



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/18/2026 2.a. Candidate or Committee Name: Will Lehw
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 2455 Oak Hill Dr
City: Murfreesboro State: TN Zip Code: 37130 Phone: 6156311266
5. Candidate Home Address: 2455 Oak Hill Dr
City: Murfreesboro State: TN Zip Code: 37130 Phone: 6156311266
Candidate Email Address: lehew4rutherfrod@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #04
7. Name of Political Treasurer (may be candidate): James Lehw
Political Treasurer Email Address: willis5046@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: 10/1/2025 End Date: 12/31/2025
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	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

ADF2-4DE4-B8EE-74D
04/18/26 - 7:15 AM

12. Summary:

a. Balance On Hand Last Report	\$ \$0.00
b. Total Receipts This Period	\$ \$1,460.00
c. Total Disbursements This Period	\$ \$1,075.80
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ \$384.20
e. Total Loans Outstanding	\$ \$0.00
f. Total Obligations Outstanding	\$ \$0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Will Lehw

14. Reporting Period: Start Date: 10/1/2025 End Date: 12/31/2025

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) \$ \$1,460.00
- 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.) \$ \$1,460.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,075.80
(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.)..... \$ \$1,075.80

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$100.00
- c. Total In-Kind Contributions Received This Period \$ \$100.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Lehew
2. Reporting Period: Start Date: 10/1/2025 End Date: 12/31/2025
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: James Middle Name: _____ Last Name: Lehew
Address: 2455 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130
Occupation: Security Guard Employer: Apex Security
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 10/1/2025 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Ruby Middle Name: _____ Last Name: Richardson
Address: 8 washer Ln City: Elmwood State: TN Zip Code: 38560
Occupation: baker Employer: self
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$5.00 Date of Contribution: 10/17/2025 Aggregate This Election: \$ \$5.00

Business or Organization Name: _____ **OR**
First Name: Rebecca Middle Name: _____ Last Name: Lehew
Address: 505 Lily Ln City: Murfreesboro State: TN Zip Code: 37130
Occupation: unemployed Employer: N/A
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$5.00 Date of Contribution: 10/17/2025 Aggregate This Election: \$ \$5.00

Business or Organization Name: _____ **OR**
First Name: Cheri Middle Name: _____ Last Name: Brown
Address: 902 Greenland Dr #122 City: Murfreesboro State: TN Zip Code: 37130
Occupation: unemployed Employer: Unemployed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 10/17/2025 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$60.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Lehew
2. Reporting Period: Start Date: 10/1/2025 End Date: 12/31/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$60.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Gale Middle Name: _____ Last Name: Schmenk

Address: 413 Beaumont Dr City: Murfreesboro State: TN Zip Code: 37129

Occupation: Retired Employer: None

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 10/19/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Kortney Middle Name: _____ Last Name: Ormsbee

Address: 48 Trenton St City: Worcester State: MA Zip Code: 01604

Occupation: unemployed Employer: Unemployed

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

Amount of Contribution: \$ \$5.00 Date of Contribution: 10/20/2025 Aggregate This Election: \$ \$5.00

Business or Organization Name: _____ **OR**

First Name: Joyce Middle Name: _____ Last Name: Hines

Address: 2552 Exeter Dr City: Murfreesboro State: TN Zip Code: 37129

Occupation: unemployed Employer: N/A

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 10/20/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Pat Middle Name: _____ Last Name: Clements

Address: 7597 Burleson Lane City: Murfreesboro State: TN Zip Code: 37129

Occupation: IT Employer: NHC

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 10/24/2025 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$265.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Lehew
2. Reporting Period: Start Date: 10/1/2025 End Date: 12/31/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$265.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Linda Middle Name: _____ Last Name: Mcbride

Address: 506 Lily Ln City: Murfreesboro State: TN Zip Code: 37129

Occupation: Retired Employer: NA

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

Amount of Contribution: \$ \$1 000 0 Date of Contribution: 10/25/2025 Aggregate This Election: \$ \$1.000.0

Business or Organization Name: _____ **OR**

First Name: Andrew Middle Name: _____ Last Name: Owusu

Address: 2468 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: educator Employer: MTSU

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

Amount of Contribution: \$ \$125 00 Date of Contribution: 10/24/2025 Aggregate This Election: \$ \$125.00

Business or Organization Name: _____ **OR**

First Name: Jeffrey Middle Name: _____ Last Name: Verbruggen

Address: 5742 Citadel Ct City: Rockvale State: TN Zip Code: 37153

Occupation: Law Enforcement Employer: Rutherford County

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 11/5/2025 Aggregate This Election: \$ \$50 00

Business or Organization Name: _____ **OR**

First Name: Ashley Middle Name: _____ Last Name: Benkarski

Address: 2322 Richmond Ave City: Murfreesboro State: TN Zip Code: 37130

Occupation: Organizer Employer: CLIA

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

Amount of Contribution: \$ \$20.00 Date of Contribution: 12/15/2025 Aggregate This Election: \$ \$20 00

Total Contributions: \$ \$1,460.00

(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: Will Lehew
2. Reporting Period: Start Date: 10/1/2025 End Date: 12/31/2025
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

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: Matt Middle Name: _____ Last Name: Ferry

Address: 1501 Belle Oaks Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: photographer Employer: self

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

In-Kind Contribution Value: \$ \$100.00 In-Kind Contribution Date: 12/22/2025 Aggregate This Election: \$ \$100.00

Description of In-Kind Contribution: photos

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: \$ \$100.00

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Will Leheuw
2. Reporting Period: Start Date: 10/1/2025 End Date: 12/31/2025
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: Troy Middle Name: _____ Last Name: Chiers
Address: 727 S Church St City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: promo materials
Amount of Expenditure: \$ \$115.00 Date of Expenditure: \$ 11/2/2025

Business or Organization Name: Square Space **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 225 Varick Ct City: New York State: NY Zip Code: 10014
Purpose of Expenditure: website
Amount of Expenditure: \$ \$272.62 Date of Expenditure: \$ 11/11/2025

Business or Organization Name: A furious design **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 967 Mill Pond Ct City: Cochester State: VT Zip Code: 54462
Purpose of Expenditure: Graphic design
Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 11/11/2025

Business or Organization Name: Amazon **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 401 Terry Ave City: N Seattle State: WA Zip Code: 98109
Purpose of Expenditure: Button Maker
Amount of Expenditure: \$ \$46.08 Date of Expenditure: \$ 11/18/2025

Business or Organization Name: _____ **OR**
First Name: Natalia Middle Name: _____ Last Name: Ortiz
Address: Facebook Marketplace City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Shirt Heat Press
Amount of Expenditure: \$ \$75.00 Date of Expenditure: \$ 11/18/2025

Total Expenditures: \$ \$608.70

(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: Will Lehw
2. Reporting Period: Start Date: 10/1/2025 End Date: 12/31/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$608.70

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: Ninja Transfers OR

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

Address: 2727 Commerce Way City: Philadelphia State: PA Zip Code: 19154

Purpose of Expenditure: Direct to Film Transfers

Amount of Expenditure: \$ \$152.76 Date of Expenditure: \$ 11/18/2025

Business or Organization Name: Amazon OR

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

Address: 401 Terry Ave City: N Seattle State: WA Zip Code: 98109

Purpose of Expenditure: Teflon Sheets

Amount of Expenditure: \$ \$18.65 Date of Expenditure: \$ 11/19/2025

Business or Organization Name: Vista Print OR

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

Address: 95 Hayden Ln City: Lexington State: MA Zip Code: 22462

Purpose of Expenditure: Cards and magnets

Amount of Expenditure: \$ \$159.37 Date of Expenditure: \$ 11/25/2025

Business or Organization Name: Ninja Transfers OR

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

Address: 2727 Commerce Way City: Philadelphia State: PA Zip Code: 19154

Purpose of Expenditure: Hats

Amount of Expenditure: \$ \$68.60 Date of Expenditure: \$ 11/27/2025

Business or Organization Name: _____ OR

First Name: Madison Middle Name: _____ Last Name: Morrow

Address: Facebook Marketplace City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Hat Press

Amount of Expenditure: \$ \$40.00 Date of Expenditure: \$ 12/2/2025

Total Expenditures: \$ \$1,048.08

(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: Will Lehw
2. Reporting Period: Start Date: 10/1/2025 End Date: 12/31/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,048.08

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: Amazon **OR**

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

Address: 401 Terry Ave City: N Seattle State: WA Zip Code: 98109

Purpose of Expenditure: Heat Tape

Amount of Expenditure: \$ \$11.23 Date of Expenditure: \$ 11/26/2025

Business or Organization Name: Act Blue **OR**

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

Address: PO BOX 441146 City: somerville State: MA Zip Code: 21440

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$16.49 Date of Expenditure: \$ 12/22/2025

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: \$ \$1,075.80

(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.)