



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 8/01 2.a. Candidate or Committee Name: Friends of Monnell Besley  
 2.b. If Committee, Name of Candidate: Monnell Besley 3. Election Date: \_\_\_\_\_  
 4. Campaign Address: 3731 Dorris Jr  
 City: Chattanooga State: TN Zip Code: 37410 Phone: 423 802 7655  
 5. Candidate Home Address: Same as above  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Candidate Email Address: mbsley81@gmail.com  
 6. Office Sought: (include district number, if applicable) CC 11  
 7. Name of Political Treasurer (may be candidate): LaParina Price  
 Political Treasurer Email Address: \_\_\_\_\_

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: 07/01 End Date: 07/25

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.

[Signature] 8/1/23  
 Candidate Signature Date  
[Signature] 08/01/2023  
 Witness Signature Date

L. Parina 8/1/23  
 Political Treasurer Signature Date  
[Signature] 08/01/2023  
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>9,515.20</u>
b. Total Receipts This Period .....	\$ <u>6,000</u>
c. Total Disbursements This Period .....	\$ <u>13,500.20</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>2,015</u>
e. Total Loans Outstanding .....	\$ <u>0</u>
f. Total Obligations Outstanding .....	\$ _____

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Montrell Beasley

14. Reporting Period: Start Date: 07/01 End Date: 07/25

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) ..... \$ 6,000
- 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.) ..... \$ 6,000

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 13,500.20  
(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 ..... \$ 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: Friends of Montrell Besley
2. Reporting Period: Start Date: 07/01 End Date: 07/25
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: \_\_\_\_\_ Middle Name: ATIA Last Name: Chile  
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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_  
(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.)

Amount	Donor First Name	Donor Last Name	Donor Address Line 1	Donor City	Donor State	Donor Occupation	Donor Employer
		PV@rez	919 Kentucky Avenue	Signal Mountain	TN	Director of Operations	La Paz
100	Marco	Webb	7019 Arbury Way	Ooltewah	TN	Attorney	HBS
250	Aaron	Besley	1809 s Kelly	Chattanooga	TN	Locomotive engineer	Norfolk southern rr
100	Jerrell	Mills	1103 fleetwood dr.	Lookout Mountain	GA	Investment management	Pantheon Capital
600	Robert	Nash	1115 Carlisle Place	Mount Juliet	TN	Military	Federal
250	Jamael	Shannon	228 WOLF CREEK RD	JENKINSBURG	GA	Not Employed	Not Employed
100	Carlos	Scott	6734 Hickory Manor Circle	Chattanooga	TN	Education	Chattanooga Prep
25	Bradley	Combs	1920 Gunbarrel Rd	Chattanooga	TN	Not Employed	Not Employed
50	Patricia	Mills	29 S. Crest Rd	Chattanooga	TN	Member Mgr	Ajax Mgt.
1600	James	Swafford	3903 Pin Oak Terrace	Chattanooga	TN	Not Employed	Not Employed
50	Ron	Lee	1713 Hourglass Point	Hixson	TN	Not Employed	Not Employed
75	Susan	Newton	5411 VIRGINIA AVE	CHATTANOOGA	TN	Graphic Designer	University of Tennessee at Chattanooga
50	Lynn	Barlow	202 White Bluff Dr	Guyton	GA	School Nutrition Coordinator	Chatham Public Schools
100	Rhonda	Foster	907 Altamont Rd	Chattanooga	TN	Not Employed	Not Employed
100	Rudolph	Whitaker	820 Waterthrush Lane	Chattanooga	TN	Realtor	Fletcher Bright Realty
500	Harriett	Elliott	3334 Roadrunner Trail	Nashville	TN	Employee	Unum
100	Ronald	McCray	312 McBrien Road # 301, P.O. Box 80751	Chattanooga	TN	Not Employed	Not Employed
100	Herbert	Grizzle	PO Box 3249	Chattanooga	TN	Real Estate Development	Thousand Hills Management
1600	Sheldon	Oliver	5030 Marilyn Lane	Chattanooga	TN	Teacher	Hamilton County Schools
250	LaToya						
6000							

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Montrell Besley
2. Reporting Period: Start Date: 07/01 End Date: 07/25
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: \_\_\_\_\_ 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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Montrell Besley
2. Reporting Period: Start Date: 07/01 End Date: 07/25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Donor Reporting  
Amount of Expenditure: \$ 340.20 Date of Expenditure: \$ 07/07

Business or Organization Name: Volunteer Progressive OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Advertisements  
Amount of Expenditure: \$ 8,467.20 Date of Expenditure: \$ 07/14

Business or Organization Name: Splendid Printing OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Mailing  
Amount of Expenditure: \$ 4,742.00 Date of Expenditure: \$ 07/12

Business or Organization Name: Campaign Deputy OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Email and Texts  
Amount of Expenditure: \$ 351 Date of Expenditure: \$ 07/22

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: \$ \_\_\_\_\_  
(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 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)
\$	\$	\$	\$

N/A

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)
\$	\$	\$	\$