CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

P	3.							
	1. DATE OF REPORT 2.a. NA	AME OF CANDIDATE OR COMMITTEE						
	10-7-2022 R	10-7-2022 Robert "Bob" Majola						
	2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE						
		11-08, 2022						
	4.a. CAMPAIGN ADDRESS AND PHONE	11 00 2000						
	Street or Rural Route City	State Zip Code Phone						
	425 Paisley Way Galla	In TN 37066 615-305-9	899					
	4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.))	•••					
	Street or Rural Route City	State Zip Code Phone						
	5. OFFICE SOUGHT (include district number, if applicable	e) 6. NAME OF POLITICAL TREASURER (may be candidate)						
	Gallatin City Council	Cindy Davis						
ĺ	7. CATEGORY OR REPORT (Check one)							
		JRTH PRE- PRE- MID-YEAR YEAR-END						
	QUARTER QUARTER QUARTER QUA	JRTH PRE- PRE- MID-YEAR YEAR-END <u>RTER PRIMARY GENERAL SUPPLEMENTAL</u> SUPPLEMENTA						
	8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD						
	07-01-2012	09-30-2022						
	9. (Check one)	- www.						
	a. This campaign is exempt from detailed disclosur	re because contributions (including in-kind) received total \$1,000 or less AND exp						
	tures total \$1,000 or less for this reporting period	 d. (Complete items 12d., 12e. and 12f.) 	endi-					
١	 This campaign is required to file a detailed finan- and/or expenditures total more than \$1,000 for the 	ncial disclosure because contributions (including in-kind) received total more than	\$1,000					
J		and reporting period.						
-	10. I/we do solemnly swear or affirm that the information of	contained in this campaign financial disclosure report is true and that this report	100 00000					
ı	accurate accounting of campaign contributions and exp	penditures required to be reported by the candidate committee by the Campaign						
I	Financial Disclosure Act. Additionally, I/we swear or at	Iffirm that no campaign contributions have been expended for the personal financial	al					
ı	benefit of the candidate of for any other nonpolitical pu	urpose as defined by the federal internal revenue code.						
١		Carrie Davis value 1						
I	signature of candidate dai	ate signature of political treasurer dete	22					
١	signature of carididate da	signature oppolitical treasurer dete						
ł	11. WITNESS SIGNATURE							
	Frances a. Maiola	1-2/	_ ,					
	signature of witness date	te signature of witness date	1/2					
	uali	agriature of witness date	'					
	12. SUMMARY							
		0.101						
	a. BALANCE ON HAND LAST REPORT	\$ <u>3-136.07</u>						
	TOTAL DESCRIPTION	KO AA						
	b. TOTAL RECEIPTS THIS PERIOD	\$ <u>50.00</u>						
1	c. TOTAL DISBURSEMENTS THIS PERIOD	. 30. –						
	c. TOTAL DISBURSEMENTS THIS PERIOD	FILED						
	d. BALANCE ON HAND (12.a. plus 12.b. minus 12.6)	s_3136.0	7					
ŀ	(
	e. TOTAL LOANS OUTSTANDING	OCT 1 1 2022						
1		THE COUNTY						
1	f. TOTAL OBLIGATIONS OUTSTANDING	ELECTION COMMISSION						
-	f. TOTAL OBLIGATIONS OUTSTANDING	\$	-					



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
DECEMPTO	FROM: 7-1-22 TO: 9-30-22							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 50,-							
b. Itemized Contributions (over \$100 from each source this period)	\$							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	50 s							
16. LOANS RECEIVED THIS REPORTING PERIOD	s							
17. INTEREST RECEIVED THIS REPORTING PERIOD	s							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s _50, -							
DISBURSEMENTS								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postage, gasoline)							
Bank charge \$ 5.00)							
\$								
Check# 0195 09/12/22 \$ 25.00	0							
\$								
\$								
\$								
\$								
\$								
Total of Expenditures (\$100 or less each payee)	\$_30.~							
b. Itemized Expenditures (Over \$100 each payee this period)	\$							
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>30, -</u>							
20. LOAN REPAYMENTS MADE THIS PERIOD	s							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s <u>30. –</u>							
22.IN-KIND CONTRIBUTIONS								
Unitemized in-kind contributions (\$100 or less from each source this period)	\$							
b. Itemized in-kind contributions (over \$100 from each source this period)	\$O							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)s\$							
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)	.\$							
b. Itemized Obligations Outstanding (Over \$100 each)	.\$0							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)							

SS-1133 (Rev. 4/02)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR CO	OMMITTEE	306 M	aiola 2. REPORT COV	/ERING THE PERIOD	
3. TOTAL ITEMIZED CAMPAIGN	CONTRIBITIONS ED		PAGE (enter \$0 if first itemized page)	Amount	
			ON (contributions totaling more than \$100 from any contrib	50	
irst Name	Middle Nar		Contribution Received For:	Amount of Contribution	
ast Name/Organization Name	plenow	n	☐ Primary Election ☐ General Election	50,-	
ddress	MANION		Runoff (Local Elections Only)		
ity	State	Zip Code	Date of Contribution	Aggregate This Election	
ccupation			- 9/2022		
mployer					
irst Name	Middle Na	me	Contribution Received For:	Amount of Contribution	
ast Name/Organization Name		-	☐ Primary Election ☐ General Election	Anothe of Contribution	
ddress		***************************************	Runoff (Local Elections Only)		
Sity	State	Zip Code	Date of Contribution	<u> </u>	
ccupation	State	Zip Code	Date of Contribution	Aggregate This Election	
-					
mployer					
irst Name	Middle Nan	me	Contribution Received For:	Amount of Contribution	
ast Name/Organization Name			Primary Election General Election		
ddress			Runoff (Local Elections Only)		
ity	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
mployer					
irst Name	Middle Nar	пе	Contribution Received For:	Amount of Contribution	
ast Name/Organization Name			☐ Primary Election ☐ General Election		
ddress			Runoff (Local Elections Only)		
ity	State	Zip Code	Date of Contribution	Aggregate This Election	
ccupation					
mployer	-				
 TOTAL ITEMIZED CONTRIBUTION (Carry forward to item 3. of next page if (If this is the last page of contributions,) 	additional pages of this form a	are used.) item 15b. of summary.		50, -	

SS-1131(Rev. 2/06)

RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE O	R COMMITTEE	130b /	naida 2. REPORT CO	VERING THE PERIOD TO: 9-30-2
3. Total itemized in-kind	CONTRIBUTIONS		GE (enter \$0 if first itemized page)	Amount
			RIBUTION (in-kind contributions totaling more than \$100 from an	y contributor during the period)
First Name		iddle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	St	ate Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
First Name	М	ddle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)	
Address		*	Date of In-Kind Contribution	Aggregate this Election
City	St	ate Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
ïrst Name	Mi	ddle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)	
ddress			Date of In-Kind Contribution	Aggregate this Election
Dity	Sta	ate Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
irst Name	Mi	ddle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
ddress	-		Date of In-Kind Contribution	Aggregate this Election
City	Sta	te Zip Code	Description of In-Kind Contribution	
ccupation	Employer	•		
rst Name	Mid	dle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
st Name/Organization Name	'		☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)	
ddress			Date of In-Kind Contribution	Aggregate this Election
ty	Stat	e Zip Code	Description of In-Kind Contribution	
ccupation	Employer			
Carry forward to item 3. of next pa	ge if additional pages of this			\bigcirc
(If this is the last page of in-kind co	ntributions, this amount mu	st be shown in item 22b, of sum	mary.) Page of	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE		Bob M	ninla		ERING THE PERIOD	
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	TI IDES E	POM PRECEDINO DA	asora	111100	TO: 9-30-22	
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED EXPENDITURE	GE (enter \$0 if first itemized p	age)	0	
First Name	Middle I	Name	Purpose of Expenditure	0 to any payee during the	The second secon	
Last Name/Business Name			- Experience		Amount of Expenditure	
Address						
City						
Jan	State	Zip Code				
First Name	Middle N	lame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			-		, and an or Experialitie	
Address			_			
City	State	7:- 0-1-				
	State	Zip Code				
First Name	Middle Na	ame	Purpose of Expenditure	STATE OF STREET	Amount of Expenditure	
Last Name/Business Name					Amount of Experiditure	
Address						
City	State	Zip Code	1			
		Lip code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name			-		and apprint	
Address			1			
City	State	Zip Code				
Tirst Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name					= - ponditure	
ddress						
ity	State	Zip Code				
irst Name						
1 36 CB1025	9	Purpose of Expenditure		Amount of Expenditure		
st Name/Business Name						
ldress						
y	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of	f this form are	e used.)				
(If this is the last page of expenditures, this amount must be SS-1129 (Rev. 4/02)	e shown in it	em 19b. of summary.)		5		

RDA 1159

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE		E	30b 1	nai	la	2. F			THE PERIOD 9-30-22
3. COMPLETE THE APPROPRIATE ITEMS FO	R EACH IT	EMIZ	ED LOAN (Id	ans totaling n	ore than \$100 fro	om any source	during the perio	od)	
Complete the Following for the Source of the Loan									
First Name Middle Name Last Name/Prganization Name			Outstanding Lo (Beginning of		Loans Received		oan ments		ling Loan Balance d of Period)
Election Commission	97		Loan Receive	d For			Date of Loan		
	Zip Code			Date of Loan 7/8/20 ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐ Runoff (Local Elections Only)					2022
City Gallatin State			1	Local Elections				dri	Ve
List All Endors		ntors f	for Above Loar		ice is needed p	please attach	a page)	I LELE VI	
First Name	Middle Name			First Name				Middle Na	me
Last Name/Organization Name U5PS				Last Name/O	ganization Name		***		
Address				Address					
City Gallotin	State	Zip C	Code	City		2040		State	Zip Code
Amount Guaranteed Outstanding Stanys	60	. –	-	Amount Guar	anteed Outstandi	ing			
First Name	Middle Name			First Name				Middle Na	ime
La Name/Organification/Name Prontin	e			Last Name/C	rganization Nam	e			
Address				Address					
City	State	Zip (Code	City				State :	Zip Code
Amount Guaranteed Outstanding 9/6/22	85		22	Amount Gua	anteed Outstand	ing			
First Name	Middle Name	200000		First Name				Middle N	lame
(ast Name/Organization Name)	1			Last Name/C	rganization Nam	ie			
Address				Address	110000 3000				
City	State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding 500 electron Cards 122/22	85	7.2	22	Amount Gua	ranteed Outstand	ding			1.00
First Name	Middle Name	BR B	2142-001-001	First Name			Trees State State	Middle N	ame
Last Name/Organization Name	1			Last Name/	Organization Nam	ne		1	
Address				Address	unitered				
City	State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding	1			Amount Gua	ranteed Outstan	ding			
Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on (Total loan payments should also be shown in item 20. on (Total outstanding loan balance should also be shown in item 20.)	summary page summary page	e.))		Loan Balance og of Period)	Loans Received	Lo Payr	an nents	Outstanding Loan Baland (End of Period)



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	AME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD			
		70		FROM:	TO:				
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting per	\$100 owe		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)			
First Name	Middle Nan	ne							
Last Name/Business Name	1								
Address				ži.	la i				
City	State	Zip Code							
Description of Obligation		1							
First Name	Middle Na	me							
Last Name/Business Name	1		_						
Address									
City	State	Zip Code							
Description of Obligation	1								
First Name	Middle Na	me							
Last Name/Business Name	1								
Address									
City	State	Zip Code							
Description of Obligation									
First Name	Middle Na	ame			THE SECTION AND ADDRESS.				
Last Name/Business Name			_			595			
Address									
City	State	Zip Code							
Description of Obligation				_1		1			
First Name	Middle N	ame							
Last Name/Business Name Address									
					<i>y</i> .				
City	State	Zip Code							
Description of Obligation									
4. TOTALS									
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mu	ıst also be showi	n						



Page _____ of _____