



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 1-30-24 2.a. Candidate or Committee Name: Gwen McKenzie Committee to Elect
2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____
4. Campaign Address: 3513 Riverview Rd
City: Knoxville State: Tn Zip Code: 37914 Phone: 865-438-4551
5. Candidate Home Address: 3513 Riverview Rd
City: Knoxville State: Tn Zip Code: 37914 Phone: 865-438-4551
Candidate Email Address: gmckenzie@knoxville.tn.gov
6. Office Sought: (include district number, if applicable) City Council 6th District
7. Name of Political Treasurer (may be candidate): Patricia Hammonds
Political Treasurer Email Address: Phammonds@comcast.net

8. Category or Report: (check one)

- ☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☒ Year-End Supplemental

9. Reporting Period: Start Date: June 30th, 2023 End Date: January 16, 2024

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>Gwen McKenzie</u>	<u>1/30/24</u>	<u>Patricia Hammonds</u>	<u>1/30/24</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Emily Hammonds</u>	<u>1/30/24</u>	<u>Carol Hammonds</u>	<u>1/31/2024</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>22,948.11</u>
b. Total Receipts This Period	\$ <u>0</u>
c. Total Disbursements This Period	\$ <u>2,111.77</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>20,836.34</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Gwen McKenzie

14. Reporting Period: Start Date: June 30, 2023 End Date: January 16, 2024

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
- 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

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 2,111.77
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 2,111.77

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.) \$ 0

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Gwen McKenzie
2. Reporting Period: Start Date: June 30, 2023 End Date: January 16, 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: UUNK Academy OR

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

Address: 1601 Dandridge Ave City: Knoxville State: Tn Zip Code: 37914

Purpose of Expenditure: fundraising event Botanical Gardens Jazz

Amount of Expenditure: \$ 300.00 Date of Expenditure: 7/1/23

Business or Organization Name: Sam's Club OR

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

Address: Kentia Way City: Knoxville State: Tn Zip Code: _____

Purpose of Expenditure: Lonsdale Homecoming - water - snacks - candy

Amount of Expenditure: \$ 197.45 Date of Expenditure: 8/6/23

Business or Organization Name: Sam's Club OR

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

Address: Kentia Way City: Knoxville State: Tn Zip Code: _____

Purpose of Expenditure: Walter P/ile Points Homecoming - Water, snacks, candy

Amount of Expenditure: \$ 164.32 Date of Expenditure: 7/18/23

Business or Organization Name: Knoxville Area Urban League OR

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

Address: 1574 E. 5th Ave City: Knoxville State: Tn Zip Code: 37918

Purpose of Expenditure: Gala Sponsorship for programming

Amount of Expenditure: \$ 400.00 Date of Expenditure: 10/18/23

Business or Organization Name: WJBE Radio Station OR

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

Address: 2348 MLK Ave City: Knoxville State: Tn Zip Code: 37914

Purpose of Expenditure: Holiday Greeting

Amount of Expenditure: \$ 480.00 Date of Expenditure: 12/1/23

Total Expenditures: \$ 1,511.77

(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: Gwen McKenzie
2. Reporting Period: Start Date: June 30th, 2023 End Date: January 16, 2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,511.77

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: Chi Eta Phi Sorority, Inc. Knoxville Chapter OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Knoxville State: TN Zip Code: _____
Purpose of Expenditure: Scholarship Luncheon Sponsor & Ad
Amount of Expenditure: \$ 600.00 Date of Expenditure: 11/20/23

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: _____

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: \$ \$2,111.77

(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.)