# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2 NAME OF COM	IMITTEE			
7/7/2024	Rotect	the People	c's Voi	L	
2. SHORT NAME OF COMMITTEE (IF APPLICAL	BLE)				
ADDRESS AND PHONE     Street or Rural Route	City	8	itate	Zip Code	Phone
PO Box 1721 Tol	hasan City		7	37605	423.806,0606
PO Box 1731 Jol 4. MEASURES SUPPORTED OR OPPOSED	1				
5 Ar					
Ballot measures 1,2,3,14  5.A NAME OF POLITICAL TREASURER		- W		5.B. DA	TEAPPOINTED
Kate Craix				5/7	12024
6. CATEGORY OR REPORT (Check one)					
FIRST SECOND THIRD	FOURTH	PRE-	L PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 7. A BEGINNING DATE OF REPORTING PERIOD	QUARTER (	PRIMARY GE	NERAL TE OF REPOR	SUPPLEMENTAL TING PERIOD	SUPPLEMENTAL
4/1/ 2014		6/30/201		11101 11100	
8 (Check one)		1 2/2-/			
A. This committee is exempt from detail	led disclosures heca	suse contributions (	including in-ki	nd) received total \$1	.000 or less AND
expenditures total \$1,000 or less for	this reporting period	I do solemnly sw	ear or affirm to	hat the information o	ontained in this statement
is true and that the committee has co and 10f must also be completed.)	omplied with all appli	icable provisions o	t the Campaigi	n Financial Disclosur	e Act. (Items 10d., 10e.
B. This committee is required to file a d	atallad financial dica	placure bacques co	ntebutions (inc	Surface in-kind) received	ved total more than
\$1,000 and/or expenditures total more	re than \$1,000 for th	is reporting period	. I do solemni	y swear or affirm tha	the information con-
tained in this statement is true and the tures requried to be reported by polit					intributions and expendi-
31		ŕ			
	V	- 1 5	,		7/7/2014
		signature of polit	ical yeasurer		7/7/2024 date
9. WITNESS SIGNATURE	. 1	0			, ,
i'	\//	M -			2/2/2/
1	-1	signature of v	vilness		date ZT
		) Januara ur	1111000		
10. SUMMARY		4			
a: BALANCE ON HAND LAST REPORT	alkan eismen alline er briten son			0.00	_
b. TOTAL RECEIPTS THIS PERIOD	onenguation		· AMELIAN AND CANA	\$	-
c. TOTAL DISBURSEMENTS THIS PERIOD				975	_
					111424
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.)	Acronico de Arride de			\$ 111-1137
e TOTAL LOANS OUTSTANDING					0.00
e. TOTAL LOANS OUTSTANDING	30.30=4=129.30.000.0476(A410)30,A0.0460	300-1-1-411-1011-1011-2011-10-1			
f. TOTAL OBLIGATIONS OUTSTANDING	G				\$_0,00



#### **SUMMARY PAGE - SMC**

11. NAME OF COMMITTEE (In Full)	12. REPORT COV	ERING THE PERIOD						
Protect the People's Voice	FROM: 4/1/2024	TO: 6/30/2024						
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)		_						
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		\$ 0.00						
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	***************************************	\$ 2,100						
DISBURSEMENTS								
17. EXPENDITURES (other than loan payments)								
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed b gasoline)	y category - e.g., prir	nting, postage,						
\$\$	<u></u>							
s								
\$								
\$								
<u></u> \$								
\$								
Total of Expenditures (\$100 or less each payee)	c 0.00							
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.)	(4124)(424)(1000000000000000000000000000000000000	5						
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$ 46.73								
		_						
b. Itemized in-kind contributions (over \$100 from each source this period) \$ 109.50								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)								
		· D.33						
LOANS OUTSTANDING (must be shown in item 10.e.)								
22.0BLIGATIONS	. 0.00							
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 ile	III 10.h)	0,00						



# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVI	ERING THE PERIOD
Protect the	Paralel	Vice	FROM: 4/1/2324	TO: 4/35/2024
11/46	Lep-03	17102		Amount
3. TOTAL ITEMIZED CAMPAIG	N CONTRIBU	TIONS FROM PRECEDING PAGE (enter \$0 if first it	emized page)	0
4. COMPLETE THE APPROPRIATE	EITEMS FOR E	ACH ITEMIZED CONTRIBUTION (contributions totaling more	e than \$100 from any contributor	during the period)
First Name	M.I.			Amount of Contribution
		Last Name Organization Name Washington County Democratic Part	1	
Address		2 '	ř.	\$1,000.00
PO BOX 1731 Giry Johnson City	State	Zip Code		1,000
Johnson City	TN	37605		
Occupation				
Employer				
Епрюуег	· ·			
First Name	ML	Last Name Organization Name Northeast Tennessee DSA		Amount of Contribution
Address		TODITALLY TOMOSTON JOH		1,000,00
419 W. Market St.	State	Zip Code		- 1,000,00
Johnson Alba	TN	37404		
Occupation	1.4			
				-
Employer				
First Name	ML	Last Name/Organization Name		Amount of Contribution
Address				-
·				_
City	State	Zip Code		
Occupation		L		
Employer				-
			WALESTON THE STATE OF THE STATE	
First Name	M3	Last Name/Organization Name		Amount of Contribution
Address				1
City	State	Zip Code		+
T0				
Occupation				
Employer				
First Name	Mil	Last Name/Organization Name		Amount of Contribution
Address				1
City	State	Zip Code		1
				1
Occupation				
Employer				
	-			
5.TOTAL ITEMIZED CONTRIBUTIO	NS			\$2,000.00
(Carry forward to item 3. of nex				1 -, - 50.80
(If this is the last page of contrib	outions, this amou	nt must be shown in item 13b. of summary.)		1
SS-1141 (Rev. 2/06)			Page 3 of 7	RDA 115

# ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE					ERING THE PERIOD
Protect the People's Voice FROM: 4					4 TO: 6/30/2024
			00'17 13-1-1-1-1		Amount 5 O
3. TOTAL ITEMIZED EXPENDI	TURES FROM PE	RECEDING PAGE	(enter \$0 if first itemized page)	than \$100 to a sinle naves	
	ATE ITEMS FOR E	ACH ITEMIZED EX	(PENDITURE (any expenditures totaling more	tial \$100 to a sign payor	dating the period;
must be itemized.)					The soul of Course Ohio
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			Food for campuign	launch	C .
Growing Dutlet #	39		70. 20.79.	,((	\$200.00
Address					
1103 NROWN St		r			
Johnson City	State	Zip Code 37601			
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			1 harris	LFC	\$775.64
Lippity Pant			Printing for door hunge		1773.44
2 ipe ity Print Address 1060 W. Basley Rd. 1	# 10Z				
	Own	Zip Code			
Berea	OH Middle Na	44017	Purpose of Expenditure		Amount of Expenditure
First Name	Miciole Na	THE .	Purpose in Esperature		
Last Name/Business Name					
					İ
Address					
City	State	Zip Code			İ
		en.			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			-		
Trout and					
City	State	Zip Code			
Cont. Long.	Middle Na		Purpose of Expenditure		Amount of Expenditure
First Name	Micole Na	17947	Purpose of Expenditure		Anaul of Experience
Last Name/Business Name					
Address					
City	State	Zip Code			
Oly					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			-		1
CHRONA PROTOCOM RESUMES A SERVICE.					1
Address					
	101-1-	Zin Code			
City	State	Zip Code		111	
5. TOTAL ITEMIZED EXPENDIT	TURES	10 - 2/ 11 - 11			
(Carry forward to item 3. of nex	t page if additional p	pages of this form are	e used.)		\$975.66
(If this is the last page of campa	sign expenditures, th	is amount must be s	hown in item 17b. of summary.)		

#### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	2. REPORT COVER				
Protect the People's V	FROM: 4/11 2024	TO: 4/30/2024			
	Amount 6				
TOTAL ITEMIZED IN-KIND CONTRIBUT     COMPLETE THE APPROPRIATE ITEM	S FOR EACH IT	EMIZED IN-KIND C	ONTRIBUTION (in-kind contributions	totaling more than \$100 from an	y contributor during the period)
			Description of In-Kind Contribution		Value of In-Kind Contribution
FirstName	Middle Name		Description of the Colin Sportor		
Em ma Last Name/Organization Name					
Frye - Best Effort			- 11	1. 1	
Address			Food for campaign	launch	\$104.50
City	State	Zip Code			
Occupation		i.			
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address			H.		
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 CONTR	BUTIONS				
O. TOTAL TIEMEED HATCHED	100110140				\$109.50

### ITEMIZED STATEMENT OF LOANS - SMC

NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD			
Protect H. P. de 1					FROM: 4/1/ 2024	TO: 6/30/2024
3. COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to the reporting period)	Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Penod	Outstanding Balance (End of Period)		
First Name	Middle Na	ame				
LastName/BusnessName						
Address						
	-	12.0.4	Date of Loan			
Cty	State	Zip Code	Date of Loan			
First Name	Middle N	ame				
LastName/BusinessName	J					
Address						
Car	State	ZipCode	Date of Loan			
City	NAME:	W. P. H. H. H.	Date of Court			W
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle N	larve				
Last Name/Business Name						
Address						
CAy	State	ZipCode	Date of Loan			
First Name	Middle N	lame				
Last Name/Business Name						
Address						
Audicea						
Cdy	State	Zip Code	Date of Loan			
4. TOTALS				,		\$0
(Total from "Outstanding Balance - (End of Per in item 21 on summary page)			1	100		

### ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE					2. REPORT COVERING THE PERIOD		
A-VIJ H. Pa-alely Va	5				FROM: 4/11 624	TO. 6/30/202	
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)	DebI Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Na	me					
Laşt Name/Business Name							
Address							
Cty	State	Zip Code					
Description of Obligation	-		l				
First Name	Middle Na	artië	WI				
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation	1		1		-		
First Name	Middle N	ame.	Ī				
Last Name/Business Name	1						
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Na	ame					
Last Name/Business Name			1				
Address							
Cay	State	Zip Code					
Description of Obligation	1				+	-	
First Name	Middle N	ame					
Last Name: Business Name							
Address		<del></del>			3		
City	State	Zip Code					
Description of Obligation	X	1	glie d				
4. TOTALS		W-W-HALL-BING LOSS				<b>†</b> 0	
(Total from "Outstanding Balance - (End of Period)" in item 22.b on summary page.)	column m	ust also be shown				100	