CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4-10-2026 2.a. Candidate or Committee Name: Greg Beck Campaign

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5-5-2026

4. Campaign Address: 6224 Laramie Cr

City: Chattanooga State: TN Zip Code: 37421 Phone: 423-883-3632

5. Candidate Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Candidate Email Address: Gregorybeck412@AOL.com

6. Office Sought: (include district number, if applicable) County Commissioner District 5

7. Name of Political Treasurer (may be candidate): Brenda E. Jones

Political Treasurer Email Address: Brenda.Jones@delta.com

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: 01/16/2026 End Date: 03/31/2026

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.

Greg Beck — Candidate Signature
4-10-26 — Date
Brenda E Jones — Political Treasurer Signature
4-10-2026 — Date

_____ — Witness Signature
_____ — Date
_____ — Witness Signature
Date

HAMILTON CO. ELECTION
20 APR '26 PM12:40

12. Summary:

a.	Balance On Hand Last Report	$ 0
b.	Total Receipts This Period	$ 6375.00
c.	Total Disbursements This Period	$ 3559.63
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 2815.37
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Greg Beck

14. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 375.00
(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) ..... $ 6000.00

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.) ..... $ 6375.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 3559.63
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ -0-

c. Total Obligation Payments Made This Period ..... $

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in Item 12.c.) ..... $ 3559.63

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Greg Beck

2. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 6375.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Kerri Middle Name: Parks Last Name: Paty

Address: 306 Sweetbriar Ave City: Chattanooga State: TN Zip Code: 37411

Occupation: Attorney Employer: Hamilton County - TN Magistrates

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 100.00 Date of Contribution: 4-7-2026 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: James Middle Name: _____ Last Name: Roberts

Address: 4924 Lake Haven Dr City: Chattanooga State: TN Zip Code: 37416

Occupation: Retired Employer: _____

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: ~~$100.00~~ $50.00 Date of Contribution: 4-7-2026 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: Edwina Middle Name: _____ Last Name: Cohen

Address: 533 Alexian Way City: Signal Mountain State: TN Zip Code: 37377

Occupation: Retired Employer: _____

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 100.00 Date of Contribution: 3-7-2026 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: Charlyn Middle Name: _____ Last Name: Brooks

Address: 863 N. Orchard Knob Ave City: Chattanooga State: TN Zip Code: 37404

Occupation: Retired Employer: _____

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 25.00 Date of Contribution: 4-1-2026 Aggregate This Election: $ _____

Total Contributions: $ 275.00

(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.)

HAMILTON CO. ELECTION
4 MAY '26 AM10:33

#1

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Greg Beck

2. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $275.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Janetta Middle Name: _____ Last Name: Patterson

Address: 5153 Mimosa Circle City: Chattanooga State: TN Zip Code: 37416

Occupation: Educator Employer: Hamilton County - TN School System

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $100.00 Date of Contribution: 4-19-2006 Aggregate This Election: $_____

Business or Organization Name: Home Builders Association of Chattanooga OR

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

Address: 3221 Harrison Pike City: Chattanooga State: TN Zip Code: 37406

Occupation: Home Builders Employer: _____

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $4500.00 Date of Contribution: 4-17-2026 Aggregate This Election: $_____

Business or Organization Name: Tenn Realtors Political Action Committee OR

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

Address: 901 19th Ave South City: Nashville State: TN Zip Code: 37212

Occupation: _____ Employer: _____

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $1500.00 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: $6375.00

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Greg Beck

2. Reporting Period: Start Date: 01-16-2026 End Date: 03-31-2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 3559.63

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: Vision Graphics OR

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

Address: 1415 Main Street City: Chattanooga State: TN Zip Code: 37405

Purpose of Expenditure: T-Shirts (Re Elect Greg Beck)

Amount of Expenditure: $ 863.00 Date of Expenditure: $ 3-22-2026

Business or Organization Name: Best Buy - Geek Squad OR

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

Address: Hamilton Place City: Chattanooga State: TN Zip Code: 37421

Purpose of Expenditure: Data back up - windows reinstall for computer

Amount of Expenditure: $ 239.97 Date of Expenditure: $ _____

Business or Organization Name: Advantage Printing OR

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

Address: 4031 Brainerd Rd City: Chattanooga State: TN Zip Code: 37411

Purpose of Expenditure: One Way Vision door Poster - Re Elect Beck

Amount of Expenditure: $ 233.58 Date of Expenditure: $ 3/29/2026

Business or Organization Name: V Francis Events OR

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

Address: 6925 Shallowford Rd City: Chattanooga State: TN Zip Code: 37421

Purpose of Expenditure: Kick-off Campaign event

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 2-20-2026

Business or Organization Name: Radio Station OR

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

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

Purpose of Expenditure: Radio Ad - for Greg Beck

Amount of Expenditure: $ 1620.00 Date of Expenditure: $ 4-16-2026

Total Expenditures: $ 3156.55

(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: Greg Beck
2. Reporting Period: Start Date: 01-16-2026 End Date: 03-31-2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 3156 55

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: Home Depot OR
First Name: Middle Name: Last Name:
Address: 7421 Commons Blvd City: Chattanooga State: TN Zip Code: 37421
Purpose of Expenditure: Supplies for Campaign
Amount of Expenditure: $ 239.50 Date of Expenditure: $ 4-11-2026

Business or Organization Name: Subway - Burger King - Circle K OR
First Name: Middle Name: Last Name:
Address: City: State: TN Zip Code:
Purpose of Expenditure: Food - Drinks
Amount of Expenditure: $ 163.58 Date of Expenditure: $ 4-17-2026

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: $ 3559.63
(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.)

N/A

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ______________________

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

3. Total in-kind contributions from preceding page (enter $0 if first page) $ __________

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: ______________________ OR

First Name: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: __________

Occupation: __________ Employer: __________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $ ______ In-Kind Contribution Date: ______ Aggregate This Election: $ ______

Description of In-Kind Contribution: ______________________

Business or Organization Name: ______________________ OR

First Name: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: __________

Occupation: __________ Employer: __________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $ ______ In-Kind Contribution Date: ______ Aggregate This Election: $ ______

Description of In-Kind Contribution: ______________________

Business or Organization Name: ______________________ OR

First Name: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: __________

Occupation: __________ Employer: __________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $ ______ In-Kind Contribution Date: ______ Aggregate This Election: $ ______

Description of In-Kind Contribution: ______________________

Business or Organization Name: ______________________ OR

First Name: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: __________

Occupation: __________ Employer: __________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $ ______ In-Kind Contribution Date: ______ Aggregate This Election: $ ______

Description of In-Kind Contribution: ______________________

Total In-Kind Contributions: $ __________

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

N/A

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: ____________________

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

3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ____________________ **OR**

First Name: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: __________

Outstanding Loan Balance (Beginning) .... $ __________

Loans Received .... $ __________

Loan Payments .... $ __________

Outstanding Loan (End) .... $ __________

Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: __________

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: ____________________ **OR**

First Name: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: __________

Amount Guaranteed Outstanding: $__________

Business or Organization Name: ____________________ **OR**

First Name: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: __________

Amount Guaranteed Outstanding: $__________

Business or Organization Name: ____________________ **OR**

First Name: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: __________

Amount Guaranteed Outstanding: $__________

Business or Organization Name: ____________________ **OR**

First Name: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: __________

Amount Guaranteed Outstanding: $__________

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) .... $__________

Loans Received .... $__________

Loan Payments .... $__________

Outstanding Loan (End) .... $__________

N/A

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: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
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	Payments This Period	Outstanding Balance (Period End)
$	$	$	$