CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF CO	MMITTEE			a service War
2/27/2024	Vote	Yes Or	. # 1		
2. SHORT NAME OF COMMITTEE (IF APPLICA	BLE)				
ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone
1094 Weakley La	5 myena		TAL	37167 615	-663-5887
4. MEASURES SUPPORTED OR OPPOSED OPPOSED Town of S.A. NAME OF POLITICAL TREASURER					EAPPOINTED
6. CATEGORY OR REPORT (Check one)	^			11.21	· Z024
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
7.A. BEGINNING DATE OF REPORTING PERIOD		7.B. ENDIN	GDATEOFREE	PORTING PERIOD	
1-16-2024 8. (Check one)		2 -	24-20	24	
is true and that the committee has completed.) B. This committee is required to file a complete statement is true and to take the committee is required to be reported by political statement.	letailed financial dis- re than \$1,000 for the	closure because this reporting proge(s) are a conmittees by the	se contributions eriod. I do sole aplete and accu	(including in-kind) receive mnly swear or affirm that I urate accounting of all con ncial Disclosure Act.	ed total more than
9. WITNESS SIGNATURE					
	Summer	Deme	nh pelle of witness	n	2124124 date
10. SUMMARY		4 17			
a. BALANCE ON HAND LAST REPORT		••••••	,	s — —	
b. TOTAL RECEIPTS THIS PERIOD				\$ 100,600.00	
total receipts this period total disbursements this period				\$ 77,074.4	2
d. BALANCE ON HAND (10.a. plus 10.b.					
e. TOTAL LOANS OUTSTANDING					AND STATE OF THE SHOP
f. TOTAL OBLIGATIONS OUTSTANDING	3			\$	<i>\theta</i>

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COV	ERING THE PERIOD
Yote Yes On #1	FROM: 1/16/24	TO: 2/24/24
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)		
a. Unitermized Contributions (\$100 or less from each source this period)	\$ 100.00	
b. Itemized Contributions (over \$100 from each source this period)		0
	The state of the s	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 1 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.) DISBURSEMENTS		\$ 100,600.00
17. EXPENDITURES (other than loan payments)		
 a. Unitemized Expenditures (\$100 or less each payee this period) (must be tis gasoline) 	sted by category - e.g., prin	ting, postage,
\$		Wild In
\$		
	The second	1
Total of Expenditures (\$100 or less each payee)		
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 77,074.	42
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)		AND THE RESERVE OF THE PARTY OF
18. LOAN REPAYMENTS MADE THIS PERIOD	***************************************	.\$ 7 -0
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)		.\$ 77,074.42
20.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)s O	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 0	0.5
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and	20.b.)	\$ 0
21.LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)		\$ 6
22.OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ 0	124
b. Itemized Obligations Outstanding (Over \$100 each)		18 4 1
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown		



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

NAME OF COMMITTEE		2. REPORT COVERING THE PERIO		
Vote Yes on #1			FROM: 1/16/z	4 TO:2/24/24
3. TOTAL ITEMIZED CAMPAIG	N CONTRIB	JTIONS FROM PRECEDING PAGE (enter \$0 if first itemized	d nane)	Amount
4. COMPLETE THE APPROPRIAT	E ITEMS FOR	EACH ITEMIZED CONTRIBUTION (contributions totaling more than	\$100 from any contribute	or during the period)
First Name	M.I.	Last Name/Organization Name	Production day contribute	Amount of Contribution
Address		SRM Concrete		Thinks of College (College (Co
1000 Hollingshea	A Doing			
City	State	Zip Code		co.
Murfreesboro	TH	37129		75,000.00
Occupation				
Employer Concrete Cong	Day Y			
SILM Concrete				
First Name	MLL	Last Name/Organization Name		Amount of Contribution
Address	D	Floyd		Trindar G Garage
762 Robert Ro	14. N. C.	ve 5.14 300		
City	State	Zip Code		The state of
STOCEST FORM	TA	37129		25,000.00
Occupation	(te			The Bast
Developer				
Employer C \				
First Name	MJ.	Last Name/Organization Name		through towers.
	L	buyone		Amount of Contribution
Address U174 Canada	. 17			
City 4174 Rock Spr	State	Zio Code		
SAUCAS	TN	37167		500.00
Occupation		1 3 /16 /		
Retired				
Employer WIA				
First Name	Lou			
This feeting	M,I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
	Ound			
Occupation				
Employer				
	-		AS SUBJECT OF	
ivst Name	M.L	Last Name/Organization Name		Amount of Contribution
Address				
	ik:			
aty .	State	Zip Code		
locupation	W.			
			A-MIS TO SERVICE	
implayer				
5.TOTAL ITEMIZED CONTRIBUTIONS	3			
		maken of this form are used.	See Assembly 33	100 - 00
(Carry forward to item 3, of next p (If this is the last page of contributi	ons this amoun	pages of this form are used.) I must be shown in item 13b. of summary.)		100,500.00
00 444 (D. ope)	announ	s most so shown at floth 150. Of Sunkingly,	PLST ASSELLE	21.128.11.294.13.

ITEMIZED STATEMENT OF EXPENDITURES - SMC

				ERING THE PERIOD	
Vote Yes On # 1 FROM: 1/16/2					
TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
the second secon			PENDITURE (any expenditures totaling more than \$100 to a sigle payer	e during the period,	
First Name	Middle Nama Purpose of Expenditure				
Last Name/Business Name			logo design, yard signs		
E Allan Brandon	LLC		C. A. S.	42,060 48	
Po Box 10809			facebook digital ads, (3) mail	192,060	
City	State	Zip Code	Piecro, digital ads		
Murfreshoro First Name	TAI Middle N	37129	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name	116		facebook digital ads, (2) mai		
E. Allen Brandon Address	240		pieces, digital ado	35,013.94	
Po Box 10809 City Murfreeshorp	State	Zip Code		,	
Murfreeshord	TAL	37129			
First Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address	á				
Page 53				I A NOTE	
City	State	Zip Code			
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address				-	
City	State	Zio Code			
		24 0000			
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address					
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address		\$ -P-1 Y 1			
City	State	Zip Code			
		FOREST WILL			
5. TOTAL ITEMIZED EXPENDITURE		agen of this faces		77 47.	
(Carry forward to item 3. of next pag			n in item 17b. of summary.)	77,074.42	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTE			2. REPORT COVERING PERIO		
Vote Yes	FROM: 1/16/24 TO: 2/24/24				
3. TOTAL ITEMIZED IN-KIN	D CONTRIBUTIONS FRO	M PRECEDING PA	GE (enter \$0 if first itemized page)	Amount	
4. COMPLETE THE APPRO	PRIATE ITEMS FOR EAC	CH ITEMIZED IN-KI	ND 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	Statie	Zip Code			
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution	
Last Nama/Organization Name					
Address					
City	State	Zip Code			
Occupation			Tone 1		
Employer			To the square		
First Name	Middle Name	PHOTE	Description of In-Kind Contribution	Value of In-Kind Contribution	
Last Name/Organization Name		TO THE ST.			
Address					
Xiy	State	Zip Code			
Occupation	Addition				
mplayer					
irst Name	Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution	
ast Name/Organization Name					
diress					
Y	State	Zip Code			
ocupation	S web				
mplayer					
. TOTAL ITEMIZED IN-KI	ND CONTRIBUTIONS				
(Carry forward to ite	m 3 of next page if additiona	al pges of this form ar	re used.) hown in item 20.b. of summary.)	10	

ITEMIZED STATEMENT OF LOANS - SMC

		1. NAME OF COMMITTEE				
Vote 123			FROM: 1/16/24	TO: 2124 124		
3. COMPLETE THE APPROPRIATE IT LOAN (loans totaling more than \$100 ow the reporting period)	Outstanding Balance (Beginning of Period)	Loans Received This Period	FROM: (/) 24 Loan Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Name					100.100

Last Name/Business Name						1,570
Address						147.37
Caly -	State	Zip Code	Date of Loan	100	1000	
First Name	Middle	Name				
	1,11					
Last Name/Business Name						
Address						
					Fb 1	
City	State	Zip Code	Date of Loan			
				-1770		1 1 1 1
First Name	Middle f	Varne				
.nst Name/Business Name						
Address						
Ny State of the st	State	ZipCode				
	States	zpcate	Date of Loan			
irst Name	Middle A	lame				
ast Name/Business Name		108,011.3				
ASLINGTIMEDUSERES (NOTE)						
ddress						
Y	State	Zip Code	Date of Loan	Ne'l		
rst Name	Stille M		-	A PARTY		
	Name Middle Name					
ast Name/Business Name					10.0	17.47
tóress				411		
Meso:		200				
by the state of th	State	Zip Code	Date of Loan			
						1 117
TOTALS						
Total from "Outstanding Balance - (End of Period)" column must also be shown n item 21 on summary page.)					A FLAN	0

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD					
Vote Yes	02 #1				FROM: 1/16/124	TO: 2/24/24
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				
Last Name/Business Name						
Address			1			
City	State	Zip Code				GY T
Description of Obligation						
First Name	Middle	Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		Linux				
First Name	Middle Name					
Lest Name/Business Name						
Address		ropin 4-2				
City	State	State Zip Code				
Description of Obligation						
					_	
First Name	Middle Name					
Last Name/Business Name	102					
Address						
City	State	Zip Code				
Description of Obligation		1,000				
						The second second
First Name	Middle N	lame	100			
Last Name/Business Name	CAL CO		ar de la s			
Address	6.					
City	State	Zip Code				
Description of Obligation						81
				Sales I		
4. TOTALS Total from "Outstanding Balance - (End of	of Period)" column m	ust also be shown				9
n item 22.b on summary page.)	ST.			Land Land		~

