CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/29/2026 2.a. Candidate or Committee Name: David Queen

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: PO BOX 1445

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

5. Candidate Home Address: 1715 CHIPPENHAM DRIVE

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

Candidate Email Address: DQUEEN@QFSC.COM

6. Office Sought: (include district number, if applicable) State Exec Committeeman Dist. 11

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

Political Treasurer Email Address: TOMMARSHALL1971@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: 7/1/2026 End Date: 7/27/2026

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.

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

A6C4-42C7-BF58-09CE
07/29/26 - 9:21 AM

12. Summary:

a.	Balance On Hand Last Report	$ $2,845.81
b.	Total Receipts This Period	$ $7,450.00
c.	Total Disbursements This Period	$ $9,767.49
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $528.32
e.	Total Loans Outstanding	$ $7,005.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: David Queen

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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) ..... $ $2,450.00

c. Loans Received This Reporting Period ..... $ $5,000.00

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.) ..... $ $7,450.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $9,767.49
(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.) ..... $ $9,767.49

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ _____

b. Itemized In-Kind Contributions Received This Period ..... $ $500.00

c. Total In-Kind Contributions Received This Period ..... $ $500.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: David Queen

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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: RANDALL Middle Name: TODD Last Name: GARDENHIRE

Address: 3171 WATERFRONT DRIVE City: CHATTANOOGA State: TN Zip Code: 37419

Occupation: SENATE Employer: STATE OF TENNESSEE

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

Amount of Contribution: $ $250.00 Date of Contribution: 7/9/2026 Aggregate This Election: $ $250.00

Business or Organization Name: JCB PAC **OR**

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

Address: PO BOX 2177 City: LEBANON State: TN Zip Code: 37088

Occupation: PAC Employer: PAC

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

Amount of Contribution: $ $500.00 Date of Contribution: 7/13/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: ROBERT Middle Name: _____ Last Name: FRANKLIN

Address: 110 RIDGESIDE ROAD City: CHATTANOOGA State: TN Zip Code: 37411

Occupation: ARCHITECT Employer: FRANKLIN ARCHITECT

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

Amount of Contribution: $ $250.00 Date of Contribution: 7/15/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: BRIAN Middle Name: _____ Last Name: FRYE

Address: 636 CALLAWAY COURT City: CHATTANOOGA State: TN Zip Code: 37421

Occupation: ATTORNEY Employer: LEGAL AID OF EAST TENNESSEE

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

Amount of Contribution: $ $250.00 Date of Contribution: 7/23/2026 Aggregate This Election: $ $250.00

Total Contributions: $ $1,250.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: David Queen

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,250.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: HAZ-PAC **OR**

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

Address: PO BOX 324 City: SIGNAL MOUNTAIN State: TN Zip Code: 37377

Occupation: PAC Employer: PAC

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 7/23/2026 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: Mark Middle Name: _____ Last Name: Harrison

Address: 5895 Union Springs Road City: Chattanooga State: TN Zip Code: 37415

Occupation: Director of Operations Employer: Terracon

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

Amount of Contribution: $ $200.00 Date of Contribution: 7/13/2026 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: $ _____

Total Contributions: $ $2,450.00

(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 Queen

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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: Ethan Middle Name: ______ Last Name: White
Address: 5213 Ooltewah Ringgold Road #1 City: Ooltewah State: TN Zip Code: 37363
Occupation: Owner Employer: Chatt Creative
In-Kind Contribution Received For: ■ Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: $ $500.00 In-Kind Contribution Date: 7/17/2026 Aggregate This Election: $ $500.00
Description of In-Kind Contribution: Advertising

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: $ $500.00
(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 Queen

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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: Anedot **OR**

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

Address: 3723 GREENVILLE AVENUE City: DALLAS State: TX Zip Code: 75206

Purpose of Expenditure: Fee

Amount of Expenditure: $ $10.30 Date of Expenditure: $ 7/15/2026

Business or Organization Name: USPS **OR**

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

Address: 302 NORTHGATE MALL DRIVE City: HIXSON State: TN Zip Code: 37343

Purpose of Expenditure: POSTAGE

Amount of Expenditure: $ $390.00 Date of Expenditure: $ 7/13/2026

Business or Organization Name: USPS **OR**

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

Address: 302 NORTHGATE MALL DRIVE City: HIXSON State: TN Zip Code: 37343

Purpose of Expenditure: POSTAGE

Amount of Expenditure: $ $130.00 Date of Expenditure: $ 7/15/2026

Business or Organization Name: PLAINVIEW OUTDOOR **OR**

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

Address: 2802 BELLE ARBOR AVENUE City: CHATTANOOGA State: TN Zip Code: 37406

Purpose of Expenditure: ADVERTISING

Amount of Expenditure: $ $2,900.00 Date of Expenditure: $ 7/9/2026

Business or Organization Name: CAMPAIGN VERIFY **OR**

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

Address: 1215 31ST STREET NW City: WASHINGTON State: DC Zip Code: 20007

Purpose of Expenditure: ADVERTISING

Amount of Expenditure: $ $95.00 Date of Expenditure: $ 7/6/2026

Total Expenditures: $ $3,525.30

(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: David Queen

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,525.30

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: DIAL MY CALLS **OR**

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

Address: 5500 MILITARY TRAIL STE 22-10 City: JUPITER State: FL Zip Code: 33458

Purpose of Expenditure: ADVERTISING

Amount of Expenditure: $ $899.99 Date of Expenditure: $ 7/22/2026

Business or Organization Name: MARKCO PRINTING COMPANY **OR**

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

Address: 1609 HAMILL ROAD City: HIXSON State: TN Zip Code: 37343

Purpose of Expenditure: ADVERTISING

Amount of Expenditure: $ $2,300.00 Date of Expenditure: $ 7/7/2026

Business or Organization Name: MARKCO PRINTING COMPANY **OR**

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

Address: 1609 HAMILL ROAD City: HIXSON State: TN Zip Code: 37343

Purpose of Expenditure: ADVERTISING

Amount of Expenditure: $ $3,042.20 Date of Expenditure: $ 7/6/2026

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: $ $9,767.49

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: David Queen
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
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: DAVID Middle Name: ____ Last Name: QUEEN

Address: 1715 Chippenham Drive City: HIXSON State: TN Zip Code: 37343

Outstanding Loan Balance (Beginning) .... $ $2,005.00

Loans Received .... $ $5,000.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $7,005.00

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

Date of Loan: 7/7/2026

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) .... $ $2,005.00

Loans Received .... $ $5,000.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $7,005.00