



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/1/2024 2.a. Candidate or Committee Name: Indya Kincannon
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 1/1/0001
4. Campaign Address: 941 Eleanor Street
City: Knoxville State: TN Zip Code: 37917 Phone: _____
5. Candidate Home Address: 941 Eleanor Street
City: Knoxville State: TN Zip Code: 37917 Phone: _____
Candidate Email Address: kelly@jfor.biz
6. Office Sought: (include district number, if applicable) City Mayor
7. Name of Political Treasurer (may be candidate): Kelly Johnson
Political Treasurer Email Address: kelly@jfor.biz
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: 1/16/2024 End Date: 6/30/2024
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

12. Summary:

- | | |
|---|-----------------------|
| a. Balance On Hand Last Report | \$ <u>\$19,579.18</u> |
| b. Total Receipts This Period | \$ <u>\$0.00</u> |
| c. Total Disbursements This Period | \$ <u>\$11,517.60</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$8,061.58</u> |
| e. Total Loans Outstanding | \$ <u>\$0.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Indya Kincannon

14. Reporting Period: Start Date: 1/16/2024 End Date: 6/30/2024

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) \$ _____
- 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.) \$ _____

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$11,517.60
(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.)..... \$ \$11,517.60

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: Indya Kincannon
2. Reporting Period: Start Date: 1/16/2024 End Date: 6/30/2024
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: Friends of Jackson Fenner **OR**

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

Address: 311 Morgan Street City: Knoxville State: TN Zip Code: 37917

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Business or Organization Name: Vote Damon Rawls **OR**

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

Address: 2313 E 5th Avenue City: Knoxville State: TN Zip Code: 37917

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Business or Organization Name: Elect Courtney Durrett **OR**

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

Address: 5311 Jacksboro Pike City: Knoxville State: TN Zip Code: 37918

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Business or Organization Name: Committee to Elect Shane Jackson **OR**

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

Address: 2233 Delta Way City: Knoxville State: TN Zip Code: 37919

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Business or Organization Name: Matthew Park of Knox County **OR**

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

Address: 2104 Island Home Boulevard City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Total Expenditures: \$ \$1,250.00

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Indya Kincannon
2. Reporting Period: Start Date: 1/16/2024 End Date: 6/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,250.00

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: Elect Anne Templeton **OR**

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

Address: 3600 E Kesterwood Drive City: Knoxville State: TN Zip Code: 37918

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Business or Organization Name: Pat for Knox Schools **OR**

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

Address: 8622 Peppertree Lane City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Business or Organization Name: Terrye for Knox Schools **OR**

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

Address: 10608 Summit Forest Court City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Business or Organization Name: Fourth and Gill Organization **OR**

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

Address: PO Box 3845 City: Knoxville State: TN Zip Code: 37917

Purpose of Expenditure: Home Tour Sponsorship

Amount of Expenditure: \$ \$800.00 Date of Expenditure: \$ 3/21/2024

Business or Organization Name: Bearden Middle School Foundation **OR**

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

Address: PO Box 51373 City: Knoxville State: TN Zip Code: 37950

Purpose of Expenditure: Contribution

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 3/26/2024

Total Expenditures: \$ \$3,300.00

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Indya Kincannon
2. Reporting Period: Start Date: 1/16/2024 End Date: 6/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,300.00

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: West High School Foundation **OR**

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

Address: PO Box 10321 City: Knoxville State: TN Zip Code: 37939

Purpose of Expenditure: Contribution

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 4/14/2024

Business or Organization Name: KCDP **OR**

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

Address: 311 Morgan Street City: Knoxville State: TN Zip Code: 37917

Purpose of Expenditure: Contribution

Amount of Expenditure: \$ \$2,500.00 Date of Expenditure: \$ 5/20/2024

Business or Organization Name: TNDP **OR**

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

Address: 4900 Centennial Boulevard City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: Delegate Expense

Amount of Expenditure: \$ \$3,967.60 Date of Expenditure: \$ 6/12/0024

Business or Organization Name: Committee to Elect Sam McKenzie **OR**

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

Address: 411 Carta Road City: Knoxville State: TN Zip Code: 37914

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 6/10/2024

Business or Organization Name: Jane George TN Committee **OR**

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

Address: 5107 Shady Dell Trail City: Knoxville State: TN Zip Code: 37914

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Total Expenditures: \$ \$11,017.60

(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: Indya Kincannon
2. Reporting Period: Start Date: 1/16/2024 End Date: 6/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$11,017.60

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: Elect Dominica Bryan **OR**

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

Address: 8728 Brucewood Lane City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

Business or Organization Name: Committee to Elect Bryan Goldberg **OR**

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

Address: 733 Chateaugay Road City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 2/5/2024

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: \$ \$11,517.60

(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.)