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

1. Date: 10/10/2024 2.a. Candidate or Committee Name: Shane Jackson

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/1/2024

4. Campaign Address: 2233 Delta Way

City: Knoxville State: TN Zip Code: 37919 Phone: (865) 804-2852

5. Candidate Home Address: 2233 Delta Way

City: Knoxville State: TN Zip Code: 37919 Phone: (865) 804-2852

Candidate Email Address: sdjackson1106@gmail.com

6. Office Sought: (include district number, if applicable) Knox County Commission, District 4

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

Political Treasurer Email Address: cliffrodgers@comcast.net

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☒ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental

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.

Shane [signature]	10/10/2024	[signature]	10/10/2024
Candidate Signature	Date	Political Treasurer Signature	Date
[signature]	10/10/2024	[signature]	10/10/2024
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ 14,774.89
b.	Total Receipts This Period	$ 878.00
c.	Total Disbursements This Period	$ 13,170.11
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 2,482.78
e.	Total Loans Outstanding	$ -
f.	Total Obligations Outstanding	$ -

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Shane Jackson

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) ..... $ 878.00

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.) ..... $ 878.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 13,170.11
(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.) ..... $ 13,170.11

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: ____________________

2. Reporting Period: Start Date: ____________ End Date: ____________

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

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: $________

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.)

Contributions									
Date	**Amount**	**First**	**Last**	**Address**	**City**	**State**	**ZIP**	**Occupation**	**Employer**
7/23/2024	**6**	Emily W	Vreeland	2332 Dawns Pass	Knoxville	TN	37919	Not Employed	Not Employed
7/23/2024	**250**	Maureen	Mcbride	3486 Navigator Pt	Knoxville	TN	37922	Not Employed	Not Employed
7/30/2024	**6**	Grigoreta	Stoica	1520 Fox Meadow Cir	knoxville	TN	37923	Not Employed	Not Employed
8/5/2024	**25**	John	Romeiser	1717 Cottage Wood Way	Knoxville	TN	37919	Not Employed	Not Employed
8/6/2024	**6**	James S	Cotham	1712 Emoriland Blvd	Knoxville	TN	37917	Librarian	Knox County
8/8/2024	**20**	mary	kaplan	615 State St. 102	knoxville	TN	37902	Not Employed	Not Employed
8/8/2024	**5**	Linda	Blair	9733 Tunbridge Ln	Knoxville	TN	37922	Not Employed	Not Employed
8/9/2024	**25**	Jeff	Larsen	8249 Westminster Rd	Knoxville	TN	37909	Professor	University of Tennessee
8/20/2024	**25**	Mark	Siegel	3827 Glenfield Drive Southwest	Knoxville	TN	37919	Not Employed	Not Employed
8/23/2024	**6**	Emily W	Vreeland	2332 Dawns Pass	Knoxville	TN	37919	Not Employed	Not Employed
8/26/2024	**100**	Alice	Torbett	2000 Lyons Ridge Rd	Knoxville	TN	37919	Not Employed	Not Employed
8/26/2024	**350**	Ted	Flickinger	5339 Bent RIver Blvd	Knoxville	TN	37919	Not Employed	Not Employed
8/30/2024	**6**	Grigoreta	Stoica	1520 Fox Meadow Cir	Knoxville	TN	37923	Not Employed	Not Employed
9/6/2024	**6**	James S	Cotham	1712 Emoriland Blvd	Knoxville	TN	37917	Librarian	Knox County
9/8/2024	**5**	Linda	Blair	9733 Tunbridge Ln	Knoxville	TN	37922	Not Employed	Not Employed
9/9/2024	**25**	Jeff	Larsen	8249 Westminster Rd	Knoxville	TN	37909	Professor	University of Tennessee
9/23/2024	**6**	Emily W	Vreeland	2332 Dawns Pass	Knoxville	TN	37919	Not Employed	Not Employed
9/30/2024	**6**	Grigoreta	Stoica	1520 Fox Meadow Cir	Knoxville	TN	37923	Not Employed	Not Employed

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Shane Jackson
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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: $ 0
(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: ____________________

2. Reporting Period: Start Date: ____________ End Date: ____________

3. Total campaign expenditures from preceding page (enter $0 if first page) $ SEE ATTACHED

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: ____________ 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: ____________

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.)

Shane Jackson for County Commission - Expenditures							
Date	**Name**	**Address**	**City**	**State**	**ZIP**	**Amount**	**Purpose**
7/25/2024	Burns Mailing & Printing	6131 Industrial Heights Dr	Knoxville	TN	37909	$5,275.63	Printing & Mailing
7/29/2024	Squarespace	225 Varrick St	New York	NY	10014	$74.29	Website
8/6/2024	LOKWOOD LLC	2135 Maplewood Dr	Knoxville	TN	37920	$4,399.65	Digital Ads
8/6/2024	Connor Coffey	6807 Sherwood Dr	Knoxville	TN	37919	$2,212.50	Campaign work
8/6/2024	Morgan Street Strategies	1037 Tranquilla Dr	Knoxville	TN	37919	$1,000.00	Win bonus
8/28/2024	Squarespace	225 Varrick St	New York	NY	10014	$74.29	Website
9/16/2024	ActBlue	366 Summer St	Sommerville	MA	2144	$59.46	Fees
9/30/2024	Squarespace	225 Varrick St	New York	NY	10014	$74.29	Website

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: ______________________________
2. Reporting Period: Start Date: ____________ End Date: ____________
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: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

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

Loans Received .... $ ____________

Loan Payments .... $ ____________

Outstanding Loan (End) .... $ ____________

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

Date of Loan: ____________

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

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: $____________

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) .... $ ____________

Loans Received .... $ ____________

Loan Payments .... $ ____________

Outstanding Loan (End) .... $ ____________

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)
$	$	$	$

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)
$	$	$	$