CC 19

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10.6.26 2.a. Candidate or Committee Name: Shannon Burgdorf

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8.6.26

4. Campaign Address: 138 Riviera Dr

City: Hend State: TN Zip Code: 37075 Phone: 615.319.5975

5. Candidate Home Address: same

City: _____ State: _____ Zip Code: _____ Phone: _____

Candidate Email Address: spburgdorf@proton.me

6. Office Sought: (include district number, if applicable) County commission dist. 19

7. Name of Political Treasurer (may be candidate): Mark Burgdorf

Political Treasurer Email Address: mark@hale properties.net

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: 7.28.26 End Date: 9.30.26

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.

SPBurgdorf — Candidate Signature — 10.6.26 — Date

Mark Burgdorf — Political Treasurer Signature — 10-6-26 — Date

Ben Burgdorf — Witness Signature — 10/8/26 — Date

Ben Burgdorf — Witness Signature — 10/8/26 — Date

12. Summary:

a.	Balance On Hand Last Report	$ 339.59
b.	Total Receipts This Period	$ 0
c.	Total Disbursements This Period	$ 36.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 303.59
e.	Total Loans Outstanding	$ 2,000.00
f.	Total Obligations Outstanding	$ 2,000.00

FILED AM PM OCT 09 2026 SUMNER COUNTY ELECTION

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Shannon Burzdorf

14. Reporting Period: Start Date: 7.28.26 End Date: 9.30.26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0
(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) ..... $ 0

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.) ..... $ 0

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 36.00
(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

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 36.00

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

b. Itemized In-Kind Contributions Received This Period ..... $ 0

c. Total In-Kind Contributions Received This Period ..... $ 0

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 2,000.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: _____

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: Regions Bank **OR**

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

Address: _____ City: Enid State: ____ Zip Code: _____

Purpose of Expenditure: checking fees $18x2

Amount of Expenditure: $ 36.00 Date of Expenditure: $ 8.17.26 & 9.16.26

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: $ 36.00

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Shannon Burzday

2. Reporting Period: Start Date: 7.28.26 End Date: 9.30.26

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: Regions Bank **OR**

First Name: Shannon Middle Name: Proctor Last Name: Burzday

Address: 138 Riviera Dr. City: Hend State: TN Zip Code: 37075

Outstanding Loan Balance (Beginning) ..... $ 2,000.00

Loans Received ..... $ 0

Loan Payments ..... $ 0

Outstanding Loan (End) ..... $ 2,000-

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

Date of Loan: 1.16.26

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) ..... $_____

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Shanna Burgdorf

2. Reporting Period: Start Date: 7.29.26 End Date: 9.30.26

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: Regions Bank
First Name: Shanna Middle Name: Procter
Last Name: Burgdorf
Address: 138 Riviera Dr.
City: Hend -
State: TN Zip Code: 37075

Description of Obligation:	loan to self		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 2,000.00	$ 0	$ 0	$ 2,000

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)
$	$	$	$