CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMITTEE			
7-27-24	Yes 4	Tohan	City	14
2. SHORT NAME OF COMMITTEE (IF APPLICA		J- C(B.	1 4	
ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
0 0		State 7	NORTH AND AND A	INDE SIL COM
4. MEASURES SUPPORTED OR OPPOSED	Johnson City	110	37602	413-114-7948
N	- /	54		
Ballot neas	vu 1,2,7,5	34	12	
5.A. NAME OF POLITICAL TREASURER	3 (())		5.B, DA	TEAPPOINTED
Dan Mahoney)			
6. CATEGORY OR REPORT (Check one)		W	123	
FIRST SECOND THIRD	FOURTH RRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 7.A. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY 7.B. END	GENERAL DING DATE OF REPO	SUPPLEMENTAL ORTING PERIOD	SUPPLEMENTAL
7110/24	,			
8. (Check one)	the state of the s			
A. This committee is exempt from detail	lad diaglacurae bacquee contrib	utions (in alceline in	Lind) to detail 04	000 I AND
expenditures total \$1,000 or less for	this reporting period. I do soler	nnly swear or affirm	n that the information co	ontained in this statement
is true and that the committee has co and 10f must also be completed.)	mplied with all applicable provi-	sions of the Campa	aign Financial Disclosur	e Act. (Items 10d., 10e.
1.6				NAC WORK CON
B. This committee is required to file a di \$1,000 and/or expenditures total more	etailed financial disclosure beca re than \$1.000 for this reporting	use contributions (period. I do solen	(including in-kind) received	red total more than
tained in this statement is true and the	nat the following page(s) are a c	omplete and accur	ate accounting of all co	ntributions and expendi-
tures requried to be reported by politi	ical campaign committees by the	e Campaign Finan	cial Disclosure Act.	
	\wedge	. 0		1 1
	LXa Y	Jalor	$\overline{}$	7/24/24
	signature	of political treasure	er O	date
			3	
9. WITNESS SIGNATURE	1 1	10		r f
	1/1	M		7/24/24
	signati	ire of witness		date
		NATIONAL PROPERTY AND THE CONTRACT OF THE CONT		OTABLE)
10. SUMMARY				
a. BALANCE ON HAND LAST REPORT			8-0-	

b. TOTAL RECEIPTS THIS PERIOD		***************************************	\$ <u>5850</u>	-
TOTAL DIODUBORNICATO TUO DEDIOD			-0-	
c. TOTAL DISBURSEMENTS THIS PERIOD		•••••••	\$	NATURE OF SECUL
d. BALANCE ON HAND (10.a. plus 10.b. n	ninus 10.c.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	5850
		-		
e. TOTAL LOANS OUTSTANDING				0-
f. TOTAL OBLIGATIONS OUTSTANDING)			
				1

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD
Ves 4 Johnson Coh	FROM: 7/10/24 TO: 7/22/24
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)	4-1
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.)	\$_ -8-
DISBURSEMENTS	320
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by gasoline)	category - e.g., printing, postage,
\$ \$	
\$	
4	
ę	
Ψ,	
5	
Φ	
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)	\$ <u> 0 -</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>-0-</u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ <u>-0-</u>
20.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$0-
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.)	\$ <u>~0~</u>
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)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	10.f.)\$

4.1E% 144.6

SS-1145 (Rev. 4/02) RDA

Page ______ of 4_____

RDA 1159

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	To provide the second s	2. REPORT COVERING THE PERIOD		
Yes 4 Johns	on City	FROM: 7/10/24 TO: 7/22/24		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
	FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more th			
First Name	M.I. Last Name/Organization Name	Amount of Contribution		
Address DO Box 776	Sound Maragement			
City	Slate Zip Code	\$2,000,2		
Jackson	NJ 08527	,		
Occupation Yea				
Employer				
First Name	M.I. Last Name/Organization Name	Amount of Contribution		
Address Address	Berrott			
City	State Zlp Code	# 250.62		
Occupation	J.	250		
Tarlery				
Employer 3 TOV				
First Name	M.I. Last Name/Organization Name	Amount of Contribution		
Address PO Box	1329			
Oly Obhason City	State Zip Code	\$ 500 cm		
Occupation	TN 37602	\$ 500.5		
Employer				
Self employed FirstName	M.I. Last Name/Organization Name	TANANTA (Online)		
	M.I. Last Name/Organization Name CDX Unit Served	Amount of Contribution		
Po Box 3891		la de		
Sohysen City	State Zip Code TN 7760 3	\$ 1000. ~		
Occupation	1 1 1 1 1 1 1 1			
Employer	Λ 1			
Real estate	Taxal soment			
First Name Too A	M.I. Last Name/Organization Name	Amount of Contribution		
Address 3263 Happu	(P2)	*		
City	State Zip Code	\$ 500°2		
Occupation	1N 37604			
Employer 15	-)			
Self	10			
5.TOTAL ITEMIZED CONTRIBUTIONS		5250		
(Carry forward to Item 3. of next page if	additional pages of this form are used.) is amount must be shown in item 13b. of summary.)	1 2 23		
(ii tillo lo tile last page of continuotions, ti	io amount must be shown in hell 150, or sumindry.)			

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE 2. REPORT COVE				
Yes 4 Johnson City FROM:7-10-74			TO:7-22-24	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
		CHITEMIZED CONTRIBUTION (contributions totaling more than \$100		during the period)
First Name	M.I.			Amount of Contribution
Address		Last Name/Organization Name		
600 Server.	5+			
City	State 70	Zip Code		\$1000.00
Occupation Cuy	110	37604		· C
road construction				
Employer				
Sources Jay	M.L.	Last Name/Organization Name		Amount of Contribution
	Wide	Lastraino organización runio		Another Commodeon
Address				
City	State	Zip Code		
Occupation				
Состраний				
Employer	v			
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				
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address			A	
City	State	Zip Code		
Occupation				
Facilities .				
Employer				· · · · · · · · · · · · · · · · · · ·
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if additional pages of this form are used.)				5250
(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				RING THE PERIOD		
Yes 4 Jahnson City FROM7/10/24				TO:7/22/24		
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 sigle payee during the period,						
must be itemizèd.)		W. 10				
First Name	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
OI.	l _{au} ,	T. a. l	1			
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	1	8				
Address			-		× .	
		1				
City	State	Zip Code				
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Address		ii. — —————	-			
West Control of the C	-	F				
City	State	Zip Code				
First Name	Middle Na	The	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		-		W.		
Seri E						
Address				17		
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			,			
Address						
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expendilure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES		100-100-100		•		
(Carry forward to item 3. of next page if ad				,	-0-	

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PE			ERING THE PERIOD
Yes 4 Johnson City					FROM: 7/10/24	TO:7/28/2U
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			Outstanding Balance	Loans	Loan Payments	Outstanding Balance
LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			(Beginning of Period)	Received This Period	This Period	(End of Period)
First Name Middle Name			1			
Tischallo			1			
Last Name/Business Name						
Address						1
8:						
City	State	Zip Code	Date of Loan			
		=				
First Name	Middle Na	ame	1	and the state of t		
LastName/BusinessName		2			i i	
			4			
Address						-
City	State	Zip Code	D. C. Clare			
City	Otate	2100000	Date of Loan			
				_	Y	·
First Name	Middle Na	ame				
Last Name/Business Name						
			3			
Address						
City	State	Zip Code	Date of Loan			1.
First Name	Middle Na	ame				
Last Name/Business Name	•	11				
Address						
Oh.	1 con-	Tio Code	ll			
City	State	ZipCode	Date of Loan			
S. J. L.	 			→V: 502-454UW	Ţ	7 = 7= 1
First Name	Middle Na	ame				
Last Name (Dunings Name						
Last Name/Business Name						
Address						
71401000						
City	Stale	Zip Code	Date of Loan			
	1	E.				
4 TOTALO						-
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown			0 -	-0-	_0 -	-0-
in item 21 on summary page.)			1-0-	- 0	- 0	

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

NAME OF COMMITTEE					2. REPORT COV	ERING THE PERIOD
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED					FROM: 7/10/24	TO: 7/22/24
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			Outstanding Balance	Debt	Payments	Outstanding Balance
OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at			(Beginning	Incurred	This	(End
the end of the reporting period)			of Period)	This Period	Period	of Period)
First Name	Middle	Name			1	
	_					
Last Name/Business Name						
Address		-11				
, addiese						
City	State	Zip Code				
						12
Description of Obligation	_					
First Name	Middle	Name			Marie Sali - S	- WSC 10
	1					
Last Name/Business Name						
Address						
Address					1	
City	State	Zip Code				
Sily Sily	State	Zip Code				
Description of Obligation		<u> </u>			L	
First Name	Middle I	Name 1		·	#u======	W
	, wildelo	vario				
Last Name/Business Name	-1					
:=						
Address					1 0	ì
City	State	Zip Code				
old	State	Zip Gode				
Description of Obligation						
2555 pilot of Obligation						
First Name	Lateral La			# = = = = = = = = = = = = = = = = = = =		
I list dalle	Middle Name					
Last Name/Business Name						
Address			1			
Cibe	i .	2 2	1			
City	State	Zip Code				
Description of Obligation						
, a angulari						
First Name	Marie V				X-my	31 - 100 A
I hat Maille	Middle N	artie				
Last Name/Business Name			1			
Address						
		11				
City	State	Zíp Code				
Description of Obligation		41/				
4. TOTALS						605% II W
Total from "Outstanding Balance - (End of Period)" column must also be shown			- 8 -	- 0 -	-0 -	-5 C
in item 22.b on summary page.)						