

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT <u>29 OCT 2024</u>		2. NAME OF COMMITTEE <u>MY DISTRICT MY VOTE</u>	
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)			
3. ADDRESS AND PHONE <div style="display: flex; justify-content: space-between;"> <span>Street or Rural Route</span> <span>City</span> <span>State</span> <span>Zip Code</span> <span>Phone</span> </div> <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 AMENDMENTS - AGAINST</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) <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> FIRST QUARTER</div> <div><input type="checkbox"/> SECOND QUARTER</div> <div><input type="checkbox"/> THIRD QUARTER</div> <div><input type="checkbox"/> FOURTH QUARTER</div> <div><input type="checkbox"/> PRE-PRIMARY</div> <div><input checked="" type="checkbox"/> PRE-GENERAL</div> <div><input type="checkbox"/> MID-YEAR SUPPLEMENTAL</div> <div><input type="checkbox"/> YEAR-END SUPPLEMENTAL</div> </div>			
7.A. BEGINNING DATE OF REPORTING PERIOD <u>1 OCT 2024</u>		7.B. ENDING DATE OF REPORTING PERIOD <u>26 OCT 2024</u>	
8. (Check one) <p>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.)</p> <p>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.</p> <div style="text-align: right; margin-top: 20px;">               _____              signature of political treasurer           </div> <div style="text-align: right; margin-top: 10px;"> <u>29 OCT 2024</u>              date           </div>			
9. WITNESS SIGNATURE <div style="text-align: right; margin-top: 20px;">               _____              signature of witness           </div> <div style="text-align: right; margin-top: 10px;"> <u>29/10/24</u>              date           </div>			
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT .....		\$ <u>608<sup>81</sup></u>	
b. TOTAL RECEIPTS THIS PERIOD .....		\$ <u>5625<sup>-</sup></u>	
c. TOTAL DISBURSEMENTS THIS PERIOD .....		\$ <u>256.74</u>	
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....		\$ <u>5977<sup>07</sup></u>	
e. TOTAL LOANS OUTSTANDING .....		\$ <u>/</u>	
f. TOTAL OBLIGATIONS OUTSTANDING .....		\$ <u>5432<sup>25</sup></u>	



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## SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) _____	12. REPORT COVERING THE PERIOD FROM: _____ TO: _____	
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**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) ..... \$ 5625 -

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... \$ \_\_\_\_\_

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.) ..... \$ 5625 -

**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) ..... \$ 256.74

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.) ..... \$ \_\_\_\_\_

**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) ..... \$ 5432.25

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.) ..... \$ 5432.25



# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>MY DISTRICT MY VOTE</i>		2. REPORT COVERING THE PERIOD FROM: <i>1 OCT</i> TO: <i>26 OCT</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 <i>SCOTT</i>	M.I.	Last Name/Organization Name <i>DAVIS</i>	Amount of Contribution  <i>500 -</i>
Address <i>5441 CLINTON HWY</i>			
City <i>KNOXVILLE</i>	State <i>TN</i>	Zip Code <i>37912</i>	
Occupation <i>REAL ESTATE DEVELOPER</i>			
Employer <i>SELF</i>			
First Name <i>PARKER</i>	M.I.	Last Name/Organization Name <i>BARTHOLOMEW</i>	Amount of Contribution  <i>1000 -</i>
Address <i>PO BOX 53102</i>			
City <i>KNOXVILLE</i>	State <i>TN</i>	Zip Code <i>37950</i>	
Occupation <i>REAL ESTATE DEVELOPER</i>			
Employer <i>SELF</i>			
First Name <i>KNOX</i>	M.I.	Last Name/Organization Name <i>LIBERTY ORG</i>	Amount of Contribution  <i>450 -</i>
Address <i>6706 CENTRAL AVE PIKE</i>			
City <i>KNOXVILLE</i>	State <i>TN</i>	Zip Code <i>37912</i>	
Occupation <i>PAC</i>			
Employer <i>PAC</i>			
First Name <i>KNOX</i>	M.I.	Last Name/Organization Name <i>LIBERTY ORG</i>	Amount of Contribution  <i>1675 -</i>
Address <i>6706 CENTRAL AVE PIKE</i>			
City <i>KNOXVILLE</i>	State <i>TN</i>	Zip Code <i>37912</i>	
Occupation <i>PAC</i>			
Employer <i>PAC</i>			
First Name <i>KNOX</i>	M.I.	Last Name/Organization Name <i>LIBERTY ORG</i>	Amount of Contribution  <i>1800 -</i>
Address <i>6706 CENTRAL AVE PIKE</i>			
City <i>KNOXVILLE</i>	State <i>TN</i>	Zip Code <i>37912</i>	
Occupation <i>PAC</i>			
Employer <i>PAC</i>			
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.)			<i>5,425 -</i>



# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>MY DISTRICT MY VOTE</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>1 OCT</i>	TO: <i>26 OCT</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>5925</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <i>JENNIFER</i>	M.I.	Last Name/Organization Name <i>ARTHUR</i>	Amount of Contribution  <i>20.00</i>
Address <i>705 PHILLIPS AVE</i>			
City <i>KNOXVILLE</i>	State <i>TN</i>	Zip Code <i>37920</i>	
Occupation <i>BUSINESS WOMAN</i>			
Employer <i>BOARDAERLAND TEES</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			
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.)			<i>5625</i>



# ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
					Amount	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)						
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 <i>HART</i>		Middle Name		Purpose of Expenditure		Amount of Expenditure  <i>256.<sup>79</sup></i>
Last Name/Business Name <i>GRAPHICS</i>				<i>PALM CARDS</i>		
Address <i>10228 TECHNOLOGY LANE</i>						
City <i>KNOXVILLE</i>	State <i>TN</i>	Zip Code <i>37932</i>				
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				
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.)						



# ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
MY DISTRICT MY VOTE				FROM: 1 OCT		TO: 26 OCT	
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	ALAMO			1671.53	1794.32	Ø	3465.85
Middle Name							
Last Name/Business Name	BRANDING						
Address	9111 CROSS PARK DRIVE #200						
City	State	Zip Code					
KNOXVILLE	TN	37932					
Description of Obligation							
YARD SIGNS + BIG SIGNS							
First Name	VICTORY			Ø	1966.40	Ø	1966.40
Middle Name							
Last Name/Business Name	TEXT LLC						
Address	170 MONROE AVE NW #300						
City	State	Zip Code					
GRAND RAPIDS	MI	49503					
Description of Obligation							
TEXT MESSAGES TO VOTERS							
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.)							

