



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees


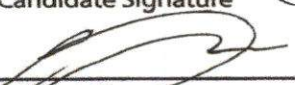
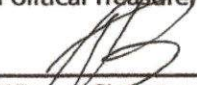
1. Date: 8/01 2.a. Candidate or Committee Name: Friends of Monnell Besley
 2.b. If Committee, Name of Candidate: Monnell Besley 3. Election Date: _____
 4. Campaign Address: 3731 Dorris Sr
 City: Chattanooga State: TN Zip Code: 37410 Phone: 423 802 7655
 5. Candidate Home Address: Same as above
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: mbsley81@gmail.com
 6. Office Sought: (include district number, if applicable) CC 11
 7. Name of Political Treasurer (may be candidate): L. Parviz Price
 Political Treasurer Email Address: _____

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: 07/01/2023 End Date: 09/30

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.

	<u>8/1/2023</u>	<u>L. Price</u>	<u>8/1/23</u>
Candidate Signature	Date	Political Treasurer Signature	Date
	<u>08/01/2023</u>		<u>08/01/2023</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>2,015</u>
b. Total Receipts This Period	\$ <u>151</u>
c. Total Disbursements This Period	\$ <u>2,161</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>0</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Monrell Besley

14. Reporting Period: Start Date: 07/06 End Date: 09/30

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(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) \$ ~~0~~ 151
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ ~~0~~ 151

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ ~~0~~ 2015
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 6
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 6

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 6

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

- 1. Candidate or Committee Name: Friends of Montrell Besley
- 2. Reporting Period: Start Date: 07/26 End Date: 09/30
- 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: ATTACHED 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: _____ 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: _____ 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: _____ 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: \$ 151

(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.)

Amount	Donor First N	Donor Last N	Donor Address	Donor City	Donor State	Donor County	Donor Occupation	Donor Employer
50	Sandy	Smith	518 Marlboro	Chattanooga	TN	United State	Not employe	Not employed
50	Beverly	Pannell	2244 Boulevard	Atlanta	GA	United State	Not Employe	Not Employed
50	Sandy	Smith	518 Marlboro	Chattanooga	TN	United State	Not employe	Not employed
1	Dylan	Cline	4274 Queen	Union City	CA	United State	Teacher	MPCSD

STATE OF TENNESSEE
 DEPARTMENT OF REVENUE
 COMMUNICATIONS SECTION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Montrell Besley
2. Reporting Period: Start Date: 07/26 End Date: 09/30
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: ACTBLUE OR

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

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Donor Purchase

Amount of Expenditure: \$ 200 Date of Expenditure: \$ 08/01

Business or Organization Name: Campaign Deputy OR

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

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Email and Text

Amount of Expenditure: \$ 400 Date of Expenditure: \$ 08/05

Business or Organization Name: Volunteer Progressive Solutions OR

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

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Food Truck

Amount of Expenditure: \$ 1561 Date of Expenditure: \$ 8/04

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: \$ _____

(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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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\$	\$	\$	\$										

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\$	\$	\$	\$										

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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 This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$