



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 1/16/2024 2.a. Candidate or Committee Name: David R O'Neil
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 3/5/2024
4. Campaign Address: 1417 Red Oak DR
City: Brentwood State: TN Zip Code: 37027 Phone: (615) 218-9542
5. Candidate Home Address: 1417 Red Oak DR
City: Brentwood State: TN Zip Code: 37027 Phone: (615) 218-9542
Candidate Email Address: Davidoneillaw@gmail.com
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 06
7. Name of Political Treasurer (may be candidate): Roger Greenup
Political Treasurer Email Address: Rdgreenup@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 ☐ Runoff Election
9. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
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>\$0.00</u>
b. Total Receipts This Period	\$ <u>\$5,350.00</u>
c. Total Disbursements This Period	\$ <u>\$77.16</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$5,272.84</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: David R O'Neil

14. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024

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) \$ \$5,250.00
- 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.) \$ \$5,350.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$77.16
(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.)..... \$ \$77.16

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$360.45
- c. Total In-Kind Contributions Received This Period \$ \$360.45

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: David R O'Neil
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
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: _____ **OR**
First Name: Gary Middle Name: _____ Last Name: Shutty
Address: 9707 Amethyst Ln City: Brentwood State: TN Zip Code: 37027
Occupation: Retired Employer: Pilot
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 12/2/2023 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Betty Middle Name: _____ Last Name: Little
Address: 1041 Edmondson Pike City: Brentwood State: TN Zip Code: 37027
Occupation: Owner Employer: Service Station
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 12/3/2023 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Houston Middle Name: _____ Last Name: Little
Address: 1041 Edmondson Pike City: Brentwood State: TN Zip Code: 37027
Occupation: Owner Employer: Little Brothers
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 12/3/2023 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: Dusty Rhoades for Sheriff **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4419 N Chapel Rd City: Franklin State: TN Zip Code: 37067
Occupation: Sheriff Employer: Williamson County TN
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 12/10/2023 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$2,400.00
(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 R O'Neil
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,400.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Reeju Middle Name: _____ Last Name: Davis
Address: 2005 Valleybrook Dr City: Brentwood State: TN Zip Code: 37027
Occupation: _____ Employer: _____
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 12/14/2023 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Ricky Middle Name: _____ Last Name: Watson
Address: 891 Clay Place City: Spring Hill State: TN Zip Code: 37174
Occupation: Retired Employer: Brentwood TN Police Chief
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 12/14/2023 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Larry Middle Name: _____ Last Name: Hyatt
Address: 1207 Knox Valley Drive City: Brentwood State: TN Zip Code: 37027
Occupation: CPA Employer: _____
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 12/18/2023 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Betsy Middle Name: _____ Last Name: Crossley
Address: 276 Stratton Court City: Brentwood State: TN Zip Code: 37027
Occupation: Retired City Commissioner Employer: City of Brentwood
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 1/5/2024 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$3,600.00
(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 R O'Neil
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,600.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Damon Middle Name: _____ Last Name: Hininger

Address: 3 Colonel Winstead Drive City: Brentwood State: TN Zip Code: 37026

Occupation: CEO Employer: Core Civic

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 1/2/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Fort

Address: 517 Cummins Street City: Franklin State: TN Zip Code: 37064

Occupation: Attorney Employer: Law firm

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 1/9/2024 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Katie Middle Name: _____ Last Name: Zipper

Address: 2007 Largo Court City: Franklin State: TN Zip Code: 37064

Occupation: Attorney Employer: Self

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 1/11/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Nathan Middle Name: _____ Last Name: Powers

Address: 5098 Heathrow Blvd City: Brentwood State: TN Zip Code: 37027

Occupation: Attorney Employer: Self

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 1/11/2024 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$5,050.00

(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 R O'Neil
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$5,050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Nelson Middle Name: _____ Last Name: Andrews

Address: 812 Quail Valley Drive City: Brentwood State: TN Zip Code: 37027

Occupation: Executive Employer: Andrews Transportation

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 12/15/2023 Aggregate This Election: \$ \$200.00

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: \$ \$5,250.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: David R O'Neil
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

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: Nelson Middle Name: _____ Last Name: Andrews

Address: 1 Cadillac Drive City: Brentwood State: TN Zip Code: 37027

Occupation: President Employer: Andrews Transportation Group

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

In-Kind Contribution Value: \$ \$360.45 In-Kind Contribution Date: 12/14/2023 Aggregate This Election: \$ \$360.45

Description of In-Kind Contribution: Food and drink for meet and greet

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: \$ \$360.45

(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: David R O'Neil
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
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: TN GOP **OR**

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

Address: 95 White Bridge Rd City: Nashville State: TN Zip Code: 37205

Purpose of Expenditure: Register

Amount of Expenditure: \$ \$25.00 Date of Expenditure: \$ 12/13/2023

Business or Organization Name: Williamson County GOP **OR**

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

Address: 130 Seaboard Lane, Unit 9 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Join WC GOP

Amount of Expenditure: \$ \$52.16 Date of Expenditure: \$ 12/15/2023

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: \$ \$77.16

(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.)