FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

John Rose for Tennessee

ADDRESS (number and street) ▼ PO Box 2404

☐ Check if different than previously reported. (ACC)

Cookeville | TN | 38502 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00652743

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: TN 06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☒ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 04/01/2026 through 06/30/2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Baker, Phillip, , ,

Signature of Treasurer: *Baker, Phillip, , ,* Date: 07/15/2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only							

Image# 202607159885305134

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

John Rose for Tennessee

Report Covering the Period: From: 04 / 01 / 2026 To: 06 / 30 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	– 116.31	96160.65
(b) Total Contribution Refunds (from Line 20(d))	3749.00	3749.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	– 3865.31	92411.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8673.29	244392.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8673.29	244392.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	45291.42	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	145846.34	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

Image# 202607159885305135

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

John Rose for Tennessee

Report Covering the Period: From: 04 / 01 / 2026 To: 06 / 30 / 2026

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	– 116.31	52735.29
(ii) Unitemized	0.00	25125.36
(iii) TOTAL of contributions from individuals ▶	– 116.31	77860.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	18300.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	– 116.31	96160.65
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	12000.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	– 116.31	108160.65

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	8673.29	244392.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	1050000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	1050000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	3749.00	3749.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	3749.00	3749.00
21. OTHER DISBURSEMENTS	0.00	17980.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	12422.29	1316121.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	57830.02
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	– 116.31
25. SUBTOTAL (add Line 23 and Line 24)	57713.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	12422.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	45291.42

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

A.
Full Name (Last, First, Middle Initial)
BARTON, JOHN, , ,
Mailing Address 8649 E GOLDEN CHOLLA CIR
City: GOLD CANYON | State: AZ | Zip Code: 85118-6932
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED | Occupation: RETIRED
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00

Date of Receipt: 06 / 12 / 2026
Transaction ID : SA11A.57416
Amount of Each Receipt this Period: – 15.00
☐ Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

B.
Full Name (Last, First, Middle Initial)
GREINER, MICHAEL, , ,
Mailing Address PO BOX 621
City: MARSTONS MILLS | State: MA | Zip Code: 02648-0621
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED | Occupation: RETIRED
Receipt For: 2024 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 355.51

Date of Receipt: 06 / 12 / 2026
Transaction ID : SA11A.57415
Amount of Each Receipt this Period: – 7.60
☐ Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

C.
Full Name (Last, First, Middle Initial)
HUGHES, THOMAS, , ,
Mailing Address 1115 BALES ST.
City: CLEBURNE | State: TX | Zip Code: 76033-4312
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED | Occupation: RETIRED
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 249.92

Date of Receipt: 06 / 12 / 2026
Transaction ID : SA11A.57421
Amount of Each Receipt this Period: – 15.62
☐ Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

SUBTOTAL of Receipts This Page (optional) ▶ – 38.22

TOTAL This Period (last page this line number only) ▶

Image# 202607159885305138

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

A.
Full Name (Last, First, Middle Initial)
MICHAEL, DAVID, , ,
Mailing Address 3406 MARYWOOD DR
City: SPRING | State: TX | Zip Code: 77388-5176
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED | Occupation: RETIRED
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 884.20

Date of Receipt: 06 / 12 / 2026
Transaction ID : SA11A.57417
Amount of Each Receipt this Period: – 26.03
☐ Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

B.
Full Name (Last, First, Middle Initial)
MICHAEL, DAVID, , ,
Mailing Address 3406 MARYWOOD DR
City: SPRING | State: TX | Zip Code: 77388-5176
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED | Occupation: RETIRED
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 884.20

Date of Receipt: 06 / 12 / 2026
Transaction ID : SA11A.57418
Amount of Each Receipt this Period: – 26.03
☐ Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

C.
Full Name (Last, First, Middle Initial)
MICHAEL, DAVID, , ,
Mailing Address 3406 MARYWOOD DR
City: SPRING | State: TX | Zip Code: 77388-5176
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED | Occupation: RETIRED
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 884.20

Date of Receipt: 06 / 12 / 2026
Transaction ID : SA11A.57419
Amount of Each Receipt this Period: – 26.03
☐ Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

SUBTOTAL of Receipts This Page (optional) ▶ – 78.09

TOTAL This Period (last page this line number only) ▶ – 116.31

Image# 202607159885305139

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

A. Full Name (Last, First, Middle Initial)
ROSE, JOHN, W., ,
Mailing Address PO BOX 2404
City: COOKEVILLE | State: TN | Zip Code: 38502
Purpose of Disbursement: REIMBURSEMENT
Category/Type: 001
Candidate Name: ROSE, JOHN, W., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 06
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 22 / 2026
FEC Identification Number: C H8TN06094
Amount of Each Disbursement this Period: 5258.25
Transaction ID : SB17.I17358
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
MAILCHIMP
Mailing Address 675 PONCE DE LEON AVENUE NORTHEAST #5000
City: ATLANTA | State: GA | Zip Code: 30308
Purpose of Disbursement: SUBSCRIPTIONS
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 21 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 87.80
Transaction ID : SB17.I17359
☒ Memo Item

C. Full Name (Last, First, Middle Initial)
MAILCHIMP
Mailing Address 675 PONCE DE LEON AVENUE NORTHEAST #5000
City: ATLANTA | State: GA | Zip Code: 30308
Purpose of Disbursement: SUBSCRIPTIONS
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 21 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 87.80
Transaction ID : SB17.I17360
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5258.25

TOTAL This Period (last page this line number only) ▶

Image# 202607159885305140

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

A. Full Name (Last, First, Middle Initial)
MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE NORTHEAST #5000
City: ATLANTA | State: GA | Zip Code: 30308
Purpose of Disbursement: SUBSCRIPTIONS
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 21 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 87.80
Transaction ID : SB17.I17364
☒ Memo Item

B. Full Name (Last, First, Middle Initial)
NASHVILLE INTERNATIONAL AIRPORT

Mailing Address 1 TERMINAL DRIVE
City: NASHVILLE | State: TN | Zip Code: 37214
Purpose of Disbursement: PARKING
Category/Type: 002
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 09 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 66.00
Transaction ID : SB17.I17365
☒ Memo Item

C. Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DRIVE
City: DALLAS | State: TX | Zip Code: 75235
Purpose of Disbursement: AIRFARE
Category/Type: 002
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 27 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 574.40
Transaction ID : SB17.I17363
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

Image# 202607159885305141

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

A. Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DRIVE

City: DALLAS | State: TX | Zip Code: 75235

Purpose of Disbursement: AIRFARE

Category/Type: 002

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 03 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 380.39

Transaction ID : SB17.I17368

☒ Memo Item

B. Full Name (Last, First, Middle Initial)
THE CONGRESSIONAL INSTITUTE

Mailing Address 1700 DIAGONAL ROAD #300

City: ALEXANDRIA | State: VA | Zip Code: 22314

Purpose of Disbursement: EVENT FEE

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 16 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2949.27

Transaction ID : SB17.I17361

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
THE CONGRESSIONAL INSTITUTE

Mailing Address 1700 DIAGONAL ROAD #300

City: ALEXANDRIA | State: VA | Zip Code: 22314

Purpose of Disbursement: EVENT FEE

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 27 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 473.47

Transaction ID : SB17.I17362

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

Image# 202607159885305142

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

A.
Full Name (Last, First, Middle Initial)
TRUMP NATIONAL DORAL
Mailing Address 4400 NORTHWEST 87TH AVENUE
City: MIAMI | State: FL | Zip Code: 33166
Purpose of Disbursement: HOTEL
Category/Type: 002
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 09 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 151.37
Transaction ID : SB17.I17369
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
UBER
Mailing Address 1515 3RD STREET
City: SAN FRANCISCO | State: CA | Zip Code: 94158
Purpose of Disbursement: TAXI
Category/Type: 002
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 08 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 132.25
Transaction ID : SB17.I17366
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
UBER
Mailing Address 1515 3RD STREET
City: SAN FRANCISCO | State: CA | Zip Code: 94158
Purpose of Disbursement: TAXI
Category/Type: 002
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 09 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 83.95
Transaction ID : SB17.I17367
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

Image# 202607159885305143

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

A. Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 1593 SPRING HILL ROAD
STE. 400

City: VIENNA | State: VA | Zip Code: 22182

Purpose of Disbursement: SUBSCRIPTIONS
Category/Type: 001
Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 08 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.I16357

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
LES WILLIAMSON LLC

Mailing Address 1305 WEST 11TH STREET
213

City: HOUSTON | State: TX | Zip Code: 77008

Purpose of Disbursement: COMPLIANCE CONSULTING
Category/Type: 001
Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 04 / 07 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.I16356

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
SUITE 530

City: ARLINGTON | State: VA | Zip Code: 22219

Purpose of Disbursement: PROCESSING FEES
Category/Type: 001
Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 12 / 2026

FEC Identification Number: C C00694323

Amount of Each Disbursement this Period: 15.04

Transaction ID : SB17.I16358

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3415.04

TOTAL This Period (last page this line number only) ▶ 8673.29

Image# 202607159885305144

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

A.
Full Name (Last, First, Middle Initial)
GLENZ, DONALD, , ,
Mailing Address 28422 JONSPORT LANE
City: SPRING | State: TX | Zip Code: 77386-1874
Purpose of Disbursement: CONTRIBUTION REFUND
Category/Type: 010
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 01 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 279.00
Transaction ID : SB20A.I17371
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,
Mailing Address 85 PHILLIPS STREET
City: RICHLAND | State: GA | Zip Code: 31825
Purpose of Disbursement: CONTRIBUTION REFUND
Category/Type: 010
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 01 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 3470.00
Transaction ID : SB20A.I17370
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Category/Type
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3749.00

TOTAL This Period (last page this line number only) ▶ 3749.00

Image# 202607159885305145

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

Transaction ID : SC10.1239

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROSE, JOHN, W., ,

[ ] Memo Item

Election: 2018
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
P.O. BOX 2404

City	State	ZIP Code
COOKEVILLE	TN	38502

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	81806.25	18193.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/31/2017	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 18193.75

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202607159885305146

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

Transaction ID : SC10.1248

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROSE, JOHN, W., ,

[ ] Memo Item

Election: 2018
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
P.O. BOX 2404

City	State	ZIP Code
COOKEVILLE	TN	38502

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	231806.25	18193.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/06/2018	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	18193.75
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202607159885305147

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

Transaction ID : SC10.1262

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROSE, JOHN, W., ,

[ ] Memo Item

Mailing Address
P.O. BOX 2404

City: COOKEVILLE | State: TN | ZIP Code: 38502

Election: 2020
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	181806.25	18193.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/05/2020	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	18193.75
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202607159885305148

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

Transaction ID : SC10.1264

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROSE, JOHN, W., ,

[ ] Memo Item

Mailing Address
P.O. BOX 2404

City: COOKEVILLE | State: TN | ZIP Code: 38502

Election: 2020
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	231806.25	18193.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/02/2020	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 18193.75

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202607159885305149

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

Transaction ID : SC10.3357

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROSE, JOHN, W., ,

[ ] Memo Item

Mailing Address
PO BOX 2404

City: COOKEVILLE | State: TN | ZIP Code: 38502

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	231806.25	18193.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/02/2022	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	18193.75
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202607159885305150

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

Transaction ID : SC10.6505

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROSE, JOHN, W., ,

[ ] Memo Item

Mailing Address
PO BOX 2404

City: COOKEVILLE | State: TN | ZIP Code: 38502

Election: 2022
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	231806.25	18193.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/08/2022	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 18193.75

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202607159885305151

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

Transaction ID : SC10.11926

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROSE, JOHN, W., ,

[ ] Memo Item

Mailing Address
PO BOX 2404

City: COOKEVILLE | State: TN | ZIP Code: 38502

Election: 2024
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	81806.25	18193.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/01/2024	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	18193.75
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202607159885305152

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Rose for Tennessee

Transaction ID : SC10.13014

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROSE, JOHN, W., ,

[ ] Memo Item

Mailing Address
PO BOX 2404

City: COOKEVILLE | State: TN | ZIP Code: 38502

Election: 2024
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	81806.25	18193.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/05/2024	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	18193.75
TOTALS This Period (last page in this line only) ▶	145550.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

- [ ] 9
- [X] 10

NAME OF COMMITTEE (In Full)

John Rose for Tennessee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City	State	Zip Code
COOKEVILLE	TN	38502

Nature of Debt (Purpose):

Subscriptions/Travel/Event Fees/Food & B

Transaction ID : SD10.1

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
5258.25	296.34	5258.25	296.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City	State	Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City	State	Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	296.34
2) **TOTALS** This Period (last page this line number only) ▶	296.34
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	145550.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	145846.34