

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1/23/2020		2.a. NAME OF CANDIDATE OR COMMITTEE Greg martin	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 1715 rock bluff road		City hixson	State TN
		Zip Code 37343	Phone (423) 596-7338
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route			
City			
State			
Zip Code			
Phone			
5. OFFICE SOUGHT (include district number, if applicable) County Commission Dist. 3		6. NAME OF POLITICAL TREASURER (may be candidate) Frank Steil	
7. CATEGORY OR REPORT (Check one)			
☐ FIRST QUARTER ☐ SECOND QUARTER ☐ THIRD QUARTER ☐ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☐ MID-YEAR SUPPLEMENTAL ☒ YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 1999-07-01		8.b. ENDING DATE OF REPORTING PERIOD 2020-01-15	
9. (Check one)			
a. ☒ This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)			
b. ☐ 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.			
10. 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.			
_____ signature of candidate		_____ signature of political treasurer	
_____ date		_____ date	
11. WITNESS SIGNATURE			
_____ signature of witness		_____ signature of witness	
_____ date		_____ date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$18,278.58	
b. TOTAL RECEIPTS THIS PERIOD		\$0.00	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$535.00	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$17,743.58	
e. TOTAL LOANS OUTSTANDING		\$0.00	
f. TOTAL OBLIGATIONS OUTSTANDING		\$0.00	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Greg martin	14. REPORT COVERING THE PERIOD FROM: 1999-07-01 TO: 2020-01-15	
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RECEIPTS
 15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
 b. Itemized Contributions (over \$100 from each source this period) \$ _____
 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ _____

 16. LOANS RECEIVED THIS REPORTING PERIOD \$ _____
 17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____
 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ _____

DISBURSEMENTS
 19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Total of Expenditures (\$100 or less each payee) \$ _____
 b. Itemized Expenditures (Over \$100 each payee this period) \$ **\$535.00**
 c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ **\$535.00**

 20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____
 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ **\$535.00**

22. IN-KIND CONTRIBUTIONS
 a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____
 b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____
 c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____

23. OBLIGATIONS
 a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____
 b. Itemized Obligations Outstanding (Over \$100 each) \$ _____
 c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ _____



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Greg martin			2. REPORT COVERING THE PERIOD FROM: 1999-07-01 TO: 2020-01-15	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Create For Me		Web Design		\$100.00
Address 505 North Wilson Blvd				
City Gulfport	State MS			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Hixson Takedown Club		Donation to Wrestling Booster Club		\$185.00
Address 5705 Middle Valley Rd				
City Hixson	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Hixson High Baseball Boosters		Donation to Baseball Boosters		\$250.00
Address 5705 Middle Valley Rd				
City Hixson	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$535.00

