CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 1/27/25 2.a. Candidate or Committee Name: Larry Dagen

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/5/24

4. Campaign Address: 4952 Navy Road

City: Millington State: TN. Zip Code: 38053 Phone: 901-872-3773

5. Candidate Home Address: 8038 Julie Cove

City: Millington State: TN. Zip Code: 38053 Phone: 901-351-1145

Candidate Email Address: larrydagen@aol.com

6. Office Sought: (include district number, if applicable) Millington Mayor

7. Name of Political Treasurer (may be candidate): Amy C. Smith

Political Treasurer Email Address: amycsmith007@gmail.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: 10/28/24 End Date: 12/31/24

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.

Candidate Signature	Date	Political Treasurer Signature	Date
[signature]	1/26/25	Amy C. Smith	1/27/25

Witness Signature	Date	Witness Signature	Date
Lois Bagenschneider	1-26-25	Tonya Bleuat	1/27/25

12. Summary:

a. Balance On Hand Last Report ..... $ 1329.76

b. Total Receipts This Period ..... $ 2946.52

c. Total Disbursements This Period ..... $ 4023.47

d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... $ _____

e. Total Loans Outstanding ..... $ _____

f. Total Obligations Outstanding ..... $ _____

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Larry Dagen

14. Reporting Period: Start Date: 10/28/24 End Date: 12/31/24

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) ..... $ 1946.52

c. Loans Received This Reporting Period ..... $ 1000.00

d. Interest Received This Reporting Period ..... $ _____

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 2946.52

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 3023.17
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 1000.00

c. Total Obligation Payments Made This Period ..... $ 4023.17

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 4023.17

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ _____

b. Itemized In-Kind Contributions Received This Period ..... $ 2257.95

c. Total In-Kind Contributions Received This Period ..... $ 2257.95

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: See Attached
2. Reporting Period: Start Date: ______ End Date: ______
3. Total campaign contributions from preceding page (enter $0 if first page) $______

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: $______

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: $______
(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.)

Date of Contribution/ Deposited	Amount	Total Amount	First Name	Middle Name	Last Name	Address	Address 2	City	State	Zip	Employer	Occupation
10/28/24	$ 100.00		Kevin		Fleming	8132 Hill Street		Millington	TN	38053		
10/28/24	$ 100.00		Larry		Barnes							Retired
11/1/24	$ 200.00		Lois		Bogenschneider	8121 Soderlund Drive		Millington	TN	38053	Self	Small Business Owner
11/1/24	$ 200.00		Harumi		Gross	4312 Shelby Road		Millington	TN	38053		Retired
11/2/24	$ 80.00		Karrol		Warberg	8018 Wilkinsville Road		Millington	TN	38053	Attorney	CloseTrak
11/2/24	$ 100.00		Bill		Powell	2203 Washington Avenue		Memphis	TN	38104		Retired
11/2/24	$ 100.00		Suzanne		Myers						NA	NA
12/31/24	$ 10.80		Katelyn		Dagen	407 Angelus Street		Memphis	TN	~~38104~~ 38112		
12/31/24	$ 10.80		Leanna		Dagen	8038 Julie Cove		Millington	TN	38053	Self	Small Business Owner
12/31/24	$ 250.00		Raymond		Rosas	2237 Sunset Rd		Germantown	TN	38138		
12/31/24	$ 257.94		Marc		Diaz	41913 N Signal Hill Ct		Anthem	AZ	85086	Attorney	CloseTrak
12/31/24	$ 257.94		Justin		Johnson	1037 Moorefield Rd.		Collierville	TN	38017		
12/31/24	$ 21.10		Shelby		Faulkner	2540 Forest Ave	Apt 003	Kansas City	MO	64108		
12/31/24	$ 257.94		Jeffrey		Skonhovd	275 E Olive Ave		Sunnyvale	CA	94086		

TOTAL CONTRIBUTIONS $ 1,946.52

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: See Attached

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Total in-kind contributions from preceding page (enter $0 if first page) $ ______________

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: ______________ 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: ______________

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: $ ______________

(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.)

Date of In-kind Contribution	Total Contributions this	Total Amount	Description of In-kind	First Name	Middle Nam	Last Name	Address	Address 2	City	State	Zip	Employer	Occupation
10/31/24	$ 1,046.00	$ 1,046.00	Printing	Flag City Towing			7265 TN-3		Millington	TN	38053		
10/31/24	$ 166.95	$ 156.15	Printing	Leanna		Dagen	8038 Julie Cove		Millington	TN	38053	Self	Small Business Owner
10/31/24	$ 100.00	$ 100.00	Printing	Living Water Christian Bookstore			4953 Navy Rd		Millington	TN	38053		
11/15/24	$ 945.00	$ 1,045.00	Ad Placement	Living Water Christian Bookstore			4952 Navy Rd		Millington	TN	38053		

TOTAL In-Kind: $ 2,257.95

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: See Attached

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Total campaign expenditures from preceding page (enter $0 if first page) $ ______________

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: ______________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ______________

Purpose of Expenditure: ______________

Amount of Expenditure: $ ______________ Date of Expenditure: $ ______________

Business or Organization Name: ______________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ______________

Purpose of Expenditure: ______________

Amount of Expenditure: $ ______________ Date of Expenditure: $ ______________

Business or Organization Name: ______________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ______________

Purpose of Expenditure: ______________

Amount of Expenditure: $ ______________ Date of Expenditure: $ ______________

Business or Organization Name: ______________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ______________

Purpose of Expenditure: ______________

Amount of Expenditure: $ ______________ Date of Expenditure: $ ______________

Business or Organization Name: ______________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ______________

Purpose of Expenditure: ______________

Amount of Expenditure: $ ______________ Date of Expenditure: $ ______________

Total Expenditures: $ ______________

(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.)

Date of Expenditure	Business or Organization Name	Middle Name	Last Name	Address	Address 2	City	State	Zip	Purpose of Expenditure	Amont of Expenditure
10/28/24	Atomic Graphics			8370 US Highway 51		Millington	TN	38053	Printing	$ 329.25
10/31/24	Imageology			5018 Navy Rd		Millington	TN	38053	Printing	$ 648.75
11/1/24	DirectFX			601 N. Third Street		Memphis	TN	38107	Printing	$ 2,045.47
12/26/24	Leanna Dagen			8038 Julie Cove		Millington	TN	38053	11/1 Loan Repayment	$ 1,000.00
12/31/24	Paypal			2211 North First Street		San Jose	CA	95131	Processing Fees	$ 34.24

TOTAL EXPENSES: $ 4,023.47

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: See Attached
2. Reporting Period: Start Date: ____________ End Date: ____________
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)........ $____________

Loans Received........ $____________

Loan Payments........ $____________

Outstanding Loan (End)........ $____________

Date of Loan	Outstanding L	Loan Received	Loan Payments	Outstanding L	First Name	Middle Nam	Last Name	Address	Address 2	City	State	Zip
10/31/24	$ -	$ 1,000.00	$ 1,000.00	0	Leanna		Dagen	8038 Julie Cove		Millington	TN	38053

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Larry Dagen
2. Reporting Period: Start Date: ________ End Date: ________
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period. N/A

Business Name: ________
First Name: ________ Middle Name: ________
Last Name: ________
Address: ________
City: ________
State: ________ Zip Code: ________

Description of Obligation:			
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: ________

Description of Obligation:			
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: ________

Description of Obligation:			
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: ________

Description of Obligation:			
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	Payments This Period	Outstanding Balance (Period End)
$	$	$	$