


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT <u>10 OCT 2024</u>	2. NAME OF COMMITTEE <u>MY DISTRICT MY VOTE</u>
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>322 DOUGLAS AVE</u> <u>KNOXVILLE</u> <u>TN</u> <u>37921</u> <u>865 607 4357</u>	
4. MEASURES SUPPORTED OR OPPOSED <u>CITY OF KNOXVILLE CHARTER REFERENDUMS - OPPOSED</u>	
5.A. NAME OF POLITICAL TREASURER <u>R. BENTLEY MARLOW</u>	5.B. DATE APPOINTED <u>11 SEPT 2024</u>
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" 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>11 SEPT 2024</u>	7.B. ENDING DATE OF REPORTING PERIOD <u>30 SEPT 2024</u>
8. (Check one) A. <input checked="" 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 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.	
 signature of political treasurer	
<u>16 OCT 24</u> date	
9. WITNESS SIGNATURE  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>signature of witness</div> <div>date</div> </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>Ø</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>800-</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>191.19</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <u>608.81</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>Ø</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>1928.27</u>



# SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <i>MY DISTRICT MY VOTE</i>	12. REPORT COVERING THE PERIOD	
	FROM: <i>11 SEPT 24</i>	TO: <i>30 SEPT 27</i>

## RECEIPTS

### 13. CONTRIBUTIONS (other than loans and interest)

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ \_\_\_\_\_
- b. Itemized Contributions (over \$100 from each source this period) ..... \$ *800 -*
- c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... \$ *800 -*

14. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ \_\_\_\_\_

15. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ \_\_\_\_\_

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) ..... \$ *800 -*

## 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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ *191.19*

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) ..... \$ \_\_\_\_\_

18. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ \_\_\_\_\_

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) ..... \$ *191.19*

## 20.IN-KIND CONTRIBUTIONS

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

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

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

## 21.LOANS

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

## 22.OBLIGATIONS

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

b. Itemized Obligations Outstanding (Over \$100 each) ..... \$ *1928.27*

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.) ..... \$ *1928.27*



# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>MY DISTRICT MY VOTE</i>			2. REPORT COVERING THE PERIOD FROM: <i>11 SEP 27</i> TO: <i>30 SEP 28</i>	
			Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
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	
<i>MARLOW CHARITIES, INC</i>				
Address <i>322 DOUGLAS AVE</i>				
City	State	Zip Code		
<i>KNOXVILLE</i>	<i>TN</i>	<i>37921</i>		
Occupation <i>SOIC3</i>			<i>500-</i>	
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
<i>VICTOR JERNIGAN</i>				
Address <i>815 SUNNYDALE RD</i>				
City	State	Zip Code		
<i>KNOXVILLE</i>	<i>TN</i>	<i>37923</i>		
Occupation <i>REAL ESTATE</i>			<i>300-</i>	
Employer <i>SELF</i>				
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.)				



# ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>MY DISTRICT MY VOTE</i>		2. REPORT COVERING THE PERIOD FROM: <i>11 SEP 27</i> TO: <i>30 SEP 27</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
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>HART GRAPHICS</i>		<i>Palm Creds</i>	<i>191.19</i>
Address <i>10228 TECHNOLOGY DRIVE</i>			
City <i>Knoxville</i>	State <i>TN</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
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.)			



# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING 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		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.)						



## ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE					2. REPORT COVERING THE PERIOD	
					FROM:	TO:
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		
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.)						

# ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
MY DISTRICT MY VOTE				FROM: 11 SEP 27		TO: 30 SEP 27	
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			0	256.74	0	256.74
Last Name/Business Name							
Address							
City	State	Zip Code					
10228 TECHNOLOGY LN KNOXVILLE TN 37932							
Description of Obligation PALM CORDS							
First Name	Middle Name			0	1671.53	0	1671.53
Last Name/Business Name							
Address							
City	State	Zip Code					
ALAMO BRANDING 9111 CROSS PARK DRIVE #200 KNOXVILLE TN 37932							
Description of Obligation YARD SIGNS							
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.)							