CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT: Oct. 1, 2024

2. NAME OF COMMITTEE: DeKalb Citizens for Responsible Taxation

2. SHORT NAME OF COMMITTEE (IF APPLICABLE):

3. ADDRESS AND PHONE

Street or Rural Route	City	State	Zip Code	Phone
1340 Old Liberty Rd (P.O. Box 156)	Alexandria	TN	37012	931-581-1602

4. MEASURES SUPPORTED OR OPPOSED: General Obligation Bond

5.A. NAME OF POLITICAL TREASURER:

5.B. DATE APPOINTED: 9/25/24

6. CATEGORY OR REPORT (Check one)

☐ FIRST QUARTER ☐ SECOND QUARTER ☑ THIRD QUARTER ☐ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☐ MID-YEAR SUPPLEMENTAL ☐ YEAR END SUPPLEMENTAL

7.A. BEGINNING DATE OF REPORTING PERIOD: 9-16-24

7.B. ENDING DATE OF REPORTING PERIOD: 9-30-24

8. (Check one)

A. ☐ This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f. must also be completed.)

B. ☑ This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.

Dana Stanley — signature of political treasurer — 10-1-24 — date

9. WITNESS SIGNATURE: Tina M Lee — signature of witness — 10-1-24 — date

10. SUMMARY

a.	BALANCE ON HAND LAST REPORT	$ 0
b.	TOTAL RECEIPTS THIS PERIOD	$ 1,500
c.	TOTAL DISBURSEMENTS THIS PERIOD	$ 1,409.30
d.	BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	$ 90.70
e.	TOTAL LOANS OUTSTANDING	$ 0
f.	TOTAL OBLIGATIONS OUTSTANDING	$ 0

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD	
DeKalb Citizens for Responsible Taxation	FROM: 9/26/24	TO: 9/30/24

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

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

b. Itemized Contributions (over $100 from each source this period) ..... $ 1,400

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... $ 1,500

14. LOANS RECEIVED THIS REPORTING PERIOD ..... $ 0

15. INTEREST RECEIVED THIS REPORTING PERIOD ..... $ 0

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) ..... $ 1,500

DISBURSEMENTS

17. EXPENDITURES (other than loan payments)

a. Unitemized Expenditures ($100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

	$ 0
	$
	$
	$
	$
	$

Total of Expenditures ($100 or less each payee) ..... $ 0

b. Itemized Expenditures (Over $100 each payee this period) ..... $ 1,409.30

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) ..... $ 1,409.30

18. LOAN REPAYMENTS MADE THIS PERIOD ..... $ 0

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) ..... $ 1,409.30

20.IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions ($100 or less from each source this period) ..... $ 0

b. Itemized in-kind contributions (over $100 from each source this period) ..... $ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) ..... 0 ..... $ 0

21.LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) ..... $ 0

22.OBLIGATIONS

a. Unitemized Obligations Outstanding ($100 or less each) ..... $ 0

b. Itemized Obligations Outstanding (Over $100 each) ..... $ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.) ..... $ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD	
DeKalb Citizens for Responsible Taxation	FROM: 9/16	TO: 9/30
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page)		Amount: 0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than $100 from any contributor during the period)

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Dennis		Slager	$250.00
Address: P.O. Box 156			
City: Alexandria	State: TN	Zip Code: 37012	
Occupation: Retired			
Employer:			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Jon		Slager	$250.00
Address: 1819 Wilark Drive Ste 104 A			
City: Murfreesboro	State:	Zip Code:	
Occupation: Attorney			
Employer: Self			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Teresa		Slager	$900.00
Address: P.O. Box 156			
City: Alexandria	State: TN	Zip Code: 37012	
Occupation: Retired			
Employer:			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address:			
City:	State:	Zip Code:	
Occupation:			
Employer:			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address:			
City:	State:	Zip Code:	
Occupation:			
Employer:			

5. TOTAL ITEMIZED CONTRIBUTIONS	
(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 13b. of summary.)	$1,400

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING PERIOD	
DeKalb Citizens for Responsible Taxation	FROM: 9/16	TO: 9/30
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page)		Amount 0

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		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code		
Occupation				
Employer				

First Name	Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code		
Occupation				
Employer				

First Name	Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code		
Occupation				
Employer				

First Name	Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code		
Occupation				
Employer				

5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3 of next page if additional pges of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)	0

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD	
DeKalb Citizens for Responsible Taxation	FROM: 9/26	TO: 9/30
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page)		Amount 0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than $100 to a single payee during the period, must be itemized.)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
		WJLE	2606 McMinnville Hwy	Smithville	TN	37166	Web advertising	$243.20
		S&J Trophies	2923 New Hope Rd	Alexandria	TN	37012	Signs	$1,106.10

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 campaign expenditures, this amount must be shown in item 17b. of summary.)
$1,409.30

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD	
DeKalb Citizens for Responsible Taxation	FROM: 9/16	TO: 9/30

3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than $100 owed to any person/business at the end of the reporting period)	Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Date of Loan				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Date of Loan				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Date of Loan				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Date of Loan				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Date of Loan				
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)				0

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE: DeKalb Citizens for Responsible Taxation				2. REPORT COVERING THE PERIOD FROM: 9/16 TO: 9/30
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 22.b on summary page.)				0