Collierville State: TN Zip Code: 38017
Occupation: ~~Attorney~~ Employer: Shelby Count DA
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: 3-18-24 Aggregate This Election: \$ 300

Business or Organization Name: ~~Megan Lange~~ OR
First Name: Megan Middle Name: _____ Last Name: Lange
Address: 236 Brown Place City: Coallatin State: TN Zip Code: 37066
Occupation: Self-Employed Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 60 Date of Contribution: 6-10-24 Aggregate This Election: \$ 100

Total Contributions: \$ 630

(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: Friends of Jon Carroll
2. Reporting Period: Start Date: 1-1-24 End Date: 6-30-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 630

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: OR
First Name: Zacharie Middle Name: _____ Last Name: Kinslow
Address: 417 Dull Street City: Dickson State: TN Zip Code: 37055
Occupation: Museum Director Employer: Governor Frank G. Clement Hotel & Museum
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 60 Date of Contribution: 6-10-24 Aggregate This Election: \$ 116

Business or Organization Name: _____ OR
First Name: Cash 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: \$ 396 Date of Contribution: 5-28-24 Aggregate This Election: \$ 396

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: \$ 1086

(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: Friends of Jon Carroll
2. Reporting Period: Start Date: 7-1-24 End Date: 6-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: Senator London Lamar OR

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

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

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ 50 Date of Expenditure: \$ 6-10-24

Business or Organization Name: Kroger Grocers OR

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

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

Purpose of Expenditure: Food for meet the candidates Event

Amount of Expenditure: \$ 52.31 Date of Expenditure: \$ ~~6-10-24~~ 5-28-24

Business or Organization Name: Kroger Grocers OR

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

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

Purpose of Expenditure: Food for meet the candidates event

Amount of Expenditure: \$ 251.46 Date of Expenditure: \$ 5-24-24

Business or Organization Name: Dicks Sporting Goods OR

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

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

Purpose of Expenditure: Supplies for meet the candidates Event

Amount of Expenditure: \$ 285.25 Date of Expenditure: \$ 5-13-24

Business or Organization Name: Karen Reynolds OR

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

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

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ 50 Date of Expenditure: \$ 5-6

Total Expenditures: \$ 689.05

(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: Friends of Jon Carroll
2. Reporting Period: Start Date: 1-1-24 End Date: 6-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 689.05

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: Sable Otey OR

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

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

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 5-6

Business or Organization Name: Danielle Huggins OR

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

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

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ 50 Date of Expenditure: \$ 5-6

Business or Organization Name: Sunoco Gas OR

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

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

Purpose of Expenditure: Gas for Trip to Quarterly Exec. Comm. Meeting

Amount of Expenditure: \$ 28.27 Date of Expenditure: \$ 4-29

Business or Organization Name: Jon Carroll OR

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

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

Purpose of Expenditure: Reimbursement for Fees

Amount of Expenditure: \$ 100 Date of Expenditure: \$ ~~100~~ 4-19

Business or Organization Name: Jesse Huseby OR

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

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

Purpose of Expenditure: Political Donation

Amount of Expenditure: \$ 150 Date of Expenditure: \$ 4-11

Total Expenditures: \$ 1042.32

(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: Friends of Jon Corzine
2. Reporting Period: Start Date: 1-1-24 End Date: 6-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1042.32

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: TN Secretary of State OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Fees
Amount of Expenditure: \$ 102.29 Date of Expenditure: \$ 3-7-24

Business or Organization Name: Business Documentation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Legal Fees / Registration Fees
Amount of Expenditure: \$ 249 Date of Expenditure: \$ 2-28-24

Business or Organization Name: Future 901 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Contribution
Amount of Expenditure: \$ 250 Date of Expenditure: \$ 1-9-24

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Fees
Amount of Expenditure: \$ 16.50 Date of Expenditure: \$ 6-28-24

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: \$ 1062.11
(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.)