# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.	a. NAME OF CA	ANDIDATE OR	COMMITTEE		NAC YAS DES
Ø1-24-2023	ICK MU	LRPHY	FOR C	MY COUNC	11
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	
eick Mulepty			Kir dirik	11-08-2	ゆるる
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route C	ity		State	Zip Code	Phone
940 lakestore DR.	Gallan	IN	TN	37066	THOIG
4.b. CANDIDATE'S HOME ADDRESS (if different th		, ,		CIGUE	
Street or Rural Route C	ity		State	Zip Code	Phone
OFFICE SOUGHT (include district number, if ap	unlicable)	6. NAME	OF BOLITICAL	TREASURER (may be	nandidata)
	ZICT3			VOODARD	carididate)
7. CATEGORY OR REPORT (Check one)	acto	Picci	DITTI V	COLARD	
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MIDVEAR	VEADEND
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING	DATE OF REP	ORTING PERIOD	
19-30-2022		Ø1-1	5-202	3	
9. (Check one)					
<ul> <li>a.</li></ul>					0 or less AND expendi-
<ul> <li>b. This campaign is required to file a detaile and/or expenditures total more than \$1,0</li> </ul>	ed financial disclo	osure because ting period.	contributions (	including in-kind) receive	d total more than \$1,000
10. I/we do solemnly swear or affirm that the infor	mation contained	d in this campa	ign financial d	isclosure report is true a	nd that this report is an
accurate accounting of campaign contributions	and expenditure	s required to b	e reported by t	he candidate committee	by the Campaign
Financial Disclosure Act. Additionally, I/we swi benefit of the candidate or for any other nonpo	litical purpose as	defined by the	federal interna	ave been expended for tr al revenue code.	ne personal financial
21/1m		1 2002	91. 1	TID 1	
KNY	4 THE		Meredi	Doodan	01.24.23
signature of candidate	date		signature	of political treasurer	date
44 MATERIA CIONATURE			Λ		
11. WITNESS SIGNATURE				00	
Um 76. Chis	1-24-23	3	Ilhum	K. Vin	1-24-23
signature of witness	date		sign	ature of witness	date
12. SUMMARY	*				
a. BALANCE ON HAND LAST REPORT				\$ 7130.19	
b. TOTAL RECEIPTS THIS PERIOD				s 0.00	
b. TOTALINEGEN TO THIS PERIOD	***************************************	•••••••			
c. TOTAL DISBURSEMENTS THIS PERIOD	•••••			<del>1</del> 34.19	
d. BALANCE ON HAND (12.a, plus 12.b, minu	is 12 c \			e	0.00
d. BALANCE ON HAND (12.a. plus 12.b. minu	13 12.0.)F	ILED		3	
e. TOTAL LOANS OUTSTANDING	AM		PM	\$	Q.00
		<b>2</b> 4 2023			0.00
f. TOTAL OBLIGATIONS OUTSTANDING				\$	$\Phi.\Phi$

SS-1109 (Rev. 2/06)

## **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
The state of the s	FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	s Ø.OO
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. an	nd 15.b.) \$\$
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>Q</u> .QQ
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b	s <u> </u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by ca	ategory - e.g., printing, postage, gasoline)
CAMPAIGN FLANT MEETING SNACKS \$_	76,14 MD 01.21.2023
leman Marketings	38.24
\$ _	
\$	
N	
A	
s	
\$	
	D 01-21-23
Total of Expenditures (\$100 or less each payee)	s <u>+14.38</u> 38.24
b. Itemized Expenditures (Over \$100 each payee this period)	24410
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19	9.b.)s <u>5476.98</u> 013
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 1929.35
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 1	2.c.) 7130 s 7406.33
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period	od)\$
b. Itemized in-kind contributions (over \$100 from each source this period)	s
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a	. and 22.b.)\$ 0.40
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	\$
e. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be sh	nown i item 12.f.)\$ _ Ø . Ф Ф

# **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

NAME OF CANDIDATE OR COMM				2. REPORT COVE	RING THE PERIOD
PICK MURPHY FO					
3. TOTAL ITEMIZED CAMPAIGN CON	ITRIBUTIONS FR	ROM PRECEDING	PAGE (enter \$0 if first itemized p	rage)	Amount
4. COMPLETE THE APPROPRIATE ITEM	S FOR EACH ITEM	IIZED CONTRIBUTIO	ON (contributions totaling more than S	\$100 from any contribute	
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	/
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
	Outo	Lip Good	Date of Contribution		Aggregate This Election
Occupation				/	
Employer					
First Name	Middle Na	amo.	Contribution Received For	_/	Amount of Contribution
	Iviidae N	arrie			Amount of Contribution
Last Name/Organization Name			Primary Election	✓ General Election	
Address		,	Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		1/1			
Employer					
			1		
First Name	Middle Na	me /	Contribution Received For		Amount of Contribution
Last Name/Organization Name		-/-	Primary Election	General Election	
Address		/	Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer	/				
/					
First Name	Middle Na	ime	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
		Marian Company			
5. TOTAL ITEMIZED CONTRIBUTION (Carry forward to item 3. of next page if addition (If this is the last page of contributions, this are	onal pages of this form				Ø.00

## **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR	COMMITTEE				2. REPORT COVER	RING THE PERIOD			
EICK MURPHY FOR CATY COUNCIL FROM: 10.30-2						TO: 61-15-23			
3. TOTAL ITEMIZED IN-KIND		1		(enter \$0 if first itemized page	e)	Amount			
4. COMPLETE THE APPROPRIAT	TE ITEMS FOR EACH IT	TEMIZED	IN-KIND CONTRIB	UTION (in-kind contributions totaling	more than \$100 from any cor	ntributor during the period)			
First Name				In-Kind Contribution Received	Value of In-Kind Contribution				
Last Name/Organization Name				Runoff (Local Electio	ns Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City	State	e Z	ip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name	Midd	dle Name		In-Kind Contribution Receive	_ /	Value of In-Kind Contribution			
Last Name/Organization Name				☐ Primary Election L☐ Runoff (Local Election	Primary Election General Election				
Address			TER SE	Date of In-Kind Contribution		Aggregate this Election			
City	State	e Z	ip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name	Midd	dle Name		In-Kind Contribution Receive	ed For:  General Election	Value of In-Kind Contribution			
Last Name/Organization Name			1	Runoff (Local Electio					
Address		V.	N	Date of In-Kind Contribution		Aggregate this Election			
City	State	e Z	ip Code	Description of In-Kind Contribution					
Occupation	Employer			A					
First Name	Midd	dle Name	/	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name		1		☐ Primary Election ☐ Runoff (Local Election	General Election				
Address	/			Date of In-Kind Contribution	Aggregate this Election				
City	State	e Z	ip Code	Description of In-Kind Contribution	1				
Occupation	Employer			-					
First Name	Midd	fle Name		In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name				☐ Primary Election ☐ Runoff (Local Election	General Election				
Address			)))))	Date of In-Kind Contribution	ilo Olily)	Aggregate this Election			
City	State	e Zi	p Code	Description of In-Kind Contribution					
Occupation	Employer								
					17.41				
TOTAL ITEMIZED IN-KIND     (Carry forward to item 3. of next pag     (If this is the last page of in-kind cor	ge if additional pages of this			ry.)		Ø.00			
SC 4430 (Day 2/06)		201			1 . 1	221 445			

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

	ΞE			RING THE PERIOD		
PICK MURPLY FOR	- COTY	COUNCIL	FROM: 10-30-22	TO: 01 - 15 - 23		
3. TOTAL ITEMIZED CAMPAIGN EXPEND	DITURES FRO	M PRECEDING PAGE	(enter \$0 if first itemized page)	$\phi.\phi\phi$		
4. COMPLETE THE APPROPRIATE ITEMS FO	OR EACH ITEM	IZED EXPENDITURE (e.	openditures totaling more than \$100 to any payee during the po			
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	wank	CHAMBER	N) CHOLLBER LUNCHEON	200.00		
Address 61-24-273	ina III	Humber		DO1-24-23		
City	State	Zip Code (	A) a) 01.24.23	Φ.Φ		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	- Le		(10,400,40)			
Address Car Alaman Andress			CAMPAIGN	1537.60		
931 OW LEBANC			Manees			
HERMITAGE	State	Zip Code 37076				
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	121011 0		CALADAICAL ALLEMANT			
Address Kery MC	PINCE	4	CAMPAIGN MARKETING	2125.PD		
City	State	Zip Code	3 SOCIAL MGMT	4,43,44		
Oily	Otato	Lip code				
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure		
	577					
Last Name/Business Name	ONILE	RDAWAL	INIATAIL DARTI			
REGULCT	PAIGE	BROWN	WATCH PARTY GYPGNSES	500.00		
Address	PA148  State	BROWN Zip Code	WATCH PARTY  EXPENSES  (SHARED EXPENSES)	500.00		
Address			WATCH PARTY EXPENSES (SHARED EXPENSES)	500.00		
Address  City		Zip Code		500.00		
Address  City  First Name  Last Name/Business Name	State Middle Nan	Zip Code	(SHARED EXPENSES)  Purpose of Expenditure			
Address  City  First Name  Last Name/Business Name  FIRST BOPT	State Middle Nan	Zip Code	(SHARED EXPENSES)  Purpose of Expenditure  CHARITABLE			
Address  City  First Name  Last Name/Business Name  FIRST BOPT  Address	State  Middle Nan	zip Code ne ECH WINCHESTA	(SHARED EXPENSES)  Purpose of Expenditure	Amount of Expenditure		
Address  City  First Name  Last Name/Business Name  FIRST BOPT  Address	State Middle Nan	Zip Code	(SHARED EXPENSES)  Purpose of Expenditure  CHARITABLE	Amount of Expenditure		
Address  City  First Name  Last Name/Business Name  FIRST BOPT  Address  City	State  Middle Nan	zip Code  ECH WINCHESTA  Zip Code 3 7014	(SHARED EXPENSES)  Purpose of Expenditure  CHARITABLE	Amount of Expenditure		
Address  City  First Name  Last Name/Business Name  FIRST BAPT  Address  City  GAUATIA	State  Middle Nan  ST CHU  State  TN	zip Code  ECH WINCHESTA  Zip Code 3 7014	Purpose of Expenditure  CHARITABLE  EXPENSE	Amount of Expenditure		
Address  City  First Name  Last Name/Business Name  FIRST BAPT  Address  City  City  City  CAUCIN  First Name	State  Middle Nan  ST CHU  State  TN	zip Code  ECH WINCHESTA  Zip Code 3 7014	Purpose of Expenditure  CHARITABLE  EXPENSE	Amount of Expenditure		
Address  City  First Name  Last Name/Business Name  FIRST BAPT  Address  City  CALCATIA  First Name  Last Name/Business Name	State  Middle Nan  ST CHU  State  TN	zip Code  ECH WINCHESTA  Zip Code 3 7014	Purpose of Expenditure  CHARITABLE  EXPENSE	Amount of Expenditure		
Address  City  First Name  Last Name/Business Name  Address  City  GALLOTIA  First Name  Last Name/Business Name  Address  City  5. TOTAL ITEMIZED EXPENDITURES	State  Middle Nan  State  Th  Middle Nan	Zip Code  Zip Code  Zip Code  3 + Oldo  ne  Zip Code	Purpose of Expenditure  CHARITABLE  EXPENSE	Amount of Expenditure		
Address  City  First Name  Last Name/Business Name  FIRST BOPT  Address  City  CAUCTN  First Name  Last Name/Business Name  Address  City  City  City  City  City  City  City  City	State  Middle Nan  State  TN  Middle Nan  State  TN  State  TN  Middle Nan	Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code	Purpose of Expenditure  CHARITABLE  EXPENSE	Amount of Expenditure  IDD D. DD  Amount of Expenditure		

## **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE  PICK MURPHY FOR ( 3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH I	COU	NCIL ED LOAN (	(loans totaling r	nore than \$100	from any so	FROM:			NG THE PERIOD TO: Ø 1-15-23	
Complete the Following for the Source of the Loan First Name  Middle Nam  PICK MURPHY  Last Name/Organization Name	е		Outstanding I (Beginning)		Loans Receive		Loan Payment		, O	nding Loan Balance End of Period)	> *seif-
Address 940 LOKESHORE DRI City GAUGTIN TN	Zip Code 37010	do	Loan Receiv	ed For:	General Only)	Election	Da	ate of Loan			roan  Remaining Barance  foegiven
List All Endon		antors fo	r Above Loa	In (If more spa	ace is needed	d please at	ttach a pa	STATE OF THE PERSON NAMED IN	Middle N	ame	foegiven
Last Name/Organization Name  Address				Last Name/Or	ganization Nar	ne					
City	State	Zip Co	de	City				1	State	Zip Code	
Amount Guaranteed Outstanding First Name	Middle Name	Э		Amount Guara	anteed Outstan	ding	/		Middle N	lame	
Last Name/Organization Name			Last Name/Organization Name								
Address				Address							
City  Amount Guaranteed Outstanding	State	Zip Co	de \	City Amount Guara	anteed Outstan	dina			State	Zip Code	
First Name	Middle Name	9	/	First Name					Middle N	Name	
Last Name/Organization Name	/	/		Last Name/Or	ganization Nar	ne					
Address	State	Zip Co	do	Address					State	Zip Code	
City  Amount Guaranteed Outstanding	State	Zip Co	de	City Amount Guara	anteed Outstan	ding			State	Zip Code	
First Name	Middle Name	е		First Name					Middle N	lame	
Last Name/Organization Name Address				Last Name/Or Address	ganization Nar	ne					
City	State	Zip Co	de	City					State	Zip Code	
Amount Guaranteed Outstanding  4. Totals for all Loans (complete on last page of	itemized lo	ans)		Amount Guara Outstanding L	anteed Outstan	ding Loan:	· T	Loan		Outstanding Loan Balance	
(Total loans received should also be shown in item 16, on s (Total loan payments should also be shown in item 20, on s (Total outstanding loan balance should also be shown in item	summary page summary page	.)		(Beginning	of Period)	Receiv	ved	Paymer 1929	nts	(End of Period)	

(1)

SS-1132 (Rev. 4/02)

Page 1 of 1

RDA 1159

#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
COMPLETE THE APPROPRIATE ITEMS F     OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person.)	\$100 ow		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me				/
Last Name/Business Name					/	
Address						
City	State	Zip Code			/	
Description of Obligation		<u> </u>		,		
First Name	Middle Na	ime	THE RESERVE OF THE PARTY OF THE	/		
Last Name/Business Name						
Address				/		
City	State	Zip Code	- /			
Description of Obligation					28.1	
First Name	Middle Na	ame				
Last Name/Business Name			-1/			
Address			1 A			
City	State	Zip Code	4			
Description of Obligation					123.5	
First Name	Middle Na	ame	T			
Last Name/Business Name		/				
Edd (Mario Businose Mario		Nell Action	The Control of the			
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation				The state of		
4. TOTALS						
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	column mu	st also be shown				