

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Joe Leurs for US Congress

Report Covering the Period: From: / / To: / /

	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))	<input type="text" value="6604.04"/>	<input type="text" value="6604.04"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="6604.04"/>	<input type="text" value="6604.04"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="17747.29"/>	<input type="text" value="17747.29"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="17747.29"/>	<input type="text" value="17747.29"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="- 11143.25"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="11097.29"/>	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Joe Leurs for US Congress

Report Covering the Period: From: / / To: / /

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).....	0.00	0.00
(ii) Unitemized.....	4.04	4.04
(iii) TOTAL of contributions from individuals ▶	4.04	4.04
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	6600.00	6600.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6604.04	6604.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
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)..... ▶	6604.04	6604.04

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.....	17747.29	17747.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	17747.29	17747.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6604.04
25. SUBTOTAL (add Line 23 and Line 24).....	6604.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17747.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	- 11143.25

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 15
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Joe Leurs for US Congress

A. Full Name (Last, First, Middle Initial)
Leurs, Joe, , ,

Mailing Address PO BOX 3231
303 Holly Circle

City Clarksville State TN Zip Code 37043

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Military/Police

Receipt For: 2025
 Primary General
 Other (specify) ▼ Special-Primary

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2025

Transaction ID : SA11D.4187

Amount of Each Receipt this Period
2500.00

Memo Item
In-kind -

B. Full Name (Last, First, Middle Initial)
Leurs, Joe, , ,

Mailing Address PO BOX 3231
303 Holly Circle

City Clarksville State TN Zip Code 37043

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Military/Police

Receipt For: 2025
 Primary General
 Other (specify) ▼ Special-Primary

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2025

Transaction ID : SA11D.4189

Amount of Each Receipt this Period
2500.00

Memo Item
In-kind -

C. Full Name (Last, First, Middle Initial)
Leurs, Joe, , ,

Mailing Address PO BOX 3231
303 Holly Circle

City Clarksville State TN Zip Code 37043

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Military/Police

Receipt For: 2025
 Primary General
 Other (specify) ▼ Special-Primary

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2025

Transaction ID : SA11D.4197

Amount of Each Receipt this Period
1600.00

Memo Item
CASH DEPOSIT FROM PERSONAL ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1600.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11D

Transaction ID : SA11D.4187

FOR TENNESSEE REPULICAN PARTY BALLOT FEE OUT OF PERSONAL ACCOUNT

Form/Schedule: SA11D

Transaction ID: SA11D.4189

FOR COMPERRY STAR SALES OUT OF PERSONAL ACCOUNT

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Leurs for US Congress

A. Full Name (Last, First, Middle Initial)
Leurs, Joe, , ,

Mailing Address PO BOX 3231
303 Holly Circle

City Clarksville State TN Zip Code 37043

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Military/Police

Receipt For: 2025
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 17 2025

Transaction ID : SA11D.4198

Amount of Each Receipt this Period

Memo Item
CASH DEPOSIT FROM PERSONAL ACCOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

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)		PAGE 8 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Leurs for US Congress

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

Mailing Address 923 14TH ST

City FORT CAMPBELL State KY Zip Code 42223

Purpose of Disbursement COMMERCIAL ADVERTISEMENTS Category/Type 004

Candidate Name Joe Leurs for US Congress

Office Sought: House Senate President
Disbursement For: 2025 Primary General Other (specify) ▼
State: TN District: 07 Special-Primary

Date of Disbursement 09 / 16 / 2025

FEC Identification Number C C00916726

Amount of Each Disbursement this Period 8134.50

Transaction ID : SB17.4145

Memo Item

Full Name (Last, First, Middle Initial)
B. COMPERRY STAR SALES

Mailing Address 361 WOODY LN

City CLARKSVILLE State TN Zip Code 37043

Purpose of Disbursement CAMPAIGN SIGNS Category/Type 004

Candidate Name Joe Leurs for US Congress

Office Sought: House Senate President
Disbursement For: 2025 Primary General Other (specify) ▼
State: TN District: 07 Special-Primary

Date of Disbursement 08 / 24 / 2025

FEC Identification Number C C00916726

Amount of Each Disbursement this Period 2500.00

Transaction ID : SB17.4156

Memo Item

Full Name (Last, First, Middle Initial)
C. I-HEART RADIO

Mailing Address 200 EAST BASSE RD

City SAN ANTONIO State TX Zip Code 78209

Purpose of Disbursement RADIO ADVERTISEMENTS Category/Type 004

Candidate Name Joe Leurs for US Congress

Office Sought: House Senate President
Disbursement For: 2025 Primary General Other (specify) ▼
State: TN District: 07 Special-Primary

Date of Disbursement 09 / 10 / 2025

FEC Identification Number C C00916726

Amount of Each Disbursement this Period 2740.86

Transaction ID : SB17.4147

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 13375.36

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

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)		PAGE 9 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Joe Leurs for US Congress

Full Name (Last, First, Middle Initial) A. Leurs, Joe, , ,		Date of Disbursement MM / DD / YYYY 08 / 12 / 2025
Mailing Address PO BOX 3231 303 Holly Circle		FEC Identification Number C
City Clarksville	State TN	Zip Code 37043
Purpose of Disbursement In-kind -	Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4188
State: TN District: 07	Special-Primary	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Leurs, Joe, , ,		Date of Disbursement MM / DD / YYYY 08 / 24 / 2025
Mailing Address PO BOX 3231 303 Holly Circle		FEC Identification Number C
City Clarksville	State TN	Zip Code 37043
Purpose of Disbursement In-kind -	Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4190
State: TN District: 07	Special-Primary	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. TENNESSEE REPUBLICAN PARTY		Date of Disbursement MM / DD / YYYY 08 / 12 / 2025
Mailing Address 95 WHITE BRIDGE RD SUITE 414		FEC Identification Number C C00916726
City NASHVILLE	State TN	Zip Code 37205
Purpose of Disbursement BALLOT ACCESS FEE	Candidate Name Joe Leurs for US Congress	Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2025 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4155
State: TN District: 07	Special-Primary	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 10 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Joe Leurs for US Congress

Full Name (Last, First, Middle Initial)
A. TRISTAR DIGITAL NEWS

Mailing Address 110 SPACE PARK NORTH

City GOODLETTSVILLE State TN Zip Code 37072

Purpose of Disbursement WEB ADVERTISEMENTS Category/Type

Candidate Name Joe Leurs for US Congress

Office Sought: House Senate President
Disbursement For: 2025 Primary General Other (specify)

State: TN District: 07

Date of Disbursement: 09 / 12 / 2025

FEC Identification Number: C C00916726

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.4107

Memo Item

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....	▶	1500.00
TOTAL This Period (last page this line number only).....	▶	17375.36

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 10

NAME OF COMMITTEE (In Full)

Joe Leurs for US Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PINNACLE FINANCIAL PARTNERS - CARDMEMBER SERVICES			Nature of Debt (Purpose): I-HEART RADIO
Mailing Address 524 S MAIN ST			
City ASHLAND CITY	State TN	Zip Code 37015	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.4165
Amount Incurred This Period <input style="width:100%;" type="text" value="2740.86"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2740.86"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PINNACLE FINANCIAL PARTNERS - CARDMEMBER SERVICES			Nature of Debt (Purpose): KRISPY KREME- POP UP TENT - ASHLAND CITY
Mailing Address 524 S MAIN ST			
City ASHLAND CITY	State TN	Zip Code 37015	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.4166
Amount Incurred This Period <input style="width:100%;" type="text" value="112.43"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="112.43"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PINNACLE FINANCIAL PARTNERS - CARDMEMBER SERVICES			Nature of Debt (Purpose): STARBUCKS - POP UP TENT - AHSLAND CITY
Mailing Address 524 S MAIN ST			
City ASHLAND CITY	State TN	Zip Code 37015	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.4168
Amount Incurred This Period <input style="width:100%;" type="text" value="109.50"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="109.50"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="2962.79"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4165

I-HEART RADIO CHARGED TO CREDIT CARD. BILLING CYCLE NOT COMPLETE. NO PAYMENT DUE AT THIS TIME.

Form/Schedule: SD10

Transaction ID: SD10.4166

KRISPY KREME CHARGED TO CREDIT CARD. BILLING CYCLE NOT COMPLETE. NO PAYMENT DUE AT THIS TIME.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4168

STARBUCKS CHARGED TO CREDIT CARD. BILLING CYCLE NOT COMPLETE. NO PAYMENT DUE AT THIS TIME.

Form/Schedule:

Transaction ID:

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
 10

NAME OF COMMITTEE (In Full)

Joe Leurs for US Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PINNACLE FINANCIAL PARTNERS - CARDMEMBER SERVICES

Nature of Debt (Purpose):
COMCAST ADVERTISING

Mailing Address 524 S MAIN ST

City ASHLAND CITY State TN Zip Code 37015

Outstanding Balance Beginning This Period

Transaction ID : SD10.4167

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

8134.50

0.00

8134.50

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

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) ▶

8134.50

2) **TOTALS** This Period (last page this line number only) ▶

11097.29

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

11097.29

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4167

COMCAST CHARGED TO CREDIT CARD. BILLING CYCLE NOT COMPLETE. NO PAYMENT DUE AT THIS TIME.

Form/Schedule:

Transaction ID: