



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10-4-24 2.a. Candidate or Committee Name: M. Lyn Smith

2.b. If Committee, Name of Candidate: _____ 3. Election Date: NOV. 5, 2024

4. Campaign Address: _____
 City: _____ State: _____ Zip Code: _____ Phone: _____

5. Candidate Home Address: 1322 B Louisville Hwy
 City: MILLERSVILLE State: TN. Zip Code: 37072 Phone: (310) 801-5064
 Candidate Email Address: mlynsmith64@gmail.com

6. Office Sought: (include district number, if applicable) MILLERSVILLE City Commissioner

7. Name of Political Treasurer (may be candidate): Lori Smith
 Political Treasurer Email Address: lorismith64@icloud.com

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24

10. Detailed Disclosure: (Check one)
 This campaign 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. (Complete items 12.d., 12.e., and 12.f.)
 This campaign 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.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

<u>M. Lyn Smith</u> Candidate Signature	<u>10/4/24</u> Date	<u>Lori Smith</u> Political Treasurer Signature	<u>10-4-24</u> Date
<u>Regina Toole</u> Witness Signature	<u>10/4/24</u> Date	<u>Regina Toole</u> Witness Signature	<u>10/4/24</u> Date

12. Summary:

a. Balance On Hand Last Report	FILED	AM	PM	\$ <u>0</u>
b. Total Receipts This Period				\$ <u>2450.00</u>
c. Total Disbursements This Period				\$ <u>2145.31</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)				\$ <u>304.69</u>
e. Total Loans Outstanding				\$ <u>N/A</u>
f. Total Obligations Outstanding				\$ <u>N/A</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: M. Lynn Smith

14. Reporting Period: Start Date: 7.1.24 End Date: 9.30.24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 2450.00
- c. Loans Received This Reporting Period \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 2450.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 2145.31
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ ~~0~~ ~~2145.31~~
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 2145.31

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ 446.75
- c. Total In-Kind Contributions Received This Period \$ 446.75

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: M. Lyn Smith
2. Reporting Period: Start Date: 7.1.24 End Date: 9.30.24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Tony & Judy Middle Name: _____ Last Name: Daniel
Address: 5131 States Creek Access Rd. City: Goodlettsville State: TN. Zip Code: 37072
Occupation: Executive Assistant Employer: The Buntin Group
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 9.3.24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Bob & Mim Middle Name: _____ Last Name: Mayfield
Address: 1316 Louisville Hwy. City: Goodlettsville State: TN. Zip Code: 37072
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 8.29.24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Nancy Middle Name: _____ Last Name: Smith
Address: 1322 Louisville Hwy. City: Millersville State: TN. Zip Code: 37072
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 400.00 Date of Contribution: 8.29.24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Dan & Gina Middle Name: _____ Last Name: Toole
Address: 1326 Louisville Hwy. City: Millersville State: TN. Zip Code: 37072
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 9.11.24 Aggregate This Election: \$ _____

Total Contributions: \$ 900.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: M. Lyas Smith
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 900.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: WALT Middle Name: LEE Last Name: PANDER
Address: 156 Apoin Branch Rd. City: COTTONTOWN State: TN. Zip Code: 37048
Occupation: RETIRED Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 9-13-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: TAMMY Middle Name: _____ Last Name: NAUMAN
Address: 1039 LANGRABE DR. City: GOODLETTSVILLE State: TN. Zip Code: 37072
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 9-16-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: RICHARD Middle Name: _____ Last Name: OLSON
Address: 1303 FAIRVIEW LANE City: REDLANDS State: CA Zip Code: 92374
Occupation: GENERAL CONTRACTOR Employer: R.B. OLSON CONSTRUCTION
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 9-18-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: DEMMIS E LEIGHAN Middle Name: _____ Last Name: ROARK
Address: 156 Apoin Branch Rd. City: COTTONTOWN State: TN. Zip Code: 37048
Occupation: CONTRACTOR Employer: SELF
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 9-22-24 Aggregate This Election: \$ _____

Total Contributions: \$ 1450.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: M. Lyn Smith
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Maeshall Middle Name: Lyn Last Name: Smith
Address: 1322 B Louisville Hwy City: Millersville State: TN Zip Code: 37072
Occupation: Semi-Retired Edibe Employer: Hallmark Media
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 8-12-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Maeshall Middle Name: Lyn Last Name: Smith
Address: 1322 B Louisville Hwy City: Millersville State: TN Zip Code: 37072
Occupation: Semi-Retired Edibe Employer: Hallmark Media
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 900.00 Date of Contribution: 8-13-24 Aggregate This Election: \$ 1000.00

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 2450.00
(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: M. Lyn Smith
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Sumner County Election Commission OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 355 BELVEDERE DR. City: GALLATIN State: TN. Zip Code: 37066
Purpose of Expenditure: 10 YEAR VOTER MISTAKE FLASHDRIVE FOR M. LYN SMITH CAMPAIGN
Amount of Expenditure: \$ 75.00 Date of Expenditure: \$ 8-13-24

Business or Organization Name: MAIN STREET CHECKS / FARMERS BANK OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1250 LOUISVILLE HWY City: GADSDENSVILLE State: TN. Zip Code: 37072
Purpose of Expenditure: CHECKS FOR M. LYN SMITH CAMPAIGN ACCOUNT
Amount of Expenditure: \$ 16.49 Date of Expenditure: \$ 8-15-24

Business or Organization Name: CAMPAIGN PARTNER OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: WWW.CAMPAIGNPARTNER.COM City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: WEBSITE FOR M. LYN SMITH.ORG (MONTHLY)
Amount of Expenditure: \$ 29.00 Date of Expenditure: \$ 8-26-24

Business or Organization Name: DO DAT COMMUNICATIONS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1026 LAUREN CIRCLE City: MEMPHISONVILLE State: TN. Zip Code: 37075
Purpose of Expenditure: BUSINESS CARDS FOR M. LYN SMITH CAMPAIGN
Amount of Expenditure: \$ 87.80 Date of Expenditure: \$ 8-28-24

Business or Organization Name: VISTA PRINT OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: WWW.VISTAPRINT.COM City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: 500 BROCHURES / 500 DOOR HANGERS FOR M. LYN SMITH CAMPAIGN
Amount of Expenditure: \$ 342.20 Date of Expenditure: \$ 8-28-24

Total Expenditures: \$ 550.49
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: M. Lyn Smith
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 550.49

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: OFFICE MAX / DEDOT OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1502 GALATIA PIKE NORTH City: MADISON State: TN. Zip Code: 37115
Purpose of Expenditure: FILE FOLDER FOR M. LYN SMITH CAMPAIGN
Amount of Expenditure: \$ 35.49 Date of Expenditure: \$ 8-30-24

Business or Organization Name: STAPLES OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1012 GREENBROOK WAY City: HENDERSONVILLE State: TN. Zip Code: 37075
Purpose of Expenditure: COPY OF VOTER LIST FOR M. LYN SMITH CAMPAIGN
Amount of Expenditure: \$ 39.95 Date of Expenditure: \$ 9-3-24

Business or Organization Name: STAPLES OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1012 GREENBROOK WAY City: HENDERSONVILLE State: TN. Zip Code: 37075
Purpose of Expenditure: COPY OF VOTER LIST FOR M. LYN SMITH CAMPAIGN
Amount of Expenditure: \$ 59.16 Date of Expenditure: \$ 9-3-24

Business or Organization Name: STAPLES OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1012 GREENBROOK WAY City: HENDERSONVILLE State: TN. Zip Code: 37075
Purpose of Expenditure: CHARGE FOR ONE SAMPLE COPY / COPIER RAN OUT OF INK
Amount of Expenditure: \$.83 Date of Expenditure: \$ 9-3-24

Business or Organization Name: AMAZON OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: 6 PACK PLASTIC CLIPBOARDS FOR M. LYN SMITH CAMPAIGN
Amount of Expenditure: \$ 34.94 Date of Expenditure: \$ 9-3-24

Total Expenditures: \$ 720.86

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: M. Lyn Smith
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 720.86

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Stripe OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: https://stripe.com City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: PAYMENT PROCESSING FEE FOR ONLINE DONATION M. LYN SMITH.ORG
Amount of Expenditure: \$ 3.20 Date of Expenditure: \$ 9.3.24

Business or Organization Name: M. Lyn Smith OR
First Name: Marshall Middle Name: Lyn Last Name: Smith
Address: 1322B LOUISVILLE HWY. City: MILLERSVILLE State: TN Zip Code: 37072
Purpose of Expenditure: REIMBURSEMENT TO BOB MYFIELD FOR CASH DONATION OVERTAGE
Amount of Expenditure: \$ 50.⁰⁰ Date of Expenditure: \$ 9.9.24

Business or Organization Name: DoDat Communications OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1026 LAVERN CIRCLE City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: VAEP SIGNS FOR M. LYN SMITH CAMPAIGN
Amount of Expenditure: \$ 443.12 Date of Expenditure: \$ 9.9.24

Business or Organization Name: Stripe OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: https://stripe.com City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: PROCESSING FEE FOR ONLINE DONATION M. LYN SMITH.ORG
Amount of Expenditure: \$ 7.55 Date of Expenditure: \$ 9.13.24

Business or Organization Name: Stripe OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: https://stripe.com City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: PROCESSING FEE FOR ONLINE DONATION M. LYN SMITH.ORG
Amount of Expenditure: \$ 3.20 Date of Expenditure: \$ 9.16.24

Total Expenditures: \$ 1227.93

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: M. Lynn Smith
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1227.93

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Stripe OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: https://stripe.com City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: PROCESSING FEE FOR ONLINE DONATIONS M. Lynn Smith.ORG
Amount of Expenditure: \$ 3.20 Date of Expenditure: \$ 9-18-24

Business or Organization Name: SOS Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 706 SPACE PARK N. City: Goodlettsville State: TN. Zip Code: 37072
Purpose of Expenditure: BULK MAIL - 675 BROCHURES, PRINTED ADDIT. 225 for M. Lynn Smith
Amount of Expenditure: \$ 876.98 Date of Expenditure: \$ 9-18-24

Business or Organization Name: Campaign Partner OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: www.campaignpartner.com City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: WEBSITE FEE FOR M. Lynn Smith.ORG (monthly)
Amount of Expenditure: \$ 29.00 Date of Expenditure: \$ 9-24-24

Business or Organization Name: Stripe OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: https://stripe.com City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: PROCESSING FEE FOR ONLINE DONATION M. Lynn Smith.ORG
Amount of Expenditure: \$ 3.20 Date of Expenditure: \$ 9-25-24

Business or Organization Name: FARMERS BANK OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1250 LOUISVILLE HWY. City: Goodlettsville State: TN. Zip Code: 37072
Purpose of Expenditure: SERVICE CHARGE FOR M. Lynn Smith Campaign Acct. # 1721364
Amount of Expenditure: \$ 5.00 Date of Expenditure: \$ 9-30-24

Total Expenditures: \$ 2145.31

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: M. Lynn Smith
2. Reporting Period: Start Date: 7.1.24 End Date: 9.30.24
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 446.75

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: DODAT COMMUNICATIONS OR

First Name: Tommy Middle Name: _____ Last Name: Long

Address: 1136 STAGERS CREEK RD. City: Goodlettsville State: TN Zip Code: 37072

Occupation: RETIRED Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ 446.75 In-Kind Contribution Date: 9.11.24 Aggregate This Election: \$ _____

Description of In-Kind Contribution: 8- 48x48 Political Signs for M. Lynn Smith Campaign

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ 446.75

(Carry forward to the 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 the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: M. Lyn Smith
2. Reporting Period: Start Date: 7.1.24 End Date: 9.30.24
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

Loan Received For: Primary Election General Election Runoff (Local Elections Only)

Date of Loan: _____

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ 0

Loans Received \$ 0

Loan Payments \$ 0

Outstanding Loan (End)..... \$ 0

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: M. Lyn Smith
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">Description of Obligation:</td> </tr> <tr> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Outstanding Balance (Period Beginning)</th> <th style="width: 25%;">Debt Incurred This Period</th> <th style="width: 25%;">Payments This Period</th> <th style="width: 25%;">Outstanding Balance (Period End)</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table> </td> </tr> </table>	Description of Obligation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Outstanding Balance (Period Beginning)</th> <th style="width: 25%;">Debt Incurred This Period</th> <th style="width: 25%;">Payments This Period</th> <th style="width: 25%;">Outstanding Balance (Period End)</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Outstanding Balance (Period Beginning)</th> <th style="width: 25%;">Debt Incurred This Period</th> <th style="width: 25%;">Payments This Period</th> <th style="width: 25%;">Outstanding Balance (Period End)</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)								
\$	\$	\$	\$								

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">Description of Obligation:</td> </tr> <tr> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Outstanding Balance (Period Beginning)</th> <th style="width: 25%;">Debt Incurred This Period</th> <th style="width: 25%;">Payments This Period</th> <th style="width: 25%;">Outstanding Balance (Period End)</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table> </td> </tr> </table>	Description of Obligation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Outstanding Balance (Period Beginning)</th> <th style="width: 25%;">Debt Incurred This Period</th> <th style="width: 25%;">Payments This Period</th> <th style="width: 25%;">Outstanding Balance (Period End)</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)								
\$	\$	\$	\$								

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 0	\$ 0	\$ 0