CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAM	ME OF CANDIDATE OR COMMITTEE	A .
01-17-2023 R	obert "Bob" /	Maiola
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE
		11-08, 2022
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State	Zip Code Phone
425 Paisley Way Galla	tin TU 3	7066 615-305-9899
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) Gallatin City Council	6. NAME OF POLITICAL	TREASURER (may be candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOUL QUARTER QUARTER QUARTER QUARTER QUARTER QUARTER		MID-YEAR YEAR-END SUPPLEMENTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	01-15-8	
9. (Check one)	01-13-0	
I/we do solemnly swear or affirm that the information accurate accounting of campaign contributions and expensional Disclosure Act. Additionally, I/we swear or a benefit of the candidate or for any other nonpolitical pusing a signature of candidate Signature S	penditures required to be reported by ffirm that no campaign contributions hurpose as defined by the federal intern	the candidate committee by the Campaign ave been expended for the personal financial
11. WITNESS SIGNATURE Milles A. Maisla - signature of witness date	7-23 te sign	nature of witness date
12. SUMMARY		
a. BALANCE ON HAND LAST REPORTAM	FILED	s 313607
b. TOTAL RECEIPTS THIS PERIOD	FM	\$
		sO
c. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.	SUMNER COUNTY CTION COMMISSION	,3136.07
		0
e. TOTAL LOANS OUTSTANDING		\$
f. TOTAL OBLIGATIONS OUTSTANDING		\$



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Robert Bob Maiola	FROM: 10:30: 22 TO:01-15-23
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <i>O</i>
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s Ø
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ O
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ O
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	7
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)
s (\
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
	()
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>U</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
b. Itemized in-kind contributions (over \$100 from each source this period)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22	.b.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	1

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COM	Robe	ert Mai	TROM:30-22		
TOTAL ITEMIZED CAMPAIGN CO			AGE (enter \$0 if first itemized page)	Amount	
			N (contributions totaling more than \$100 from any contributor	or)	
st Name	Middle Nan		Contribution Received For:	Amount of Contribution	
t Name/Organization Name			Primary Election General Election		
dress		A.	Runoff (Local Elections Only)		
у	State	Zip Code	Date of Contribution	Aggregate This Election	
cupation					
pployer					
rst Name	Middle Na	me	Contribution Received For:	Amount of Contribution	
ast Name/Organization Name			Primary Election General Election		
ddress			Runoff (Local Elections Only)		
iity	State	Zip Code	Date of Contribution	Aggregate This Election	
occupation					
mployer					
t Name Middle Name			Contribution Received For:	Amount of Contribution	
ast Name/Organization Name			Primary Election General Election		
Address			Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer					
First Name	Middle N	ame	Contribution Received For:	Amount of Contribution	
ast Name/Organization Name			Primary Election General Election		
Address			Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer					
5. TOTAL ITEMIZED CONTRIBU	JTIONS additional pages of this for			0	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR	COMMITTEE RO	bert "Bo	b' Maiola 2. REPORT COVE FROM: 10-30	RING THE PERIOD TO: / -/5 - 23
	CONTRIBUTIONS FRO	M PRECEDING PAC	GE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIA	TE ITEMS FOR EACH ITEM	IZED IN-KIND CONTE	RIBUTION (in-kind contributions totaling more than \$100 from any c	ontributor during the period)
First Name	Middle N	ame	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
First Name	Middle N	lame	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
First Name	Middle N	lame	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			Primary Election General Election Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
First Name Middle Name			In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
First Name	Middle N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next pa (If this is the last page of in-kind co	ge if additional pages of this for		nmary) 4 - 1	Ò
SS-1128 (Rev. 2/06)	mandadorio, dilo ambunt must be	SHOWN IN ROLL 220. OF SUIT	Page 5 of	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Amount of Expensions Name Middle Name Middle Name Middle Name Middle Name Middle Name Middle Name Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code Purpose of Expenditure Amount of Expensions Name Address City State Zip Code	Amount of Expenditure State Zip Code Amount of Expenditure	1. NAME OF CANDIDATE OR COM	Mobile	ert Bob	"Maiola	FROM: 10 - 30	TO: 1-15- 23
Amount of Expenditure Notices State Notices State Tirst Name Middle Name Middle Name Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure	Amount of Expenditure Furpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Expenditure Amount of Expenditure Amount of Expenditure Expenditure Amount of Expenditure Expenditure Amount of Expenditure Expenditure Amount of Expenditure Expenditure Expenditure Amount of Expenditure Expenditu					d name)	Amount
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City State Zip Code Purpose of Expenditure Amount of Expen Last Name/Business Name City State Zip Code Purpose of Expenditure Amount of Expen First Name Middle Name Purpose of Expenditure Amount of Expen City State Zip Code Purpose of Expenditure Amount of Expen City State Zip Code First Name Purpose of Expenditure Amount of Expen City State Zip Code First Name Middle Name Purpose of Expenditure Amount of Expen City State Zip Code	City State Zip Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Address City State Zip Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure State Zip Code	Last Name/Business Name					
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Last Name/Business Name	Last Name/Business Name Address City State Zip Code	City	State	Zip Code			
	Address City State Zip Code	First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure	
Address	City State Zip Code	Last Name/Business Name					
		Address					
City State Zip Code	E TOTAL ITEMIZED EVDENDITURES	City	State	Zip Code			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE F FROM: TO:			
Robert "				" Mai	da	10-30-	22 1	-15-23
COMPLETE THE APPR	ROPRIATE ITEMS	FOR EACH IT	EMIZED LOAN	(loans totaling mon	e than \$100 from a	ny source during the p	period)	
omplete the Following for the	ne Source of the Loan						T Outstand	ing Loan Balance
st Name	Middle Na			g Loan Balance g of Period)	Loans Received	Loan Payments		d of Period)
st Name/Organization Name								
ddress			Loan Rece	ived For:		Date of L	oan	
ity	State	Zip Code		ary Election off (Local Elections O	General Election	on		
	Liet All End	orsers or Guara		-		se attach a page)		
rst Name	LISTAILLIS	Middle Name		First Name	CA SA SIIDAW SA		Middle Na	me
ast Name/Organization Name				Last Name/Orga	anization Name			
Address				Address				
City		State	Zip Code	City			State	Zip Code
Amount Guaranteed Outstandin	0			Amount Guaran	teed Outstanding			
mount Guaranteed Outstandin	9				A CAMPANE		Middle Na	ame
First Name		Middle Nam	e	First Name			IVIIddle IV	aric
.ast Name/Organization Name			a Mark	Last Name/Org	anization Name			
Address				Address				
City		State	Zip Code	City			State	Zip Code
Amount Guaranteed Outstanding	ng			Amount Guara	nteed Outstanding			
First Name Middle Name			First Name			Middle I	Name	
Last Name/Organization Name	9			Last Name/Or	ganization Name			
Address				Address				
		State	Zip Code	City			State	Zip Code
City		State	Zip code		Amount Guaranteed Outstanding			15
Amount Guaranteed Outstand	ling			Amount Guara	anteed Odistanding			
First Name		Middle Na	me	First Name	First Name Middle Name			Name
Last Name/Organization Nam	ne			Last Name/O	rganization Name	-120		
Address				Address			The state of	
City		State	Zip Code	City			State	Zip Code
Amount Guaranteed Outstand	ding			Amount Guar	ranteed Outstandin	g		
4. Totals for all Loans (c (Total loans received should (Total loan payments should	d also be shown in item 1 d also be shown in item 2	6, on summary pa 0, on summary pa	age.)		Loan Balance g of Period)	Loans Received	Loan Payments	Outstanding Loan B (End of Period)
(Total outstanding loan balan	nce should also be shown	in item 12.e. on fro	ont page.)			ge 6 of)	RDA 115



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMI	2. REPORT COVERING THE PERIOD						
Robert Bob			s' Maiola	FROM: 10 -30 - 22 TO: 1-15 - 23			
 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)	
First Name	Middle N	ame					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation		1					
First Name	Middle N	ame					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle N	ame					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name				300000000000000000000000000000000000000		
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation					4		
First Name	Middle N	ame					
Last Name/Business Name			-				
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS						A	
(Total from Outstanding Balance - (End of I in item 23b. on summary page.)	Period) column mu	st also be shown				0	