CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 9/27/24 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: amycsmith1007@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: 8/5/24 End Date: 9/27/24

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: 9/30/24	Political Treasurer Signature: Amy C. Smith	Date: 10/1/24
Witness Signature	Date: 9/30/24	Witness Signature: Tonya Blunt	Date: 10/1/24

12. Summary:

a.	Balance On Hand Last Report	$ 0
b.	Total Receipts This Period	$ 4790.00
c.	Total Disbursements This Period	$ 4362.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 428.00
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Larry Dagen

14. Reporting Period: Start Date: 8/5/24 End Date: 9/27/24

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 430.00
(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) ..... $ 4360.00

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

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.) ..... $ 4790.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 4362.57
(Note: Effective January 16, 2023, all expenditures must be itemized.)

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

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

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 4362.57

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 200.00

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

c. Total In-Kind Contributions Received This Period ..... $ 200.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Larry Dagen

2. Reporting Period: Start Date: 8/5/24 End Date: 9/27/24

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: Chuck Hurt Enterprises OR

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

Address: 6334 Millington Rd. City: Millington State: TN Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 1000 00 Date of Contribution: 8/5/24 Aggregate This Election: $ 1000 00

Business or Organization Name: _____ OR

First Name: Al & Barbara Middle Name: _____ Last Name: Bell

Address: 4810 Easley Avenue City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 100.00 Date of Contribution: 8/14/24 Aggregate This Election: $ 100 00

Business or Organization Name: _____ OR

First Name: Bruce Middle Name: _____ Last Name: Rasmussen

Address: 4755 Bateman Rd. City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 200 00 Date of Contribution: 8/14/24 Aggregate This Election: $ 200 00

Business or Organization Name: _____ OR

First Name: Ginny Middle Name: _____ Last Name: Music

Address: 6131 Twin Oaks City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 150 00 Date of Contribution: 8/26/24 Aggregate This Election: $ 150 00

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: _____

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

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: Doug & Melissa Middle Name: _____ Last Name: Dakin

Address: 4936 Bland Avenue City: Millington State: TN. Zip Code: 38053

Occupation: _____ 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: $ 250.00

Business or Organization Name: _____ OR

First Name: Gene Middle Name: _____ Last Name: Holmes

Address: 6759 Woodstock Cuba City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $1000.00 Date of Contribution: 9/7/24 Aggregate This Election: $ 1000.00

Business or Organization Name: _____ OR

First Name: Bruce Middle Name: _____ Last Name: Rasmussen

Address: 4755 Bateman Rd. City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $50.00 Date of Contribution: 9/7/24 Aggregate This Election: $ 50.00

Business or Organization Name: _____ OR

First Name: Linda Middle Name: _____ Last Name: Cooper

Address: 4672 Bill Knight City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $20.00 Date of Contribution: 9/19/24 Aggregate This Election: $ 20.00

Total Contributions: $ 2770.00

(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: _____

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

3. Total campaign contributions from preceding page (enter $0 if first page) $ 2770.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Avelyn Middle Name: _____ Last Name: Banks

Address: 7091 Alder Wood Dr. City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $150.00 Date of Contribution: 9/19/24 Aggregate This Election: $ 150.00

Business or Organization Name: _____ OR

First Name: Robert Middle Name: _____ Last Name: Selph

Address: 6980 Alder Wood Dr. City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $40.00 Date of Contribution: 9/19/24 Aggregate This Election: $ 40.00

Business or Organization Name: _____ OR

First Name: Oscar Middle Name: _____ Last Name: Brown

Address: 4237 Colorday Cove City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $100.00 Date of Contribution: 9/19/24 Aggregate This Election: $100.00

Business or Organization Name: _____ OR

First Name: Randy Middle Name: _____ Last Name: Hendon

Address: 1204 Yorkshire Dr. City: Memphis State: TN. Zip Code: 38119

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $110.00 Date of Contribution: 9/19/24 Aggregate This Election: $ 110.00

Total Contributions: $ 3170.00

(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: _____

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

3. Total campaign contributions from preceding page (enter $0 if first page) $ 3170.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Emmett Middle Name: _____ Last Name: Thornbury

Address: 6302 Leamont Drive City: Millington State: TN Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 100.00 Date of Contribution: 9/19/24 Aggregate This Election: $ 100.00

Business or Organization Name: _____ OR

First Name: John & Pam Middle Name: _____ Last Name: Smith

Address: 6875 Juana Drive City: Millington State: TN. Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 20.00 Date of Contribution: 9/19/24 Aggregate This Election: $ 20.00

Business or Organization Name: _____ OR

First Name: Abe Middle Name: _____ Last Name: Massey

Address: 7275 Oakville Dr. City: Germantown State: TN. Zip Code: 38138

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 500.00 Date of Contribution: 9/17/24 Aggregate This Election: $ 500.00

Business or Organization Name: _____ OR

First Name: Michael Middle Name: _____ Last Name: Bogenschneider

Address: 8036 B. Street City: Millington State: TN Zip Code: 38053

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 1000.00 Date of Contribution: _____ Aggregate This Election: $ 1000.00

Total Contributions: $ 4790.00

(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: Larry Dagen
2. Reporting Period: Start Date: 8/5/24 End Date: 9/27/24
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: Atomic Graphics **OR**
First Name: ____ Middle Name: ____ Last Name: ____
Address: 8370 US Hwy 51N City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: printing
Amount of Expenditure: $ 1569.43 Date of Expenditure: $ 8/22/24

Business or Organization Name: Atomic Graphics **OR**
First Name: ____ Middle Name: ____ Last Name: ____
Address: 8370 U.S. Hwy 51N City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: printing
Amount of Expenditure: $ 856.05 Date of Expenditure: $ 8/29/24

Business or Organization Name: Atomic Graphics **OR**
First Name: ____ Middle Name: ____ Last Name: ____
Address: 8370 US. Hwy 51 City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: Printing
Amount of Expenditure: $ 867.03 Date of Expenditure: $ 9/3/24

Business or Organization Name: Atomic Graphics **OR**
First Name: ____ Middle Name: ____ Last Name: ____
Address: 8370 U.S. Hwy 51 City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: Printing
Amount of Expenditure: $ 1070.06 Date of Expenditure: $ 9/19/24

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: $ 4362.57
(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: Larry Dagen
2. Reporting Period: Start Date: 8/5/24 End Date: 9/27/24
3. Total in-kind contributions from preceding page (enter $0 if first page) $ 0

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: Smith Investments **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 4465 Babe Howard Blvd City: Millington State: TN Zip Code: 38053
Occupation: ______ Employer: ______
In-Kind Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: $200.00 In-Kind Contribution Date: 9/19/24 Aggregate This Election: $200.00
Description of In-Kind Contribution: room rental

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.)