CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 2/2/2026 2.a. Candidate or Committee Name: David Amburn

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/26

4. Campaign Address: 117 Conner Crossing Way #4106

City: Powell State: TN Zip Code: 37849 Phone: 865-310-1083

5. Candidate Home Address: 117 Conner Crossing Way # 4106

City: Powell State: TN Zip Code: 37849 Phone: 865-310-1083

Candidate Email Address: Amburnforsheriff@gmail.com

6. Office Sought: (include district number, if applicable) Sheriff

7. Name of Political Treasurer (may be candidate): Ruth Ann Milsaps

Political Treasurer Email Address: Azmmom@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: 1/1/2026 End Date: 1/15/2026

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	2-1-26 Date	Ruth Ann Milsaps Political Treasurer Signature	2/1/26 Date
Witness Signature	2-1-26 Date	Tammy Williams Witness Signature	2-1-26 Date

12. Summary:

a.	Balance On Hand Last Report	$ 0
b.	Total Receipts This Period	$ 28850.00
c.	Total Disbursements This Period	$ 5006.95
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 23843.05
e.	Total Loans Outstanding	$ 5000.00
f.	Total Obligations Outstanding	$ 8519.83

KNOX CO. ELECTION COMM
FEB 3 '26 PM 12:08

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: David Amburn

14. Reporting Period: Start Date: 1/1/2026 End Date: 1/15/2026

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) ..... $ 23850.00

c. Loans Received This Reporting Period ..... $ 5000.00

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.) ..... $ 28850.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 5006.95
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 0

c. Total Obligation Payments Made This Period ..... $ 600.00

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 5006.95

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.) ..... $ 8519.83

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: David Amburn

2. Reporting Period: Start Date: 1/1/2026 End Date: 1/15/2026

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: Matt Middle Name: _____ Last Name: Lusk

Address: 6125 John May Dr. City: Knoxville State: TN Zip Code: 37921

Occupation: Gun Sales Employer: Knoxville Tactical

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

Amount of Contribution: $ 50.00 Date of Contribution: 1/3/26 Aggregate This Election: $ 50.00

Business or Organization Name: Louis Restaurant OR

First Name: Jimmy Middle Name: _____ Last Name: Brinias

Address: 4661 N. Broadway City: Knoxville State: TN Zip Code: 37918

Occupation: Owner Employer: Louis Restaurant

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

Amount of Contribution: $ 1900.00 Date of Contribution: 1/3/26 Aggregate This Election: $ 1900.00

Business or Organization Name: _____ OR

First Name: Will Middle Name: _____ Last Name: Neal

Address: 8824 Leyton Dr. City: Knoxville State: TN Zip Code: 37923

Occupation: Product Specialist Employer: Progressive Insurance

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

Amount of Contribution: $ 500.00 Date of Contribution: 1/3/26 Aggregate This Election: $ 500.00

Business or Organization Name: _____ OR

First Name: Ruth Middle Name: Ann Last Name: Milsaps

Address: 9305 Dutchtown Rd. City: Knoxville State: TN Zip Code: 37923

Occupation: Retired Employer: —

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

Amount of Contribution: $ 250.00 Date of Contribution: 1/5/26 Aggregate This Election: $ 250.00

Total Contributions: $ 2,700.00

(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: David Amburn

2. Reporting Period: Start Date: 1/1/2026 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 3,450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: James Middle Name: _____ Last Name: Hammond

Address: 7902 Bernstein Ln. City: Knoxville State: TN Zip Code: 37938

Occupation: Captain Employer: Knox County Sheriff's Office

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

Amount of Contribution: $1,000.00 Date of Contribution: 1/11/26 Aggregate This Election: $1,000.00

Business or Organization Name: _____ OR

First Name: KNOX Middle Name: _____ Last Name: Williams

Address: 9309 Dutchtown Rd. City: Knoxville State: TN Zip Code: 37923

Occupation: Owner Employer: Henry Bus Lines

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

Amount of Contribution: $1,900.00 Date of Contribution: 1/10/2026 Aggregate This Election: $1,900.00

Business or Organization Name: _____ OR

First Name: Tammy Middle Name: _____ Last Name: Williams

Address: 9309 Dutchtown Rd. City: Knoxville State: TN Zip Code: 37923

Occupation: Owner Employer: Little Bus Company

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

Amount of Contribution: $1,900.00 Date of Contribution: 1/10/26 Aggregate This Election: $1,900.00

Business or Organization Name: _____ OR

First Name: Marsha Middle Name: _____ Last Name: Joiner

Address: 9309 Dutchtown Rd. City: Knoxville State: TN Zip Code: 37923

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: $ 8,750.00

(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: David Amburn
2. Reporting Period: Start Date: 1/1/2026 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter $0 if first page) $ 14550.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ______ OR
First Name: Ayana Middle Name: ______ Last Name: Humphrey
Address: 551 English Village Way #934 City: Knoxville State: TN Zip Code: 37919
Occupation: Pharmaceutical Sales Employer: ______
Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $1900.00 Date of Contribution: 1/15/26 Aggregate This Election: $1900.00

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: $______

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: $16450.00
(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: David Amburn

2. Reporting Period: Start Date: 1/1/2026 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 16450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: John Middle Name: C. Last Name: Schubert

Address: 7305 Parliament Dr. City: Knoxville State: TN Zip Code: 37919

Occupation: Developer Employer: Self Employed

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

Amount of Contribution: $ 1900.00 Date of Contribution: 1/15/26 Aggregate This Election: $ 1900.00

Business or Organization Name: _____ OR

First Name: Teresa Middle Name: _____ Last Name: Schubert

Address: 7305 Parliament Dr. City: Knoxville State: TN Zip Code: 37919

Occupation: Retired Employer: _____

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

Amount of Contribution: $ 1900.00 Date of Contribution: _____ Aggregate This Election: $ 1900.00

Business or Organization Name: _____ OR

First Name: John Middle Name: Morgan Last Name: Schubert

Address: 551 English Village Way #934 City: Knoxville State: TN Zip Code: 37919

Occupation: Self Employed Employer: _____

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

Amount of Contribution: $ 1900.00 Date of Contribution: 1/15/26 Aggregate This Election: $ 1900.00

Business or Organization Name: _____ OR

First Name: Ayana Middle Name: _____ Last Name: Humphrey

Address: 551 English Village Way #934 City: Knoxville State: TN Zip Code: 37919

Occupation: Pharmaceutical Sales Employer: _____

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

Amount of Contribution: $ 1700.00 Date of Contribution: 1/15/26 Aggregate This Election: $ 1700.00

Total Contributions: $ 23850.00

(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: David Amburn

2. Reporting Period: Start Date: 1/1/26 End Date: 1/15/26

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: Main Street MBR **OR**

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

Address: 920 19th Street N. City: Birmingham State: AL Zip Code: 35203

Purpose of Expenditure: checks ordered

Amount of Expenditure: $ 26.12 Date of Expenditure: $ 1/7/2026

Business or Organization Name: Applical **OR**

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

Address: 7349 MortonView Ln. City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Digital Signs

Amount of Expenditure: $ 2370.73 Date of Expenditure: $ 1/8/2026

Business or Organization Name: _____ **OR**

First Name: Tiffaney Middle Name: _____ Last Name: Lawson

Address: 7819 Edwards Place Blvd. City: Corryton State: TN Zip Code: 37721

Purpose of Expenditure: Social Media Management

Amount of Expenditure: $ 1400.00 Date of Expenditure: $ 1/9/2026

Business or Organization Name: Applical **OR**

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

Address: 7349 Morton View Ln. City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Digital Signs

Amount of Expenditure: $ 568.10 Date of Expenditure: $ 1/9/2026

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

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

Address: P.O. Box 51530 City: Knoxville State: TN Zip Code: 37950

Purpose of Expenditure: Fee Voter DATA

Amount of Expenditure: $ 42.00 Date of Expenditure: $ 1/12/2026

Total Expenditures: $ 4406.95

(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: David Amburn
2. Reporting Period: Start Date: 1/1/2026 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 4406.95

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: Lighthouse Knoxville **OR**
First Name: ____ Middle Name: ____ Last Name: ____
Address: 6800 Baum Dr. City: Knoxville State: TN Zip Code: 37919
Purpose of Expenditure: Venue Rental Deposit
Amount of Expenditure: $ 600.00 Date of Expenditure: $ 1/29/2026

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: $ ____

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: $ 5006.95
(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: David Amburn

2. Reporting Period: Start Date: 1/1/2026 End Date: 1/15/2026

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: David Middle Name: _____ Last Name: Amburn

Address: 117 Conner Crossing Way #4106 City: Powell State: TN Zip Code: 37849

Outstanding Loan Balance (Beginning) ..... $ 0

Loans Received ..... $ 5,000.00

Loan Payments ..... $ 0

Outstanding Loan (End) ..... $ 5,000.00

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

Date of Loan: 1/01/2026

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

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Amburn

Address: 117 Conner Crossing Way #4106 City: Powell State: TN Zip Code: 37849

Amount Guaranteed Outstanding: $ 5,000.00

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

Loans Received ..... $ 5,000.00

Loan Payments ..... $ 0

Outstanding Loan (End) ..... $ 5,000.00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: David Amburn

2. Reporting Period: Start Date: 1/1/26 End Date: 1/15/26

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: Print FX LLC
First Name: _____ Middle Name: _____
Last Name: _____
Address: 427 Whitecrest Dr.
City: Maryville
State: TN Zip Code: 37801

Description of Obligation:	Promotional Product Ordered		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 0	$ 2972.33	$ 0	$2972.33

Business Name: Lighthouse Knoxville
First Name: _____ Middle Name: _____
Last Name: _____
Address: 6800 Baum Dr.
City: Knoxville
State: TN Zip Code: 37919

Description of Obligation:	Venue Rental		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 0	$5047.35	$600.00	$4447.35

Business Name: Jim McMichael Signs + Truck Painting
First Name: _____ Middle Name: _____
Last Name: _____
Address: P.O. Box 12013
City: Knoxville
State: TN Zip Code: 37912

Description of Obligation:	Signs + Accessories		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 0	$1100.15	$ 0	$1100.15

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)
$ 0	$9119.83	$600.00	$8519.83