CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

A MANUAL MENANT	2. NAME OF COMMITTEE					
1. DATE OF REPORT		STE				
29 UCT 2629 2. SHORTNAME OF COMMITTEE (IFAPPLICA)		5/6				
2. SHORT NAVIE OF COMMITTEE (IF AFF LIOA	occ _j					
ADDRESS AND PHONE Street or Rural Route	City State Zip C	Code Phone				
	KNOXVICCE TN 379					
322 DOUGLAS AVE /	25x012.66	000 001 132				
5% 1000	CHARTER AMENOMENTS - AGAI	ist				
5.A. NAME OF POLITICAL TREASURER		5.B. DATEAPPOINTED				
6. CATEGORY OR REPORT (Check one)	rw .	11SERT 2029				
6. CATEGORY OR REPORT (Check one)						
FIRST SECOND THIRD	FOURTH PRE- PRE-	MID-YEAR YEAR-END				
QUARTER QUARTER QUARTER 7.A, BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY GENERAL SU 7.B. ENDING DATE OF REPORTING	PERIOD SUPPLEMENTAL				
1 Oct Zory	26 OUT ROZY					
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. 						
	Signature of political treasurer	28 04 Zorg date				
9. WITNESS SIGNATURE	54					
z z	GACH KUSAMA signature of witness	29/W/24				
10. SUMMARY						
a. BALANCE ON HAND LAST REPORT	s <u>6</u>	08 81				
		625-				
b. TOTAL RECEIPTS THIS PERIOD	\$	256.74				
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.)	s <u>5977 ° 1</u>				
	<u>, , , , , , , , , , , , , , , , , , , </u>					
f. TOTAL OBLIGATIONS OUTSTANDING	Summer Su	\$ 5-432 25				

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COV	ERING THE PERIOD				
	FROM:	TO:				
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)	\$ <u>5625 —</u>	_				
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.)		\$ <u>5625 —</u>				
DISBURSEMENTS						
17. EXPENDITURES (other than loan payments)						
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed to gasoline)	y category - e.g., prir	nting, postage,				
s						
\$						
	<u>.</u>					
\$						
	œ					
Total of Expenditures (\$100 or less each payee)						
b. Itemized Expenditures (Over \$100 each payee this period)						
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		Φ.				
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)						
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i ite	m 10.f.)	\$ 3936.				

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE		
MY PISTRICT ,	NY	VOTE	FROM: 106-7		oct
573				Amount	
3. TOTAL ITEMIZED CAMPAIGN CON	ITRIBUT	ONS FROM PRECEDING PAGE (enter \$0 if first itemized pages)	ge)	during the go	riad)
4. COMPLETE THE APPROPRIATE ITEMS		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor		
First Name Scott	M,ł.	Last Name/Organization Name †フトトリン		Amount of Conti	IIDUUON
Address					
SYYI CLINTON	State	Zo Code		500	
KNOXVILLE	TZ	37912			
Occupation					
FICAL SSTATE T	DEVE	corer			
SELF	-	10 10 10 10 10 10 10 10 10 10 10 10 10 1		Amount of Cont	ribution
First Name PARKER	M.1.	Last Name/Organization Name BARTHOLE MEW		Amount of Cont	IIDaton
Address POBOX 53102					
KNOXVILLE	State TN	Zip Code 3 7 9 5 0		1000	
Occupation					
RFAL SSTATE	Ptve	CDFER			
SECF	4				
First Name KNOX	M.I.	Last Name/Organization Name LIBCRTY ORG		Amount of Cont	ribution
Address	AVE				
City	State	Zip Code		450	, —
Occupation Knoxvicut	TN	37912			
PAL					
Employer PAC					
First Name KNDX	M.I.	Last Name/Organization Name		Amount of Cont	ribution
Address	I	LIBERTY ORG		,	
6706 CENTRAC	A V	Zip Code		1675	^—
KNOXVILLE	TN	37912			
Occupation					
FAC					
Employer PAC					
First Name KNOX	M.l.	Last Name/Organization Name		Amount of Cont	ribution
Address					
6706 CENTRAL	AU	Zip Code		110	
City	State T~	379/2		1800	_
Occupation KN OX V 1 CCC	/ ~), 116			
PAC					
Employer PA <					
5.TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if	additional	pages of this form are used \		5,425	, —
		must be shown in item 13b. of summary.)		/	



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

A COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during it	ount 425		
Amount Amount	g the period) unt of Contribution unt of Contribution		
3. TOTAL TEMPLED CANNIFORM CONTRIBUTION TO THE TEMPLED CONTRIBUTION (contributions totaling more than \$100 from any contributor during it feet Name Feet Name	g the period) unt of Contribution unt of Contribution		
First Name Anount First Name Anount Address City State First Name Anount Address City State First Name M.I. Last Name/Organization Name Anount Address City State Typ Code Cocupation First Name M.I. Last Name/Organization Name Anount Address City State Typ Code First Name M.I. Last Name/Organization Name Anount Address City State Typ Code	unt of Contribution		
TENTHER Name TO S PHILLIPS AND City State Zp Code The TRANSMEN Andress City State Zp Code Cocupation M.L. Last Name/Organization Name Amount: Address City State Zip Code City State Zip Code M.L. Last Name/Organization Name Amount: Amount: Amount: Amount: Amount: Anount: Anount: Anount: Anount: Anount: Anount: Anount: Address City State Zip Code	unt of Contribution		
Cocupation BUSINCSS WOM AND Employer BUSINCSS WOM AND Employer Address City State Zip Code Amount of Address City State Zip Code Cocupation Employer First Name M.L. Last Name/Organization Name Address City State Zip Code Cocupation Employer First Name M.L. Last Name/Organization Name Anount of Address City State Zip Code City State Zip Code Anount of Anount	unt of Contribution		
Cocupation BUSINCSS WOM AND Employer BUSINCSS WOM AND Employer Address City State Zip Code Amount of Address City State Zip Code Cocupation Employer First Name M.L. Last Name/Organization Name Address City State Zip Code Cocupation Employer First Name M.L. Last Name/Organization Name Anount of Address City State Zip Code City State Zip Code Anount of Anount	unt of Contribution		
Cocupation BUSINCSS WOM AND Employer BUSINCSS WOM AND Employer Address City State Zip Code Amount of Address City State Zip Code Cocupation Employer First Name M.L. Last Name/Organization Name Address City State Zip Code Cocupation Employer First Name M.L. Last Name/Organization Name Anount of Address City State Zip Code City State Zip Code Anount of Anount	unt of Contribution		
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Cocupation BUSINCSS WOM AND Employer BUSINCSS WOM AND Employer Address City State Zip Code Amount of Address City State Zip Code Cocupation Employer First Name M.L. Last Name/Organization Name Address City State Zip Code Cocupation Employer First Name M.L. Last Name/Organization Name Anount of Address City State Zip Code City State Zip Code Anount of Anount			
First Name M.I. Last Name/Organization Name Amount of City State Zip Code City State Zip Code First Name M.I. Last Name/Organization Name Amount of City State Zip Code City State Zip Code First Name M.I. Last Name/Organization Name Amount of City State Zip Code City State Zip Code First Name M.I. Last Name/Organization Name Amount of City State Zip Code			
First Name M.I. Last Name/Organization Name Amount of Address . City State Zip Code			
City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Employer First Name M.I. Last Name/Organization Name Amount of the complete of the com	unt of Contribution		
City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Employer First Name M.I. Last Name/Organization Name Amount of the complete of the com	unt of Cantribution		
Cocupation Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Employer First Name M.I. Last Name/Organization Name Amount of the companies	unt of Contribution		
Employer First Name M.I. Last Name/Organization Name Amount of City State Zip Code City State Zip Code First Name M.I. Last Name/Organization Name Amount of City State Zip Code	unt of Contribution		
Employer First Name M.I. Last Name/Organization Name Amount of City State Zip Code City State Zip Code First Name M.I. Last Name/Organization Name Amount of City State Zip Code	unt of Contribution		
First Name M.I. Last Name/Organization Name Amount of City State Zip Code Occupation Employer First Name M.I. Last Name/Organization Name Amount of City State Zip Code City State Zip Code	unt of Contribution		
Address City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Address City State Zip Code	unt of Contribution		
Address City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Amount of the City State Zip Code			
City State Zip Code Occupation Employer First Name M.I. Last Name/Organization Name Amount of City State Zip Code			
Occupation Employer First Name M.I. Last Name/Organization Name Amount of City State Zip Code			
Employer First Name M.I. Last Name/Organization Name Amount of Address City State Zip Code			
First Name M.I. Last Name/Organization Name Amount of Address City State Zip Code			
First Name M.I. Last Name/Organization Name Amount of Address City State Zip Code			
Address City State Zip Code			
City State Zip Code	ount of Contribution		
Occupation			
Occupation			
Employer			
First Name M.I. Last Name/Organization Name Amount	ount of Contribution		
Address			
City State Zip Code			
Convention			
Occupation			
Employer			
5.TOTAL ITEMIZED CONTRIBUTIONS	625		
(Carry forward to item 3. of next page if additional pages of this form are used.)	ر ع در		
(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				2. REPORT COVE	RING THE PERIOD
FROM:			TO:		
					Amount
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEM	IS FOR E	ACH ITEMIZED EXPE	NDITURE (any expenditures totaling more than	\$100 to a sigle payee of	during the period,
must be itemized.)					
First Name	Middle Na	ne	Purpose of Expenditure		Amount of Expenditure
	I WIII GOID THE				
Last Name/Business Name	-		PALM CARDS		256.74
Last Name/Business Name GRAPHICS Address			1		
Address	0015				
City KNUXVILLE	State .	Zip Code			
KNUXVELLE	TN	37932			
First Name	Middle Na	пе	Purpose of Expenditure		Amount of Expenditure
			1		
Last Name/Business Name					
Address					
Address					
City	State	Zip Code	1		
					Amount of Expenditure
First Name	Middle Na	me	Purpose of Expenditure		Amount of Experiolative
Last Name/Business Name					
Last Name/Dusiness Name					
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Filst Name	I Wilddio 14d				
Last Name/Business Name			-		
Last Natherbusiness Nathe					
Address		1			
City	State	Zip Code			
First Name	Middle Na	TIPE TO THE TIPE T	Purpose of Expenditure	· · · · · · · · ·	Amount of Expenditure
Filst Name	Miladio Na				·
Last Name/Business Name			†		
Address					
	State	Zip Code	4		
City	State	Zip Code			
First Name	Middle Na	т е	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
		4			
Address					
City	State	Zip Code	1		
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 expen	ditures, th	is 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	ML	1 VOTE			FROM: 104	TO: 26 OUT
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
the end of the reporting period)			or r criody	This offer		
First Name ALA MU	Middle Name					
Last Name/Business Name			1671,53	1,794.32	B	3465,85
BRANDING Address 9111 CROSS PARK PRINT #200 City State Zip Code TN 37932						
City	State Zip Code					
KNOKVILLT	TN	37932				
Description of Obligation						
YARD SIGNS 4	B16	516NS				
First Name	Middle Na					
VICTORing Last Name/Business Name						
				1966,40	ch	1966.40
text LLC			Ø	176611-		
I Address		11 200				
170 MUNROE AUE City GRAND RAPIRS Description of Obligation	Totala	Tin Codo	1			
City	an)	49573				
Description of Obligation	17	11300		<u> </u>		
TEXT MESSAGES		VOTERS				
						ř – – – – – – – – – – – – – – – – – – –
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
	Middle Na	270	·			
First Name	Iviluale iva	ine				
Last Name/Business Name		[
Address						
City	Stale	Zip Code				
Description of Obligation						
	7				×	
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation					<u> </u>	
			T	r — — — — —		
4. TOTALS						
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)						

