



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/9/2026 2.a. Candidate or Committee Name: Wayne Sharpe
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026
4. Campaign Address: 905 Mason Tucker Dr
City: Smyrna State: TN Zip Code: 37167 Phone: _____
5. Candidate Home Address: 905 Mason Tucker Dr
City: Smyrna State: TN Zip Code: 37167 Phone: _____
Candidate Email Address: sharpeway934@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #11
7. Name of Political Treasurer (may be candidate): Scott McDaniel
Political Treasurer Email Address: smcdani2@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: 1/16/2026 End Date: 3/31/2026
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.

Candidate Signature

Date

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|--------------------|
| a. Balance On Hand Last Report | \$ <u>\$0.00</u> |
| b. Total Receipts This Period | \$ <u>\$875.00</u> |
| c. Total Disbursements This Period | \$ <u>\$448.04</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$426.96</u> |
| e. Total Loans Outstanding | \$ <u>\$600.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Wayne Sharpe

14. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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) \$ \$275.00
- c. Loans Received This Reporting Period..... \$ \$600.00
- 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.) \$ \$875.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$448.04
(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.)..... \$ \$448.04

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: Wayne Sharpe
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: Susan Middle Name: _____ Last Name: Myers-Shirk

Address: 221 Tyne Avenue City: Murfreesboro State: TN Zip Code: 37130

Occupation: retired Employer: MTSU

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 2/21/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Scott Middle Name: _____ Last Name: McDaniel

Address: 3005 Madison Ave City: Murfreesboro State: TN Zip Code: 37130

Occupation: retired Employer: Elevance

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 2/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Donald Middle Name: _____ Last Name: Russell

Address: 1803 Broadway Apt 606 City: Nashville State: TN Zip Code: 37203

Occupation: Project Manager Employer: Caterpillar Finance

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 3/4/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Richard Middle Name: _____ Last Name: Moffett

Address: 2822 Regency Park Drive City: Murfreesboro State: TN Zip Code: 37129

Occupation: retired Employer: MTSU

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 3/9/2026 Aggregate This Election: \$ \$100.00

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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Wayne Sharpe
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Service Fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 2/21/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Stripe Fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 2/21/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Service Fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 2/25/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Stripe Fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 2/25/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Service Fee

Amount of Expenditure: \$ \$3.15 Date of Expenditure: \$ 2/26/2026

Total Expenditures: \$ \$6.06

(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: Wayne Sharpe
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$6.06

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: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Stripe Fee

Amount of Expenditure: \$ \$6.83 Date of Expenditure: \$ 2/26/2026

Business or Organization Name: Staples **OR**

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

Address: 1740 Old Fort Pkwy City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Copying

Amount of Expenditure: \$ \$4.51 Date of Expenditure: \$ 3/2/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Service Fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 3/4/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Stripe Fee

Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 3/4/2026

Business or Organization Name: Staples **OR**

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

Address: 809 Industrial Blvd City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: Business Cards

Amount of Expenditure: \$ \$61.45 Date of Expenditure: \$ 3/5/2026

Total Expenditures: \$ \$82.33

(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: Wayne Sharpe
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$82.33

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: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Service Fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 3/9/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Stripe Fee

Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 3/9/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Service Fee

Amount of Expenditure: \$ \$3.15 Date of Expenditure: \$ 3/22/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Stripe Fee

Amount of Expenditure: \$ \$6.83 Date of Expenditure: \$ 3/22/2026

Business or Organization Name: Ninja Transfers **OR**

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

Address: 2727 Commerce Way Suite 100 City: Philadelphia State: PA Zip Code: 19154

Purpose of Expenditure: T-Shirt Transfers

Amount of Expenditure: \$ \$52.25 Date of Expenditure: \$ 3/24/2026

Total Expenditures: \$ \$148.04

(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: Wayne Sharpe
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$148.04

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: Age Graphics **OR**

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

Address: 678 Collins Rd City: Little Hocking State: OH Zip Code: 45742

Purpose of Expenditure: Yard Signs

Amount of Expenditure: \$ \$290.00 Date of Expenditure: \$ 3/30/2026

Business or Organization Name: Wilson Bank & Trust **OR**

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

Address: 710 NW Broad St City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Bank Fee

Amount of Expenditure: \$ \$10.00 Date of Expenditure: \$ 3/31/2026

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: \$ \$448.04

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Wayne Sharpe
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: Wayne Middle Name: _____ Last Name: Sharpe

Address: 905 Mason Tucker Drive City: Smyrna State: TN Zip Code: 37167

Outstanding Loan Balance (Beginning) \$ \$0.00

Loans Received \$ \$300.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$300.00

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

Date of Loan: 2/26/2026

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

Business or Organization Name: _____ **OR**

First Name: Wayne Middle Name: _____ Last Name: Sharpe

Address: 905 Mason Tucker Drive City: Smyrna State: TN Zip Code: 37167

Amount Guaranteed Outstanding: \$ \$300.00

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) \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Wayne Sharpe
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: Wayne Middle Name: _____ Last Name: Sharpe

Address: 905 Mason Tucker Drive City: Smyrna State: TN Zip Code: 37167

Outstanding Loan Balance (Beginning) \$ \$0.00

Loans Received \$ \$300.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$300.00

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

Date of Loan: 3/22/2026

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

Business or Organization Name: _____ **OR**

First Name: Wayne Middle Name: _____ Last Name: Sharpe

Address: 905 Mason Tucker Drive City: Smyrna State: TN Zip Code: 37167

Amount Guaranteed Outstanding: \$ \$300.00

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) \$ \$0.00

Loans Received \$ \$600.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$600.00