



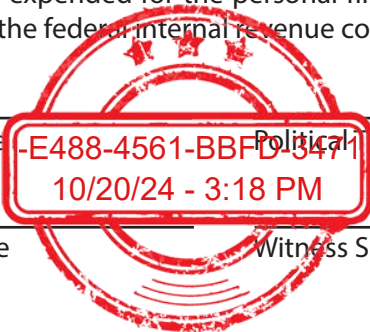
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 10/20/2024 2.a. Candidate or Committee Name: Andy Fox
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/1/2024
4. Campaign Address: PO Box 31761
City: Knoxville State: TN Zip Code: 37930 Phone: _____
5. Candidate Home Address: 2356 Winners Dr.
City: KNOXVILLE State: TN Zip Code: 37920 Phone: 8657194824
Candidate Email Address: andyfoxforcommissioner@use.startmail.com
6. Office Sought: (include district number, if applicable) County Commission, District 9
7. Name of Political Treasurer (may be candidate): Chrissey Stephens
Political Treasurer Email Address: clstephenstn@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: 7/23/2024 End Date: 9/30/2024
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>\$7,739.29</u> |
| b. Total Receipts This Period | \$ <u>\$2,186.36</u> |
| c. Total Disbursements This Period | \$ <u>\$9,061.59</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$864.06</u> |
| e. Total Loans Outstanding | \$ <u>\$0.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Andy Fox

14. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024

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) \$ \$2,186.36
- c. Loans Received This Reporting Period..... \$ _____
- 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.) \$ \$2,186.36

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$9,061.59
(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.)..... \$ \$9,061.59

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: Andy Fox
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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: Angela Russell Campaign **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 12212 Mossy Point Way City: Knoxville State: TN Zip Code: 37922
Occupation: NA Employer: NA
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 7/23/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Edward Middle Name: _____ Last Name: Phillips
Address: 1016 Craigland Ct City: Knoxville State: TN Zip Code: 37919
Occupation: Attorney Employer: Kramer - Rayson LLP
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$104.48 Date of Contribution: 7/29/2024 Aggregate This Election: \$ \$104.48

Business or Organization Name: _____ **OR**
First Name: Peter Middle Name: _____ Last Name: McClain
Address: 2724 Hawk Haven Ln City: Knoxville State: TN Zip Code: 37931
Occupation: Home Builder Employer: Oakland LLC
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$521.15 Date of Contribution: 7/29/2024 Aggregate This Election: \$ \$521.15

Business or Organization Name: _____ **OR**
First Name: Richard Middle Name: _____ Last Name: Bean
Address: 6915 Central Ave Pike City: Knoxville State: TN Zip Code: 37918
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 7/30/2024 Aggregate This Election: \$ \$300.00

Total Contributions: \$ \$1,425.63
(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: Andy Fox
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,425.63

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Wesley Middle Name: _____ Last Name: Stone

Address: 10344 Saint Regence Ln City: Knoxville State: TN Zip Code: 37922

Occupation: Attorney Employer: Self Employed

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

Amount of Contribution: \$ \$260 73 Date of Contribution: 7/30/2024 Aggregate This Election: \$ \$260 73

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Graham

Address: PO Box 12489 City: Knoxville State: TN Zip Code: 37912

Occupation: Owner Employer: Graham Corporation

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

Amount of Contribution: \$ \$500 00 Date of Contribution: 8/27/2024 Aggregate This Election: \$ \$500 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: \$ _____

Total Contributions: \$ \$2,186.36

(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: Andy Fox
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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: Alamo Branding **OR**

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

Address: 9111 Cross Park Dr D200 City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Artwork

Amount of Expenditure: \$ \$15.00 Date of Expenditure: \$ 7/29/2024

Business or Organization Name: Victory Text LLC **OR**

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

Address: 190 Monroe Ave NW Suite 300 City: Grand Rapids State: MI Zip Code: 49503

Purpose of Expenditure: Text Services

Amount of Expenditure: \$ \$219.20 Date of Expenditure: \$ 7/29/2024

Business or Organization Name: Alamo Branding **OR**

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

Address: 9111 Cross Park Dr D200 City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Artwork

Amount of Expenditure: \$ \$20.00 Date of Expenditure: \$ 7/29/2024

Business or Organization Name: _____ **OR**

First Name: Chrissey Middle Name: _____ Last Name: Stephens

Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37931

Purpose of Expenditure: Campaign Work

Amount of Expenditure: \$ \$400.00 Date of Expenditure: \$ 7/30/2024

Business or Organization Name: Hart Graphics Inc **OR**

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$2,001.03 Date of Expenditure: \$ 8/2/2024

Total Expenditures: \$ \$2,655.23

(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: Andy Fox
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,655.23

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: Hart Graphics Inc OR

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$1,869.60 Date of Expenditure: \$ 8/2/2024

Business or Organization Name: _____ OR

First Name: Caden Middle Name: _____ Last Name: Stitt

Address: 7401 Mountain Glory Way City: Corryton State: TN Zip Code: 37721

Purpose of Expenditure: Campaign Work

Amount of Expenditure: \$ \$843.50 Date of Expenditure: \$ 8/5/2024

Business or Organization Name: _____ OR

First Name: Elijah Middle Name: _____ Last Name: Boatwright

Address: 221 E Blount Ave #445 City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Work

Amount of Expenditure: \$ \$184.00 Date of Expenditure: \$ 8/5/2024

Business or Organization Name: _____ OR

First Name: Emily Middle Name: _____ Last Name: Wiatr

Address: PO Box 462 City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Campaign Work

Amount of Expenditure: \$ \$18.00 Date of Expenditure: \$ 8/5/2024

Business or Organization Name: _____ OR

First Name: Ethan Middle Name: _____ Last Name: Hoskins

Address: 301 Lippencott St Apt 434 City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Work

Amount of Expenditure: \$ \$778.50 Date of Expenditure: \$ 8/5/2024

Total Expenditures: \$ \$6,348.83

(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: Andy Fox
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$6,348.83

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: _____ **OR**
First Name: Jack Middle Name: _____ Last Name: Mnich
Address: 120 Cinema Dr Apt 3106 City: Henderonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign Work
Amount of Expenditure: \$ \$137.00 Date of Expenditure: \$ 8/5/2024

Business or Organization Name: _____ **OR**
First Name: Jonah Middle Name: _____ Last Name: Davis
Address: 9721 Davis Ferry Rd City: Loudon State: TN Zip Code: 37774
Purpose of Expenditure: Campaign Work
Amount of Expenditure: \$ \$84.00 Date of Expenditure: \$ 8/5/2024

Business or Organization Name: _____ **OR**
First Name: Patty Middle Name: Jean Last Name: King
Address: 950 Wildwood Garden Dr City: Knoxville State: TN Zip Code: 37920
Purpose of Expenditure: Campaign Work
Amount of Expenditure: \$ \$242.50 Date of Expenditure: \$ 8/5/2024

Business or Organization Name: _____ **OR**
First Name: Ethan Middle Name: _____ Last Name: Hoskins
Address: 301 Lippencott St Apt 434 City: Knoxville State: TN Zip Code: 37920
Purpose of Expenditure: Campaign Work
Amount of Expenditure: \$ \$48.00 Date of Expenditure: \$ 8/6/2024

Business or Organization Name: Phone Burner **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1968 S Coast Hwy Ste 1800 City: Laguna Beach State: CA Zip Code: 92651
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ \$303.85 Date of Expenditure: \$ 8/6/2024

Total Expenditures: \$ \$7,164.18

(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: Andy Fox
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$7,164.18

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: Route4Me Inc **OR**

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

Address: 1010 N Florida Ave City: Tampa State: FL Zip Code: 33602

Purpose of Expenditure: Software

Amount of Expenditure: \$ \$818.15 Date of Expenditure: \$ 8/6/2024

Business or Organization Name: Wind Consulting **OR**

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

Address: PO Box 462 City: Knoxville State: TN Zip Code: 37901

Purpose of Expenditure: Consulting

Amount of Expenditure: \$ \$750.00 Date of Expenditure: \$ 8/7/2024

Business or Organization Name: _____ **OR**

First Name: Patty Middle Name: Jean Last Name: King

Address: 950 Wildwood Garden Dr City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Work

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 8/7/2024

Business or Organization Name: Harland Clarke **OR**

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

Address: PO Box 30987 City: Salt Lake City State: UT Zip Code: 84130

Purpose of Expenditure: office supplies

Amount of Expenditure: \$ \$42.90 Date of Expenditure: \$ 8/21/2024

Business or Organization Name: Andedot/Fundraising Site **OR**

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

Address: 5555 Hilton Ave Ste 106 City: Baton Rouge State: LA Zip Code: 70808

Purpose of Expenditure: Fees

Amount of Expenditure: \$ \$36.36 Date of Expenditure: \$ 9/30/2024

Total Expenditures: \$ \$9,061.59

(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.)