

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4/26/22	2.a. NAME OF CANDIDATE OR COMMITTEE Friends of David Sharpe
2.b. IF COMMITTEE, NAME OF CANDIDATE David Sharpe	3. ELECTION DATE 8/4/22
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 3003 Nurick Dr Chattanooga TN 37415 423-240-99449	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone same	
5. OFFICE SOUGHT (include district number, if applicable) County Commission D6	6. NAME OF POLITICAL TREASURER (may be candidate) William Rogers
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 4/1/22	8.b. ENDING DATE OF REPORTING PERIOD 4/23/22
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> 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.	
10. 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u><i>David Sharpe</i></u> signature of candidate </div> <div style="text-align: center;"> <u>4/28/22</u> date </div> <div style="text-align: center;"> <u><i>William Rogers</i></u> signature of political treasurer </div> <div style="text-align: center;"> <u>4/28/22</u> date </div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u><i>Alyssa Neuhoff</i></u> signature of witness </div> <div style="text-align: center;"> <u>4/28/22</u> date </div> <div style="text-align: center;"> <u><i>Alyssa Neuhoff</i></u> signature of witness </div> <div style="text-align: center;"> <u>4/28/22</u> date </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>48,322.65</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>5950.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>2915.04</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>51357.61</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>1000.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of David Sharpe				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Grant		Middle Name		Contribution Received For:		Amount of Contribution 250.00
Last Name/Organization Name Zeimet				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 608 Spears Ave				<input type="checkbox"/> Runoff (Local Elections Only)		
City Chattanooga		State TN	Zip Code 37405	Date of Contribution 4/13/22		Aggregate This Election 250.00
Occupation Manager						
Employer Mueller Water Products						
First Name		Middle Name		Contribution Received For:		Amount of Contribution 1500.00
Last Name/Organization Name TN Realtors PAC				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 901 19th Ave S				<input type="checkbox"/> Runoff (Local Elections Only)		
City Nashville		State TN	Zip Code 37212	Date of Contribution 4/15/22		Aggregate This Election 1500.00
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution 4000.00
Last Name/Organization Name Homebuilders Association PAC				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 3221 Harrison Pk				<input type="checkbox"/> Runoff (Local Elections Only)		
City Chattanooga		State TN	Zip Code 37406	Date of Contribution 4/12/22		Aggregate This Election 4000.00
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS					5750.00	
<small>(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)</small>						



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS						
(Carry forward to item 3. of 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 item 22b. of summary.)						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD		
			FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Yard Signs		2343.42	
Printing Etc					
Address					
City	State				Zip Code
Nashville	TN	37210			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Literature		391.48	
PrintReady					
Address					
City	State				Zip Code
Chattanooga	TN	37415			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				2734.90	



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD			
					FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)								
Complete the Following for the Source of the Loan								
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name								
Address				Loan Received For:			Date of Loan	
City		State	Zip Code	<input type="checkbox"/> Primary Election	<input type="checkbox"/> General Election			
				<input type="checkbox"/> Runoff (Local Elections Only)				
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)								
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name								
Address								
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
4. Totals for all Loans (complete on last page of itemized loans)								
(Total loans received should also be shown in item 16. on summary page.)								
(Total loan payments should also be shown in item 20. on summary page.)								
(Total outstanding loan balance should also be shown in item 12.e. on front page.)								



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							

