



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/9/2026 2.a. Candidate or Committee Name: Barry Beeler
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: PO Box 31761
City: Knoxville State: TN Zip Code: 37930 Phone: _____
5. Candidate Home Address: 1503 Greenwell Dr
City: Knoxville State: TN Zip Code: 37938 Phone: _____
Candidate Email Address: barrybeeler@att.net
6. Office Sought: (include district number, if applicable) County Commission, District 7
7. Name of Political Treasurer (may be candidate): Chrissey Stephens
Political Treasurer Email Address: clstephenstn@gmail.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: 4/26/2026 End Date: 6/30/2026
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.

Candidate Signature	Date	Political Treasurer Signature	Date
_____	_____	_____	_____
Witness Signature	Date	Witness Signature	Date
_____	_____	_____	_____

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$1,943.56</u>
b. Total Receipts This Period	\$ <u>\$5,957.82</u>
c. Total Disbursements This Period	\$ <u>\$4,750.32</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$3,151.06</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Barry Beeler

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ \$5,957.82
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$5,957.82

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,750.32
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$4,750.32

17. In-Kind Contributions:

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

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: _____ Last Name: Bittel
Address: 309 Governors Ln City: Farragut State: TN Zip Code: 37934
Occupation: Retired Employer: Retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/29/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Reagan Middle Name: _____ Last Name: Bittel
Address: 309 Governors Ln City: Farragut State: TN Zip Code: 37934
Occupation: Student Employer: Student
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/29/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Jeff Middle Name: _____ Last Name: Lindsey
Address: 3101 Stock Creek Rd City: Knoxville State: TN Zip Code: 37920
Occupation: Owner Employer: Lindsey Appraisal Services
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 5/1/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Brin Middle Name: _____ Last Name: Eade
Address: 3232 Topside Rd City: Knoxville State: TN Zip Code: 37920
Occupation: Warehouse Employer: Aqua Clear
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$21.15 Date of Contribution: 5/1/2026 Aggregate This Election: \$ \$105.75

Total Contributions: \$ \$1,071.15
(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,071.15

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Aubrey Middle Name: _____ Last Name: Burleson

Address: 5800 Woodburn Dr City: Knoxville State: TN Zip Code: 37919

Occupation: Business Owner Employer: Self

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

Amount of Contribution: \$ \$1,500.00 Date of Contribution: 5/6/2026 Aggregate This Election: \$ \$1,500.00

Business or Organization Name: _____ **OR**

First Name: Angela Middle Name: _____ Last Name: Wimbish

Address: 8634 Oxford Dr City: Knoxville State: TN Zip Code: 37922

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$156.56 Date of Contribution: 5/6/2026 Aggregate This Election: \$ \$156.56

Business or Organization Name: _____ **OR**

First Name: Kyle Middle Name: _____ Last Name: Nahrebne

Address: 7827 McMillan Rd City: Knoxville State: TN Zip Code: 37914

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$52.40 Date of Contribution: 5/15/2026 Aggregate This Election: \$ \$52.40

Business or Organization Name: Halls Republican Club **OR**

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

Address: 119 Dry Gap Rd City: Knoxville State: TN Zip Code: 37918

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 5/22/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$3,280.11

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,280.11

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Martin Middle Name: _____ Last Name: Daniel

Address: 206 Whithorn Ln City: Knoxville State: TN Zip Code: 37909

Occupation: Business Owner Employer: Volunteer Outdoor Advertising LLC

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 5/22/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Graham

Address: PO Box 12489 City: Knoxville State: TN Zip Code: 37912

Occupation: Business Ower Employer: Tiger GP

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 5/22/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: Knox County Republican Party **OR**

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

Address: PO Box 50153 City: Knoxville State: TN Zip Code: 37950

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 5/29/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Brin Middle Name: _____ Last Name: Eade

Address: 3232 Topside Rd City: Knoxville State: TN Zip Code: 37920

Occupation: Warehouse Employer: Aqua Clear

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

Amount of Contribution: \$ \$21.15 Date of Contribution: 6/1/2026 Aggregate This Election: \$ \$21.15

Total Contributions: \$ \$4,801.26

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$4,801.26

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Angela Middle Name: _____ Last Name: Wimbish
Address: 8634 Oxford Dr City: Knoxville State: TN Zip Code: 37922
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$156.56 Date of Contribution: 6/6/2026 Aggregate This Election: \$ \$313.12

Business or Organization Name: _____ **OR**
First Name: Doug Middle Name: _____ Last Name: Harris
Address: 107 Westfield Rd City: Knoxville State: TN Zip Code: 37919
Occupation: Owner Employer: Harris Enterprise Group
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 6/28/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Carl Middle Name: _____ Last Name: Cook
Address: 2054 Creswell Rd City: Seymour State: TN Zip Code: 37865
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 6/29/2026 Aggregate This Election: \$ \$500.00

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: \$ \$5,957.82
(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: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: _____ **OR**
First Name: Chrissey Middle Name: _____ Last Name: Stephens
Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37931
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$79.00 Date of Expenditure: \$ 4/28/2026

Business or Organization Name: _____ **OR**
First Name: Lauren Middle Name: _____ Last Name: Jenkins
Address: 50 Prospect Street Apt 903 City: Somerville State: MA Zip Code: 02143
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$48.75 Date of Expenditure: \$ 4/29/2026

Business or Organization Name: _____ **OR**
First Name: Nathon Middle Name: _____ Last Name: Ballinger
Address: 2916 Brabson Dr City: Knoxville State: TN Zip Code: 37918
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$167.09 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Logan Middle Name: _____ Last Name: Barton
Address: 66 Pin Oak Ln City: Mount Union State: PA Zip Code: 17066
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$46.23 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Emily Middle Name: _____ Last Name: Blanton
Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$9.24 Date of Expenditure: \$ 5/1/2026

Total Expenditures: \$ \$350.31

(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: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$350.31

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: _____ **OR**
First Name: J Middle Name: Matthew Last Name: Esparza
Address: 215 Bethel Rd City: Clinton State: TN Zip Code: 37716
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$85.03 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Alicia Middle Name: _____ Last Name: Gonzales
Address: 5840 NW Alpha Ct City: Port St Luice State: FL Zip Code: 34986
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$55.41 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Patty Middle Name: Jean Last Name: King
Address: 7604 Breckenridge Ln City: Knoxville State: TN Zip Code: 37938
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$189.61 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Josh Middle Name: _____ Last Name: McKee
Address: 559 Quaker Rd City: Macedon State: NY Zip Code: 14502
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$42.43 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Andrew Middle Name: _____ Last Name: Schmidt
Address: 2307 W Beaver Creek Dr City: Knoxville State: TN Zip Code: 37949
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$48.49 Date of Expenditure: \$ 5/1/2026

Total Expenditures: \$ \$771.28

(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: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$771.28

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: _____ **OR**
First Name: Jonathan Middle Name: _____ Last Name: Schmidt
Address: 3564 S 2nd St City: Milwaukee State: WI Zip Code: 53207
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$43.86 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: _____ Last Name: Sweeney Jr
Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$224.77 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Peter Middle Name: _____ Last Name: Wild
Address: 1043 Richland Rd City: Blaine State: TN Zip Code: 37990
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$82.80 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ **OR**
First Name: Cameron Middle Name: _____ Last Name: Wilson
Address: 308 Jule Dr City: Chesapeake State: VA Zip Code: 23322
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$63.21 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: IRS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280
Purpose of Expenditure: Payroll Taxes
Amount of Expenditure: \$ \$193.08 Date of Expenditure: \$ 5/1/2026

Total Expenditures: \$ \$1,379.00

(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: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,379.00

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: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: \$ \$9.91 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: Hart Graphics **OR**

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$290.24 Date of Expenditure: \$ 5/4/2026

Business or Organization Name: Hart Graphics **OR**

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$316.83 Date of Expenditure: \$ 5/4/2026

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Wiatr

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$15.00 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: _____ **OR**

First Name: Lauren Middle Name: _____ Last Name: Jenkins

Address: 50 Prospect Street Apt 903 City: Somerville State: MA Zip Code: 02143

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$131.25 Date of Expenditure: \$ 5/12/2026

Total Expenditures: \$ \$2,142.23

(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: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,142.23

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: _____ **OR**

First Name: Patty Middle Name: Jean Last Name: King

Address: 7604 Breckenridge Ln City: Knoxville State: TN Zip Code: 37938

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$203.08 Date of Expenditure: \$ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Sweeney Jr

Address: 9604 Gulf Park Dr City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$300.03 Date of Expenditure: \$ 5/15/2026

Business or Organization Name: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: \$ \$111.57 Date of Expenditure: \$ 5/15/2026

Business or Organization Name: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: \$ \$5.29 Date of Expenditure: \$ 5/15/2026

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Wiatr

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$150.00 Date of Expenditure: \$ 5/25/2026

Total Expenditures: \$ \$2,912.20

(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: Barry Beeler
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,912.20

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: Wind Consulting **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37922
Purpose of Expenditure: Campaign Consultant
Amount of Expenditure: \$ \$1,800.00 Date of Expenditure: \$ 5/25/2026

Business or Organization Name: Anedot/Fundraising Site **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3723 Greenville Ave Ste 41002 City: Dallas State: TX Zip Code: 75206
Purpose of Expenditure: Fees
Amount of Expenditure: \$ \$38.12 Date of Expenditure: \$ 6/30/2026

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: \$ \$4,750.32

(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.)