CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

APR 10 '26 PM 3:30

RR

1. Date: 4/10/2026 2.a. Candidate or Committee Name: Josh Anderson

2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____

4. Campaign Address: 549 Brooks Gap Rd.

City: Heiskell State: TN Zip Code: 37754 Phone: 865-771-4495

5. Candidate Home Address: 549 Brooks Gap Rd

City: Heiskell State: TN Zip Code: 37754 Phone: 865-771-4495

Candidate Email Address: joshanderson1954@gmail.com

6. Office Sought: (include district number, if applicable) County Mayor

7. Name of Political Treasurer (may be candidate): Elizabeth Burrell

Political Treasurer Email Address: eliz.burrell@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: 1/1/2026 End Date: 3/31/2026

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: 4/10/26

Political Treasurer Signature — Date: 4/10/2026

Witness Signature — Date: 4/10/2026

Witness Signature — Date: 4/10/2026

12. Summary:

a.	Balance On Hand Last Report	$ 417.48
b.	Total Receipts This Period	$ 6,950.00
c.	Total Disbursements This Period	$ 6,555.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 1,012.48
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Josh Anderson-County Mayor

14. Reporting Period: Start Date: 1/16/2024 End Date: 3/31/2024

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 50.00
(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) ..... $ 4900.00

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.) ..... $ 4950.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 4550.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 4330.72 (forgiven)

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

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 4550.00

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ 498.19

c. Total In-Kind Contributions Received This Period ..... $ 498.19

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Josh Anderson
2. Reporting Period: Start Date: 1/16/24 End Date: 3/31/24
3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Outstanding Loan Balance (Beginning) .... $ ______

Loans Received .... $ ______

Loan Payments .... $ ______

Outstanding Loan (End) .... $ ______

Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: ______

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) .... $ 4330.72

Loans Received .... $ ______

Loan Payments .... $ 4330.72 (forgiven)

Outstanding Loan (End) .... $ 0

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Josh Anderson

2. Reporting Period: Start Date: 1/14/24 End Date: 3/31/24

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name:
First Name: Middle Name:
Last Name:
Address:
City:
State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name:
First Name: Middle Name:
Last Name:
Address:
City:
State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name:
First Name: Middle Name:
Last Name:
Address:
City:
State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name:
First Name: Middle Name:
Last Name:
Address:
City:
State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Josh Anderson
2. Reporting Period: Start Date: 1/16/24 End Date: 3/31/24
3. Total in-kind contributions from preceding page (enter $0 if first page) $ 0

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: Teresa Middle Name: ______ Last Name: McBee
Address: 45 Pine Rd. City: Norris State: TN Zip Code: 37828
Occupation: Retired Employer: ______
In-Kind Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: $ 498.19 In-Kind Contribution Date: ______ Aggregate This Election: $ 498.19
Description of In-Kind Contribution: Signs

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: $ 498.19
(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Josh Anderson - County Mayor

2. Reporting Period: Start Date: 1/1/2024 End Date: 3/31/2024

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: Andrea Middle Name: _____ Last Name: Sessions

Address: 174 Golden Lane City: Andersonville State: TN Zip Code: 37705

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 2/9/24 Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: Robert Middle Name: _____ Last Name: Schabot

Address: 70 Chestnut Drive City: Norris State: TN Zip Code: 37828

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 2/9/24 Aggregate This Election: $ 100.00

Business or Organization Name: _____ **OR**

First Name: Katrina Middle Name: _____ Last Name: Hall

Address: 124 Lone River Ln City: Clinton State: TN Zip Code: 37716

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 250.00 Date of Contribution: 2/23/24 Aggregate This Election: $ 250.00

Business or Organization Name: _____ **OR**

First Name: Sharon Middle Name: _____ Last Name: Henry

Address: PO Box 218 City: Norris State: TN Zip Code: 37828

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 2/23/24 Aggregate This Election: $ 100.00

Total Contributions: $ 550.00

(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: Josh Anderson - County Mayor

2. Reporting Period: Start Date: 1/15/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 550.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Randall Middle Name: _____ Last Name: Kurth

Address: PO Box 847 City: Norris State: TN Zip Code: 37828

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 200.00 Date of Contribution: 2/23/26 Aggregate This Election: $ 200.00

Business or Organization Name: _____ **OR**

First Name: Kaye Middle Name: _____ Last Name: Johnson

Address: 121 Seneca Ln City: Clinton State: TN Zip Code: 37716

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 250.00 Date of Contribution: 2/23/26 Aggregate This Election: $ 250.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Hayes

Address: PO Box 1089 City: Norris State: TN Zip Code: 37828

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 200.00 Date of Contribution: 3/3/26 Aggregate This Election: $ 200.00

Business or Organization Name: _____ **OR**

First Name: Lisa Middle Name: _____ Last Name: Weaver

Address: 298 Bushy Valley Rd City: Clinton State: TN Zip Code: 37716

Occupation: Unknown Employer: _____

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

Amount of Contribution: $ 200.00 Date of Contribution: 3/3/26 Aggregate This Election: $ 200.00

Total Contributions: $ 1400.00

(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: Josh Anderson

2. Reporting Period: Start Date: 1/15/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1400

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Kristi Middle Name: _____ Last Name: Anderson

Address: 539 Brooks Gap Rd. City: Clinton State: TN Zip Code: 37716

Occupation: N/A Employer: N/A

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

Amount of Contribution: $ 600.00 Date of Contribution: 1/22/2026 Aggregate This Election: $ 600.00

Business or Organization Name: _____ **OR**

First Name: B. Martin Middle Name: _____ Last Name: Zinni

Address: 174 Golden Ln City: Andersonville State: TN Zip Code: 37705

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 3/11/26 Aggregate This Election: $ 100

Business or Organization Name: _____ **OR**

First Name: Alan Middle Name: _____ Last Name: Lesar

Address: PO Box 1341 City: Norris State: TN Zip Code: 37828

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 3/11/26 Aggregate This Election: $ ~~1000~~ 100

Business or Organization Name: _____ **OR**

First Name: George Middle Name: _____ Last Name: Mauney

Address: PO Box 1242 City: Norris State: TN Zip Code: 37828

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 400.00 Date of Contribution: 3/11/26 Aggregate This Election: $ 400.00

Total Contributions: $ 2,400.00

(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: Josh Anderson County Mayor

2. Reporting Period: Start Date: 1/15/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 2400

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Amanda Middle Name: _____ Last Name: Mantooth

Address: 324 Ridgeview Dr. City: Clinton State: TN Zip Code: 37716

Occupation: Health Inspector Employer: TN Dept of Health

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

Amount of Contribution: $ 100.00 Date of Contribution: 3/7/26 Aggregate This Election: $ 100

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: Josh Middle Name: _____ Last Name: Anderson

Address: 539 Brooks Gap Rd City: Clinton State: TN Zip Code: 37716

Occupation: Financial Aid Officer Employer: South College

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

Amount of Contribution: $ 4200 Date of Contribution: 2/25/26 Aggregate This Election: $ 4200

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: $ 4900.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Josh Anderson

2. Reporting Period: Start Date: 1/15/2024 End Date: 3/31/2024

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: WYSH **OR**

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

Address: PO Box 329 City: Clinton State: TN Zip Code: 37717

Purpose of Expenditure: Advertising

Amount of Expenditure: $ 352.00 Date of Expenditure: $ 3/3/2024

Business or Organization Name: Lamar **OR**

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

Address: 10311 Dearborn Lane City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Billboard

Amount of Expenditure: $ 2,000.00 Date of Expenditure: $ 3/2/2024

Business or Organization Name: Altrusia Foundation **OR**

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

Address: 1400 E. Touhy Ave City: Des Plaines State: IL Zip Code: 60018

Purpose of Expenditure: Lunch sponsorship

Amount of Expenditure: $ 60.00 Date of Expenditure: $ 2/13/2024

Business or Organization Name: Energy Media **OR**

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

Address: 111 Orchard Circle City: Oak Ridge State: TN Zip Code: 37830

Purpose of Expenditure: Signs

Amount of Expenditure: $ 307.00 Date of Expenditure: $ 1/23/24

Business or Organization Name: ACEC **OR**

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

Address: 100 N. Main St. Suite 207 City: Clinton State: TN Zip Code: 37716

Purpose of Expenditure: Voter Data

Amount of Expenditure: $ 40.00 Date of Expenditure: $ 2/2/2024

Total Expenditures: $ 3359.00

(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: Josh Anderson

2. Reporting Period: Start Date: 1/15/2024 End Date: 3/31/2024

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 3359.00

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: Energy Media **OR**

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

Address: 116 Orchard Ln City: Oak Ridge State: TN Zip Code: 37830

Purpose of Expenditure: Signs

Amount of Expenditure: $ 658.50 Date of Expenditure: $ 3/3/24

Business or Organization Name: Abby Ham May **OR**

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

Address: Unknown City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Consulting

Amount of Expenditure: $ 500.00 Date of Expenditure: $ 2/27/24

Business or Organization Name: Marlow VFD **OR**

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

Address: 1019 Oliver Springs Hwy City: ~~Ot~~ Clinton State: TN Zip Code: 37716

Purpose of Expenditure: Chili supper

Amount of Expenditure: $ 100.00 Date of Expenditure: $ 3/17/24

Business or Organization Name: Catalog Kings **OR**

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

Address: 113 Planters St. City: Hartsville State: TN Zip Code: 37074

Purpose of Expenditure: Mailer

Amount of Expenditure: $ 1,092.50 Date of Expenditure: $ 3/20/24

Business or Organization Name: Briceville VFD **OR**

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

Address: 1444 Briceville Hwy City: Briceville State: TN Zip Code: 37710

Purpose of Expenditure: Chili Supper

Amount of Expenditure: $ 10 Date of Expenditure: $ 3/24/24

Total Expenditures: $ 5720.00

(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: Josh Anderson

2. Reporting Period: Start Date: 1/15/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 5720.00

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: Briceville VFD **OR**

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

Address: 1444 Briceville Hwy City: Briceville State: TN Zip Code: 37710

Purpose of Expenditure: Chili Supper

Amount of Expenditure: $ 210.00 Date of Expenditure: $ 3/24/26

Business or Organization Name: Courier News **OR**

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

Address: 223 N. Hicks St City: Clinton State: TN Zip Code: 37716

Purpose of Expenditure: Advertising

Amount of Expenditure: $ 425.00 Date of Expenditure: $ 3/30/26

Business or Organization Name: Hardee's **OR**

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

Address: 210 Clinch Ave City: Clinton State: TN Zip Code: 37716

Purpose of Expenditure: Meet and Greet

Amount of Expenditure: $ 100.00 Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

First Name: Karen Middle Name: _____ Last Name: McKamey

Address: Unknown City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Egg Hunt

Amount of Expenditure: $ 100.00 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: $ 6,555.00

(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.)