



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/1/2025 2.a. Candidate or Committee Name: Brent Gibson
2.b. If Committee, Name of Candidate: _____ 3. Election Date: 2026
4. Campaign Address: P.O. Box 51
City: Corryton State: TN Zip Code: 37721 Phone: 865-388-9186
5. Candidate Home Address: 8305 Chawin Lane
City: Corryton State: TN Zip Code: 37721 Phone: 865-388-9186
Candidate Email Address: rbrentgibson@yahoo.com
6. Office Sought: (include district number, if applicable) SHERIFF
7. Name of Political Treasurer (may be candidate): J. Russ Frazier
Political Treasurer Email Address: r-frazier@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 ☐ Runoff Election

9. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025

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.

Brent Gibson 7/1/2025
Candidate Signature Date
Kristin Gibson 7.10.25
Witness Signature Date

Jonathan Frazier July 10, 2025
Political Treasurer Signature Date
Brent Gibson 7.10.2025
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report \$ 1,435.33
b. Total Receipts This Period \$ 4,550.00
c. Total Disbursements This Period \$ 0
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 5,985.33
e. Total Loans Outstanding \$ 0
f. Total Obligations Outstanding \$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Brent Gibson

14. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025

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) \$ 4,550.00
- 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.) \$ 4,550.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 0
(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.)..... \$ 0

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 1,500.00
- c. Total In-Kind Contributions Received This Period \$ 1,500.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Brent Gibson
2. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025
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: _____ OR
First Name: Brandon Middle Name: _____ Last Name: Workman
Address: 7214 Imperial Dr. City: Knoxville State: TN Zip Code: 37918
Occupation: RETIRED Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.00 Date of Contribution: 3/14/2025 Aggregate This Election: \$ 1000.00

Business or Organization Name: _____ OR
First Name: Jodi Middle Name: _____ Last Name: Nolan
Address: 7924 Castlecomb Rd City: Powell State: TN Zip Code: 37849
Occupation: Benefits Manager Employer: Kimberly Clarke Corp.
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 3/16/2025 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: Calvin Middle Name: _____ Last Name: Goolsby
Address: 5204 Harrison Forest way City: Knoxville State: TN Zip Code: 37921
Occupation: Business owner Employer: Business Owner
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.00 Date of Contribution: 3/27/2025 Aggregate This Election: \$ 1000.00

Business or Organization Name: _____ OR
First Name: Don Middle Name: _____ Last Name: Green
Address: 6553 Virginia Lee lane City: Knoxville State: TN Zip Code: 37918
Occupation: Retired Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 4-22-2025 Aggregate This Election: \$ 500.00

Total Contributions: \$ 2450.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Brent Gibson
2. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: MICHAEL Middle Name: _____ Last Name: LEDBETTER
Address: 1537 OSBORNE Rd City: KNOXVILLE State: TN Zip Code: 37914
Occupation: RETIRED Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 5/20/2025 Aggregate This Election: \$ 500.00

Business or Organization Name: _____ OR
First Name: Trampus Middle Name: _____ Last Name: Phillips
Address: 448 LEES CHAPEL RD. City: Sweetwater State: _____ Zip Code: 37874
Occupation: ELECTRICIAN Employer: SELF EMPLOYED
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 6/15/2025 Aggregate This Election: \$ 100.00

Business or Organization Name: King Collision OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2707 old Callahan Dr. City: Knoxville State: TN Zip Code: 37912
Occupation: _____ Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.00 Date of Contribution: 6/10/2025 Aggregate This Election: \$ 1000.00

Business or Organization Name: _____ OR
First Name: Laura Middle Name: _____ Last Name: Moore
Address: 312 Lupine Dr. City: Knoxville State: TN Zip Code: 37924
Occupation: RETIRED Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: _____ Aggregate This Election: \$ 500.00

Total Contributions: \$ 4,550.00
(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Brent Gibson
2. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: ALL STAR OUTFITTERS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 10650 MURDOCK DR. City: KNOXVILLE State: TN Zip Code: 37932
Occupation: _____ Employer: _____
In-Kind Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 1500.00 In-Kind Contribution Date: 6/19/25 Aggregate This Election: \$ 1500.00
Description of In-Kind Contribution: T-SHIRTS

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: \$ 1500.00

(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.)