

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT <u>7/7/2024</u>	2. NAME OF COMMITTEE <u>Protect the People's Voice</u>
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>Po Box 1731 Johnson City TN 37605 423.806.0606</u>	
4. MEASURES SUPPORTED OR OPPOSED <u>Ballot measures 1, 2, 3, 4</u>	
5.A. NAME OF POLITICAL TREASURER <u>Kate Craig</u>	5.B. DATE APPOINTED <u>5/7/2024</u>
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD <u>4/1/2024</u>	7.B. ENDING DATE OF REPORTING PERIOD <u>6/30/2024</u>
8. (Check one) A. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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	
_____ date <u>7/7/2024</u>	
9. WITNESS SIGNATURE _____ signature of witness	
_____ date <u>7/7/24</u>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0.00</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>2,100</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>975.66</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>1,124.34</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em;">Protect the People's Voice</p>	12. REPORT COVERING THE PERIOD 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)	\$ <u>100</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>2,000</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>2,100</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0.00</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0.00</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>2,100</u>
DISBURSEMENTS	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>0.00</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>975.44</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..)	\$ <u>975.44</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0.00</u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ <u>975.44</u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>66.73</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>109.50</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>176.23</u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>0.00</u>
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0.00</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$ <u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Protect the People's Voice</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>4/1/2024</i>	TO: <i>4/30/2024</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name	M.I.	Last Name/Organization Name <i>Washington County Democratic Party</i>		Amount of Contribution <i>\$1,000.00</i>
Address <i>PO Box 1731</i>				
City <i>Johnson City</i>	State <i>TN</i>	Zip Code <i>37605</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>Northeast Tennessee DSA</i>		Amount of Contribution <i>\$1,000.00</i>
Address <i>419 W. Market St.</i>				
City <i>Johnson City</i>	State <i>TN</i>	Zip Code <i>37604</i>		
Occupation				
Employer				
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				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount of Contribution <i>\$2,000.00</i>
(Carry forward to item 3. of next page if additional pages of this form are used.) (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 <i>Protect the People's Voice</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>4/1/2024</i>	TO: <i>6/30/2024</i>
			Amount \$ 0	
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 single payee during the period, must be itemized.)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Grocery Outlet # 39</i>		<i>Food for campaign launch</i>		<i>\$200.00</i>
Address <i>1103 N Roan St</i>				
City <i>Johnson City</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Zippity Print</i>		<i>Printing for door hangers</i>		<i>\$775.66</i>
Address <i>1060 W. Bagley Rd. #102</i>				
City <i>Berea</i>	State <i>OH</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
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 expenditures, this amount must be shown in item 17b. of summary.)				\$975.66

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Protect the People's Voice</i>			2. REPORT COVERING PERIOD		
			FROM: <i>4/1/2024</i>	TO: <i>4/30/2024</i>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>\$0</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name <i>Emma</i>	Middle Name	Description of In-Kind Contribution <i>Food for campaign launch</i>		Value of In-Kind Contribution <i>\$109.50</i>	
Last Name/Organization Name <i>Frye - Best Effort</i>					
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					
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 CONTRIBUTIONS				<i>\$109.50</i>	
(Carry forward to item 3 of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)					



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>Protect the People's Voice</i>				FROM: <i>4/1/2024</i>		TO: <i>4/30/2024</i>	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							<i>\$0</i>



ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD		
<i>Asked the People's Voice</i>				FROM: <i>4/1/2024</i>	TO: <i>6/30/2024</i>	
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						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS						<i>0</i>
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)						

