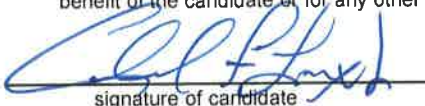
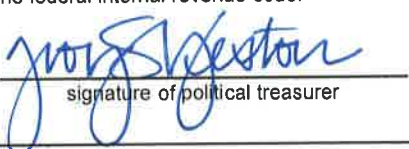
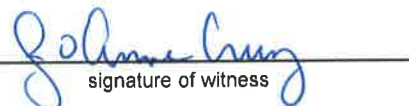
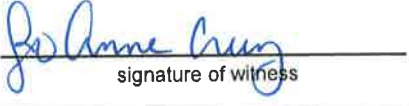


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10 April 2019	2.a. NAME OF CANDIDATE OR COMMITTEE Charles F. Lomax, Jr.
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE 27 August 2019
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route 3235 Misty Hill Way	City Knoxville
State TN	Zip Code 37917
Phone 865.405.1485	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	
Street or Rural Route	City
State	Zip Code
Phone	
5. OFFICE SOUGHT (include district number, if applicable) City Council at Large, Seat A	6. NAME OF POLITICAL TREASURER (may be candidate) Troy Weston
7. CATEGORY OR REPORT (Check one)	
<input checked="" type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER
<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER
<input type="checkbox"/> PRE-PRIMARY	<input type="checkbox"/> PRE-GENERAL
<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 20 February 2019	8.b. ENDING DATE OF REPORTING PERIOD 31 March 2019
9. (Check one)	
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)	
b. <input checked="" type="checkbox"/> 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.	
10. 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.	
 signature of candidate	4/10/19 date
 signature of political treasurer	4/10/2019 date
11. WITNESS SIGNATURE	
 signature of witness	4/10/19 date
 signature of witness	4/10/19 date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>N/A</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>6,200</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>332.61</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>5,867.39</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



KNOX CO. ELECTION COM.
APR 10 10 18 AM '19

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Charles F. Lomax, Jr.			2. REPORT COVERING THE PERIOD FROM 2/20/19 TO 3/31/19		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Charles		Middle Name F.	Contribution Received For:		Amount of Contribution \$500
Last Name/Organization Name Lomax, Jr.			<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 3235 Misty Hill Way			<input type="checkbox"/> Runoff (Local Elections Only)		
City Knoxville	State TN	Zip Code 37917	Date of Contribution 20 February 2019		Aggregate This Election \$500
Occupation Pastor					
Employer St. John's Baptist Church					
First Name Lyndsay		Middle Name	Contribution Received For:		Amount of Contribution \$500
Last Name/Organization Name Zachery			<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 3131 Kingsmore Drive			<input type="checkbox"/> Runoff (Local Elections Only)		
City Knoxville	State TN	Zip Code 37921	Date of Contribution 27 February 2019		Aggregate This Election \$500
Occupation Sales Manager					
Employer US Cellular					
First Name Phillip		Middle Name	Contribution Received For:		Amount of Contribution \$1,600
Last Name/Organization Name Lawson			<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 1419 Cherokee Boulevard			<input type="checkbox"/> Runoff (Local Elections Only)		
City Knoxville	State TN	Zip Code 37919	Date of Contribution 1 March 2019		Aggregate This Election \$1,600
Occupation Chairman					
Employer LHP Capital, LLC					
First Name Janet		Middle Name	Contribution Received For:		Amount of Contribution \$1,600
Last Name/Organization Name Lawson			<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 1419 Cherokee Boulevard			<input type="checkbox"/> Runoff (Local Elections Only)		
City Knoxville	State TN	Zip Code 37919	Date of Contribution 1 March 2019		Aggregate This Election \$1,600
Occupation N/A					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				\$4,200	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Charles F. Lomax, Jr.				2. REPORT COVERING THE PERIOD FROM: 2/20/19 TO: 3/31/19		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$4,200	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Charles		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Lomax, Sr.				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$1,000
Address 9028 Countrywood Drive F				<input type="checkbox"/> Runoff (Local Elections Only)		
City Knoxville		State TN	Zip Code 37923	Date of Contribution		Aggregate This Election
Occupation Castor				12 March 2019		\$1,000
Employer Arconic, Inc.						
First Name Justin		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Haynes				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$300
Address 1701 Cherry Oak Place				<input type="checkbox"/> Runoff (Local Elections Only)		
City Knoxville		State TN	Zip Code 37909	Date of Contribution		Aggregate This Election
Occupation Compensation Analyst				18 March 2019		\$300
Employer Pilot						
First Name Lomax		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Debra				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$400
Address 1840 Explorer Lane				<input type="checkbox"/> Runoff (Local Elections Only)		
City Knoxville		State TN	Zip Code 37912	Date of Contribution		Aggregate This Election
Occupation Day Porter				25 March 2019		\$400
Employer Ft. Sanders Hospital						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3 of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$5,900	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Charles F. Lomax, Jr.			2. REPORT COVERING THE PERIOD	
			FROM: 2/20/19	TO: 3/31/19
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Graphic Creations		Business cards		\$122.91
Address 213 E. 4th Avenue				
City Knoxville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Women's Basketball Hall of Fame		Deposit for campaign kickoff		\$120.00
Address 700 Hall of Fame Drive				
City Knoxville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES				\$242.91
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				