CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 1-8-24 2.a. Candidate or Committee Name: Committee To Elect Greg Martin

2.b. If Committee, Name of Candidate: Greg Martin 3. Election Date: _____

4. Campaign Address: 1715 Rock Bluff Rd

City: Hixson State: TN Zip Code: 37343 Phone: _____

5. Candidate Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Candidate Email Address: _____

6. Office Sought: (include district number, if applicable) County Commission District 3

7. Name of Political Treasurer (may be candidate): _____

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: July 1, 2023 End Date: Dec 31, 2023

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
[signature]	1-8-24		
Witness Signature	**Date**	**Witness Signature**	**Date**
[signature]	1/8/24		

HAMILTON CO. ELECTION
12 JAN '24 PM12:22

12. Summary:

a.	Balance On Hand Last Report	$ 5,700.00
b.	Total Receipts This Period	$
c.	Total Disbursements This Period	$ 5,700.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 0
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Greg Martin

14. Reporting Period: Start Date: July 1, 2023 End Date: Dec 31, 2023

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) ..... $ 0

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.) ..... $ 0

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 5,700.00
(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.) ..... $ 5,700.00

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Committee To Elect Greg Martin

2. Reporting Period: Start Date: 7-1-23 End Date: 12-31-23

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: Tim Scott for America **OR**

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

Address: 7620 Rivers Ave ste 370 #312 City: North Charleston State: SC Zip Code: 29406

Purpose of Expenditure: Donation

Amount of Expenditure: $ 1,000.00 Date of Expenditure: 8-17-2023

Business or Organization Name: Chattanooga Bar Foundation **OR**

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

Address: 801 Broad St City: Chattanooga State: TN Zip Code: 37402

Purpose of Expenditure: Donation

Amount of Expenditure: $ 200.00 Date of Expenditure: 10/15/23

Business or Organization Name: Wreaths Across Chattanooga **OR**

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

Address: 1200 Bailey Ave City: Chattanooga State: TN Zip Code: 37404

Purpose of Expenditure: Donation

Amount of Expenditure: $ 100.00 Date of Expenditure: 10/28/23

Business or Organization Name: Vote Judge Alex **OR**

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

Address: P.O. Box 11312 City: Chattanooga State: TN Zip Code: 37401

Purpose of Expenditure: Donation

Amount of Expenditure: $ 1,000.00 Date of Expenditure: 10/28/23

Business or Organization Name: Hamilton County Pachyderm Club **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Donation

Amount of Expenditure: $ 100.00 Date of Expenditure: 10/29/23

Total Expenditures: $ 2,400.00

(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: Greg Martin

2. Reporting Period: Start Date: 7-1-23 End Date: 12-31-23

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 2,400.00

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: Slate for Schools Committee **OR**
First Name: Middle Name: Last Name:
Address: 8901 Potter Place City: Soddy Daisy State: TN Zip Code: 37379
Purpose of Expenditure: Donation
Amount of Expenditure: $ 250.00 Date of Expenditure: 11/3/23

Business or Organization Name: Committee to Elect Sherry Ford **OR**
First Name: Middle Name: Last Name:
Address: 1615 Five Springs Dr City: Chattanooga State: TN Zip Code: 37419
Purpose of Expenditure: Donation
Amount of Expenditure: $ 250.00 Date of Expenditure: 11/3/23

Business or Organization Name: Elaine Davis for State Representative **OR**
First Name: Middle Name: Last Name:
Address: 1825 Point Wood Dr City: Knoxville State: TN Zip Code: 37920
Purpose of Expenditure: Donation
Amount of Expenditure: $ 400.00 Date of Expenditure: 12-15-2023

Business or Organization Name: Committee To Elect Esther Helton **OR**
First Name: Middle Name: Last Name:
Address: P.O. Box 9132 City: Chattanooga State: TN Zip Code: 37412
Purpose of Expenditure: Donation
Amount of Expenditure: $ 1,500.00 Date of Expenditure: 11/30/23

Business or Organization Name: Jerome Moon for State House **OR**
First Name: Middle Name: Last Name:
Address: 1804 Murphy Myers Rd City: Maryville State: TN Zip Code: 37803
Purpose of Expenditure: Donation
Amount of Expenditure: $ 300.00 Date of Expenditure: 12/3/23

Total Expenditures: $ 5,100.00
(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: Greg Martin
2. Reporting Period: Start Date: 7-1-23 End Date: 12-31-23
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 5,400.00

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: Mary Littleton for State House **OR**
First Name: Middle Name: Last Name:
Address: 104 Steven Nicks Dr. City: Dickson State: TN Zip Code: 37055
Purpose of Expenditure:
Amount of Expenditure: $ 300 Date of Expenditure: 12/3/2023

Business or Organization Name: Friends of Tim Rudd **OR**
First Name: Middle Name: Last Name:
Address: 2904 Islington Dr. City: Murfreesboro State: TN Zip Code: 37128
Purpose of Expenditure:
Amount of Expenditure: $ 300.00 Date of Expenditure: 12/3/2022

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: $ 5,700.00
(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.)