

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>4.11.22</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Sharon Bergdorf</u>				
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE <u>5.3.2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route <u>138 RIVIERA DR</u>	City <u>HENDERSONVILLE</u>	State <u>TN</u>	Zip Code <u>37075</u>	Phone <u>615.319.5975</u>	
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) <u>SUMNER COUNTY COMMISSIONER DISTRICT 19</u>			6. NAME OF POLITICAL TREASURER (may be candidate) <u>MARK W. BERGDORF</u>		
7. CATEGORY OR REPORT (Check one)					
<input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL					
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1/16/22</u>			8.b. ENDING DATE OF REPORTING PERIOD <u>3/31/22</u>		
9. (Check one)					
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> 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.					
10. 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.					
<u>SP Bergdorf</u> signature of candidate		<u>4.11.22</u> date		<u>Mark W. Bergdorf</u> signature of political treasurer	
				<u>4-11-22</u> date	
11. WITNESS SIGNATURE					
<u>Jenny Harper</u> signature of witness		<u>4-11-22</u> date		<u>Jenny Harper</u> signature of witness	
				<u>4-11-22</u> date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT \$ <u>0</u>					
b. TOTAL RECEIPTS THIS PERIOD \$ <u>3499.00</u>					
c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>2040.26</u>					
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) FILED \$ <u>1458.74</u>					
AM PM					
e. TOTAL LOANS OUTSTANDING \$ <u>1500.00</u>					
APR 11 2022					
f. TOTAL OBLIGATIONS OUTSTANDING <u>SUMNER COUNTY</u> \$ _____					
ELECTION COMMISSION					



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Shanice Burgdorf</u>	14. REPORT COVERING THE PERIOD FROM: <u>3/16/22</u> TO: <u>3/31/22</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>199⁰⁰</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>1800⁰⁰</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>1999⁰⁰</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>1500⁰⁰</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>3499⁰⁰</u>
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)	
<u>POSTAGE</u>	\$ <u>69.60</u>
<u>STATIONARY</u>	\$ <u>37.06</u>
<u>NAME TAG</u>	\$ <u>5.46</u>
.....	\$ _____
<u>MAILERS</u>	\$ <u>913.71</u>
<u>DUSHCARDS</u>	\$ <u>229.43</u>
<u>SIENS</u>	\$ <u>785.00</u>
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>112.12</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>1928.14</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>2040.26</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>2040.26</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>0</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ _____ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE SHANNON BURENDORF		2. REPORT COVERING THE PERIOD FROM: 1/16/22 TO: 3/31/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 0			Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name JEFF		Middle Name	
Last Name/Organization Name HUEY		Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 201 BAHIA MAR PT		Amount of Contribution 100⁰⁰	
City HEND	State TN	Zip Code 37075	Date of Contribution 3.4.22
Occupation SELF EMPLOYED		Aggregate This Election 100⁰⁰	
Employer			
First Name TERESA		Middle Name	
Last Name/Organization Name PERONA		Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 3014 CHICKS BEND RD		Amount of Contribution 100⁰⁰	
City GALLATIN	State TN	Zip Code 37066	Date of Contribution 3.14.22
Occupation NURSE		Aggregate This Election 100⁰⁰	
Employer			
First Name JAY		Middle Name	
Last Name/Organization Name HALE		Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 275 LAKE VALLEY RD		Amount of Contribution 1600⁰⁰	
City HEND	State TN	Zip Code 37075	Date of Contribution 3.20.22
Occupation SELF EMPLOYED		Aggregate This Election 1600.00	
Employer			
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Amount of Contribution	
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in Item 15b. of summary.)			1800⁰⁰

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE SHANNON BURG DORF				2. REPORT COVERING THE PERIOD FROM: 1/16/22 TO: 3/31/22						
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan										
First Name SHANNON		Middle Name P		Outstanding Loan Balance (Beginning of Period) 1500 0		Loans Received 1500⁰⁰	Loan Payments 0	Outstanding Loan Balance (End of Period) 1500⁰⁰		
Last Name/Organization Name BURG DORF				Address 138 RIVIERA DR			Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan 2-28-22	
City MEMO		State TN	Zip Code 37075							
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)										
First Name SHANNON		Middle Name PROCTOR		First Name		Middle Name				
Last Name/Organization Name BURG DORF				Last Name/Organization Name						
Address 138 RIVIERA DR				Address						
City MEMO		State TN	Zip Code 37075		City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name		Middle Name		First Name		Middle Name				
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Code		City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name		Middle Name		First Name		Middle Name				
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Code		City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name		Middle Name		First Name		Middle Name				
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Code		City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Loan Balance (Beginning of Period) 0		Loans Received 1500⁰⁰	Loan Payments 0		Outstanding Loan Balance (End of Period) 1500⁰⁰	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE SHANNON BUREGDOFF			2. REPORT COVERING THE PERIOD	
			FROM: 1/16/22	TO: 3/31/22
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 0			Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name ALLEGRA MARKETWE	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name ALLEGRA MARKETWE		MAILERS		913.71
Address PO BOX 121146 1211 57th AVE #3 37209				
City NASH	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name SOS PRINTING		Push Cards		229.43
Address 706 SPACE PARK				
City COOLESVILLE	State TN			
First Name AG	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name AGE GRAPHICS		SIGNS		785.00
Address 678 COLLINS RD				
City LITTLE HOCKING	State OH			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in Item 19b. of summary.)				1928.14 913.71

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE SHANNON BURGDOFF				2. REPORT COVERING THE PERIOD FROM: 1/16/21 TO: 3/31/21		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of 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 item 22b. of summary.)						

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD																		
SHANNON BURGDORF			FROM: 2/16/22		TO: 3/31/22																
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)																	
	0	0	0	0																	
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4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)																					