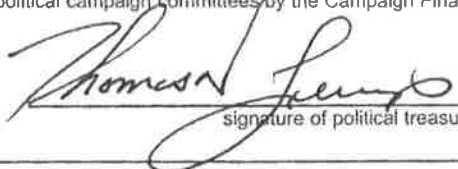



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

| | |
|---|--|
| 1. DATE OF REPORT <u>4/07/24</u> | 2. NAME OF COMMITTEE <u>Keep Smyrna Safe</u> |
| 2. SHORT NAME OF COMMITTEE (IF APPLICABLE) | |
| 3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>112 Buttonwood Dr Smyrna TN 37167 615-210-4579</u> | |
| 4. MEASURES SUPPORTED OR OPPOSED <u>Smyrna Referendum question #1</u> | |
| 5.A. NAME OF POLITICAL TREASURER <u>Tom Jennings</u> | 5.B. DATE APPOINTED <u>1/16/24</u> |
| 6. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL | |
| 7.A. BEGINNING DATE OF REPORTING PERIOD <u>2/25/24</u> | 7.B. ENDING DATE OF REPORTING PERIOD <u>3/31/24</u> |
| 8. (Check one) A. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> <u>4-8-2024</u> date </div> </div> | |
| 9. WITNESS SIGNATURE | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>4/08/24</u> date </div> </div> | |
| 10. SUMMARY | |
| a. BALANCE ON HAND LAST REPORT | \$ <u>4358.76</u> |
| b. TOTAL RECEIPTS THIS PERIOD | \$ <u>1895.76</u> |
| c. TOTAL DISBURSEMENTS THIS PERIOD | \$ <u>6254.52</u> |
| d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) | \$ <u>0</u> |
| e. TOTAL LOANS OUTSTANDING | \$ <u>0</u> |
| f. TOTAL OBLIGATIONS OUTSTANDING | \$ <u>0</u> |

2024 APR -8 PM 2:00



RECEIVED

SUMMARY PAGE - SMC

| | |
|--|---|
| 11. NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Keep Smyrna Safe</div> | 12. REPORT COVERING THE PERIOD FROM: <u>2/25/24</u> TO: <u>3/31/24</u> |
| RECEIPTS | |
| 13. CONTRIBUTIONS (other than loans and interest) | |
| a. Unitemized Contributions (\$100 or less from each source this period) | \$ <u>15,00</u> |
| b. Itemized Contributions (over \$100 from each source this period) | \$ <u>1880.76</u> |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) | \$ <u>1895.76</u> |
| 14. LOANS RECEIVED THIS REPORTING PERIOD | \$ <u>0</u> |
| 15. INTEREST RECEIVED THIS REPORTING PERIOD | \$ <u>0</u> |
| 16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) | \$ <u>1895.76</u> |
| 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) | |
| <u>Campaign Partner - web site</u> | \$ <u>29.00</u> |
| <u>Wal Mart - print supplies</u> | \$ <u>54.71</u> |
| <u>Wal Mart - print supplies</u> | \$ <u>21.88</u> |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total of Expenditures (\$100 or less each payee) | \$ <u>105.59</u> |
| b. Itemized Expenditures (Over \$100 each payee this period) | \$ <u>6148.93</u> |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) | \$ <u>6254.52</u> |
| 18. LOAN REPAYMENTS MADE THIS PERIOD | \$ <u>0</u> |
| 19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) | \$ <u>6254.52</u> |
| 20. IN-KIND CONTRIBUTIONS | |
| a. Unitemized in-kind contributions (\$100 or less from each source this period) | \$ <u>0</u> |
| b. Itemized in-kind contributions (over \$100 from each source this period) | \$ <u>0</u> |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) | \$ <u>0</u> |
| 21. LOANS | |
| LOANS OUTSTANDING (must be shown in item 10.e.) | \$ <u>0</u> |
| 22. OBLIGATIONS | |
| a. Unitemized Obligations Outstanding (\$100 or less each) | \$ <u>0</u> |
| b. Itemized Obligations Outstanding (Over \$100 each) | \$ <u>0</u> |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) | \$ <u>0</u> |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| 1. NAME OF COMMITTEE | | | 2. REPORT COVERING THE PERIOD | |
|--|-------|-----------------------------|-------------------------------|------------------------|
| Keep Smyrna Safe | | | FROM: 2/25/24 | TO: 3/31/24 |
| 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 |
| Patsy | | | | |
| Robinson | | | | |
| Address 910 Hazelwood Dr | | | | |
| City | State | Zip Code | | |
| Smyrna TN 37167 | | | | |
| Occupation retired | | | | 200.00 |
| Employer retired | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Resha | | | | |
| Oliphant | | | | |
| Address 312 Bonifay Dr. | | | | |
| City | State | Zip Code | | |
| Smyrna TN 37167 | | | | |
| Occupation retired | | | | 200.00 |
| Employer retired | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Sherri | | | | |
| Stevens | | | | |
| Address 121 Laurel Hill Dr | | | | |
| City | State | Zip Code | | |
| Smyrna TN 37167 | | | | |
| Occupation teacher/professor | | | | 358.72 (3/04/24) |
| Employer Middle Tennessee State University (MTSU) | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Sherri | | | | |
| Stevens | | | | |
| Address 121 Laurel Hill Dr | | | | |
| City | State | Zip Code | | |
| Smyrna TN 37167 | | | | |
| Occupation professor | | | | 29.00 (3/06/24) |
| Employer MTSU | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Sherri | | | | |
| Stevens | | | | |
| Address 121 Laurel Hill Dr | | | | |
| City | State | Zip Code | | |
| Smyrna TN 37167 | | | | |
| Occupation professor | | | | 324.79 (3/11/24) |
| Employer MTSU | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | | 112.51 |
| (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.) | | | | |

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|--------------------|---|--|--|
| 1. NAME OF COMMITTEE Keep Smyrna Safe | | | 2. REPORT COVERING THE PERIOD FROM: 2/25/24 TO: 3/31/24 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount 1172.51 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) | | | | |
| First Name Sherri | M.I. | Last Name/Organization Name Stevens | | Amount of Contribution: 768.25 (3/18/24) |
| Address 121 Laurel Hill Dr | | | | |
| City Smyrna | State TN | Zip Code 37167 | | |
| Occupation professor | | | | |
| Employer MTSU | | | | |
| 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 | | | | |
| 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.) | | | | 1880.76 |



ITEMIZED STATEMENT OF EXPENDITURES - SMC

| | | | | | |
|---|--------------------|-------------------------------|------------------------------------|--------------------|--------------------------|
| 1. NAME OF COMMITTEE <i>Keep Smyrna Safe</i> | | | 2. REPORT COVERING THE PERIOD | | |
| | | | FROM <i>3/25/24</i> | TO: <i>3/31/24</i> | |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount <i>0</i> | | |
| 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 | Purpose of Expenditure | Amount of Expenditure | | |
| Last Name/Business Name <i>USPS</i> | | <i>Postage</i> | <i>1088.00</i> | | |
| Address <i>250 Mayfield Dr</i> | | | | | |
| City <i>Smyrna</i> | State <i>TN</i> | | | | Zip Code <i>37167</i> |
| First Name | Middle Name | | | | Purpose of Expenditure |
| Last Name/Business Name <i>Staples</i> | | <i>Printing</i> | <i>300.39</i> | | |
| Address <i>809 Industrial Blvd.</i> | | | | | |
| City <i>Smyrna</i> | State <i>TN</i> | | | | Zip Code <i>37167</i> |
| First Name | Middle Name | | | | Purpose of Expenditure |
| Last Name/Business Name <i>Staples</i> | | <i>Print supplies</i> | <i>47.18</i> | | |
| Address <i>809 Industrial Blvd</i> | | | | | |
| City <i>Smyrna</i> | State <i>TN</i> | | | | Zip Code <i>37167</i> |
| First Name | Middle Name | | | | Purpose of Expenditure |
| Last Name/Business Name <i>Facebook / Meta</i> | | <i>Digital advertisements</i> | <i>600.00</i> | | |
| Address <i>1 Meta Way</i> | | | | | |
| City <i>Menlo Park</i> | State <i>CA</i> | | | | Zip Code <i>94025</i> |
| First Name | Middle Name | | | | Purpose of Expenditure |
| Last Name/Business Name <i>Franklins Printing</i> | | <i>Printing</i> | <i>3020.32</i> <i>(3/11/24)</i> | | |
| Address <i>2227 Southpark Dr</i> | | | | | |
| City <i>Murfreesboro</i> | State <i>TN</i> | | | | Zip Code <i>37128</i> |
| First Name | Middle Name | | | | Purpose of Expenditure |
| Last Name/Business Name <i>Facebook / Meta</i> | | <i>Digital Advertisements</i> | <i>324.79</i> | | |
| Address <i>1 Meta Way</i> | | | | | |
| City <i>Menlo Park</i> | State <i>CA</i> | | | | Zip Code <i>94025</i> |
| 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.) | | | | | <i>5380.68</i> |

ITEMIZED STATEMENT OF EXPENDITURES - SMC

| | | | | | |
|---|--------------------|------------------------|-------------------------------|-------------------|--------------------------|
| 1. NAME OF COMMITTEE <i>Keep Smyrna Safe</i> | | | 2. REPORT COVERING THE PERIOD | | |
| | | | FROM <i>12/25/24</i> | TO <i>3/31/24</i> | |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount <i>5380.68</i> | | |
| 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 | Purpose of Expenditure | Amount of Expenditure | | |
| Last Name/Business Name <i>Bulldog Printing Smyrna LLC</i> | | <i>Printing</i> | <i>768.25</i> | | |
| Address <i>110 Spring Circle</i> | | | | | |
| City <i>Smyrna</i> | State <i>TN</i> | | | | Zip Code <i>37167</i> |
| First Name | Middle Name | | | | Purpose 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 | | | |
| 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 campaign expenditures, this amount must be shown in item 17b. of summary.) | | | <i>6148.93</i> | | |

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

| 1. NAME OF COMMITTEE | | | | 2. REPORT COVERING THE PERIOD | | | |
|--|-------|-------------|--|---|---------------------------|----------------------|-------------------------------------|
| Keep Smyrna Safe | | | | FROM: 2/25/24 | | TO: 3/31/24 | |
| 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 | | 3020.32 | 0 | 3020.32 | 0 |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Mortreesboro TN 37128 | | | | Description of Obligation | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | Description of Obligation | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | Description of Obligation | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | Description of Obligation | | | |
| 4. TOTALS | | | | 3020.32 | 0 | 3020.32 | 0 |
| (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.) | | | | | | | |