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

1. Date: 4-26-2026 2.a. Candidate or Committee Name: Greg Beck Campaign

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 05/05/2026

4. Campaign Address: 6224 Laramie Cr.

City: Chattanooga State: TN Zip Code: 37421 Phone: 423-883-3632

5. Candidate Home Address: _____

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

Candidate Email Address: Gregorybeck412@AOL.com

6. Office Sought: (include district number, if applicable) County Commissioner District 5

7. Name of Political Treasurer (may be candidate): Brenda. E. Jones

Political Treasurer Email Address: Brenda.Jones@delta.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: 04/01/2026 End Date: 04/25/2026

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.

Greg Beck	4-28-26	Brenda E Jones	4-26-2026
Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ 2815.37
b.	Total Receipts This Period	$ 3500.00
c.	Total Disbursements This Period	$ 1303.05
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 5012.32
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SS-4109 (Rev. 8/2023)

HAMILTON CO. ELECTION
28 APR '26 PM 12:39

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Greg Beck

14. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 100.00
(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) ..... $ 3400.00

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.) ..... $ 3500.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1303.05
(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.) ..... $ 1303.05

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ N/A

b. Itemized In-Kind Contributions Received This Period ..... $ N/A

c. Total In-Kind Contributions Received This Period ..... $ N/A

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ N/A

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Greg Beck

2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

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: Neal Middle Name: Lewis Last Name: Thompson

Address: 55 South Crest Rd City: Chattanooga State: TN Zip Code: 37404

Occupation: Attorney Employer: _____

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

Amount of Contribution: $200.00 Date of Contribution: 04/15/2026 Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: Christine Middle Name: _____ Last Name: Hicks

Address: 993 Hurricane Creek Rd City: Chattanooga State: TN Zip Code: 37421

Occupation: Retired Employer: _____

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

Amount of Contribution: $100.00 Date of Contribution: 4-26-2026 Aggregate This Election: $ _____

Business or Organization Name: Tristate Transportation Group LLC **OR**

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

Address: 506 Blue Jay Rd City: Chattanooga State: TN Zip Code: 37412

Occupation: Transportation Employer: _____

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

Amount of Contribution: $200.00 Date of Contribution: 4-24-2026 Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: Joe Kinsey Middle Name: _____ Last Name: Kinsey

Address: P.O. Box 4062 City: Chattanooga State: TN Zip Code: 37405

Occupation: _____ Employer: _____

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

Amount of Contribution: $1000.00 Date of Contribution: 4/24/2026 Aggregate This Election: $ _____

Total Contributions: $1500.00

(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: Greg Beck

2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1500 00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Wolftever Management LLC OR

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

Address: 115 Cedar Lane City: Chattanooga State: TN Zip Code: 37421

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 1000 00 Date of Contribution: 4/27/2026 Aggregate This Election: $ _____

Business or Organization Name: The Emerson Group OR

First Name: Emerson Middle Name: _____ Last Name: Russell

Address: _____ City: Chattanooga State: TN Zip Code: _____

Occupation: Family of Companies Employer: _____

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

Amount of Contribution: $ 1000 00 Date of Contribution: 4/27/2026 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: $ 3500 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: Greg Beck

2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

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: V Francis Events **OR**

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

Address: 6925 Shallowford Rd City: Chattanooga State: TN Zip Code: 37421

Purpose of Expenditure: Election Night Event

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 4-24-2026

Business or Organization Name: Action Graphics **OR**

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

Address: 4423 Hwy 53 Ste 7 City: Chattanooga State: TN Zip Code: 37416

Purpose of Expenditure: 4x4 - Core 2 sided

Amount of Expenditure: $ 737.44 Date of Expenditure: $ 4/21/2026

Business or Organization Name: Sam's Club **OR**

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

Address: 6101 Lee Hwy City: Chattanooga State: TN Zip Code: 37421

Purpose of Expenditure: Supplies

Amount of Expenditure: $ 52.93 Date of Expenditure: $ 4/20/2026

Business or Organization Name: Food (Little Caesar, Burger King, Rib Loin) **OR**

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

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

Purpose of Expenditure: Food - Drinks

Amount of Expenditure: $ 312.68 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: $ 1303.05

(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.)

N/A

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

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

3. Total in-kind contributions from preceding page (enter $0 if first page) $ ____________

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.)

N/A

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) .... $______