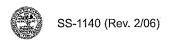
## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Single-Measure Committees (SMC)

4 DATE OF DEPONT	La NAME OF COMMITTEE	
1. DATE OF REPORT	2. NAME OF COMMITTEE	
10/24/24 2. SHORT NAME OF COMMITTEE (IF APPLICA	Yes 4 Johnson	Cty
2. SHORT NAME OF COMMITTEE (IF APPLICA	BLE)	
ADDRESS AND PHONE     Street or Rural Route	City State	Zip Code Phone
0- 0	m	'_
4. MEASURES SUPPORTED OR OPPOSED	Jahasan City 110	37602 423-914-9448
Ballot measur	res 1,23,24	
5.A. NAME OF POLITICAL TREASURER		5.B. DATEAPPOINTED
Van Maharey		
6. CATEGORY OR REPORT (Check one)		
FIRST SECOND THRO QUARTER QUARTER QUARTER	FOURTH PRE- PRE- QUARTER PRIMARY GENERAL	MID-YEAR YEAR-END SUPPLEMENTAL SUPPLEMENTAL
7.A. BEGINNING DATE OF REPORTING PERIOD	7.B. ENDING DATE OF REPO	DRTING PERIOD
J-17 2300 20	24 September	30 2024
8. (Check one)		,
expenditures total \$1,000 or less for	led disclosures because contributions (including in- this reporting period. I do solemnly swear or affirm omplied with all applicable provisions of the Campa	n that the information contained in this statement
\$1,000 and/or expenditures total mo tained in this statement is true and the	etailed financial disclosure because contributions (re than \$1,000 for this reporting period. I do solem nat the following page(s) are a complete and accurtical campaign sommittees by the Campaign Financial signature of political treasures.	anly swear or affirm that the information conate accounting of all contributions and expendicial Disclosure Act.
9. WITNESS SIGNATURE	signature of witness	10-28-2f date
10. SUMMARY		50 Km 00
a. BALANCE ON HAND LAST REPORT		s <u>\$8 50.00</u>
b. TOTAL RECEIPTS THIS PERIOD		\$ 200-
c. TOTAL DISBURSEMENTS THIS PERIOD		s 60 594 <b>Q</b> . 22
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.)	\$ 0.78
e. TOTAL LOANS OUTSTANDING		\$_ <del>-</del>
f. TOTAL OBLIGATIONS OUTSTANDIN	G	\$0 -



## **SUMMARY PAGE - SMC**

14 NAME OF COMMITTEE (In Full)		40 DEPORT COVER	INC THE DEDICE				
11. NAME OF COMMITTEE (In Full)		12. REPORT COVER	ING THE PERIOD				
Jes 4 Johnson CH		FROM: 7/23/24 1	0:9/30/24				
RECEIPTS  13. CONTRIBUTIONS (other than loans and interest)		· • • • • • • • • • • • • • • • • • • •					
a. Unitemized Contributions (\$100 or less from each source this	period)	\$ 200.00					
b. Itemized Contributions (over \$100 from each source this period	i)	\$					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)							
14. LOANS RECEIVED THIS REPORTING PERIOD		\$	-0-				
15. INTEREST RECEIVED THIS REPORTING PERIOD			-0-				
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in iter		20000					
DISBURSEMENTS							
17. EXPENDITURES (other than loan payments)							
a. Unitemized Expenditures (\$100 or less each payee this period) (m	nust be listed by	category - e.g., printing	, postage,				
patrosites	\$ 694	122					
	\$						
	\$	<u>.</u>					
	\$						
	\$		·				
	\$						
Total of Expenditures (\$100 or less each payee)		\$0-	T T T T T T T T T T T T T T T T T T T				
b. Itemized Expenditures (Over \$100 each payee this period)		7					
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. a			5949,22				
18. LOAN REPAYMENTS MADE THIS PERIOD			1				
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in			i				
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.)			<u> </u>				
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	າ 10.f.)\$	;_ <i>U</i>				

## **ITEMIZED STATEMENT OF EXPENDITURES - SMC**

1. NAME OF COMMITTEE 2. REPORT (				RING THE PERIOD			
Yes & Johnson City FROM:7/23/24					4 TO:9/30/24		
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 sigle payee during the period,							
must be itemized.)							
First Name	Middle Nan	ne i kara kara k	Purpose of Expenditure		Amount of Expenditure		
			mailer				
Last Name/Business Name  Mailwichs Tac				5545 22			
Address				P (1).			
1	rect	7:- 0-1-					
Tohnson City	State	Zip Code ₹7601					
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1		1				
Address							
City	State	Zip Code					
Oily .	Olaic	Zip Gode					
First Name	Middle Nan	ne santar san	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nan	ne i * samezarulu - s	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		1					
Last Name/Business Name							
Address				•			
City	State	Zip Code	· ·				
				1 1			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			-				
Address							
City	State	Zip Code	-				
			Purpose of Expenditure		Amount of Expenditure		
First Name	First Name Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
		·					
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES	1						
(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.)							

