CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF C	ANDIDATEODO			
	2.a. NAIVE OF C	ANDIDATE OR CO			
06-29-2022	Robert	" Bob	<u>' Ma</u>	iola	
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION D	DATE
4.a. CAMPAIGN ADDRESS AND PHONE				<u> </u>	
Street or Rural Route	City		State	Zip Code	Phone
425 Paisley Way	Gallatin	TU	5	37066	615-305-9899
4.b. CANDIDATE'S HOME ADDRESS (if different	t than 4.a.)	1.0			613-3W-4014
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF	POLITICAL 1	REASURER (ma	v he candidate)
7. CATEGORY OR REPORT (Check one)			indy 7	<u>) avi s</u>	y be calididate)
CALEGORI OR REPORT (Check one)	П		7		
FIRST SECOND THIRD	FOURTH	L_I PRE-	L_J PRE-	MID-YEAR	
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	SUPPLEMENT	
		8.b. ENDINGD		RTING PERIOD	
04-01-2022		06- 3	0-202	2	
9. (Check one)				· · · · · · · · · · · · · · · · · · ·	······································
 This campaign is exempt from detailed tures total \$1,000 or less for this report 	d disclosure becaus ting period. (Comp	e contributions (ii lete items 12d., 1	ncluding in-kin i2e and 12f \	d) received total (\$1,000 or less AND expendi-
 This campaign is required to file a deta and/or expenditures total more than \$ 	alled financial disclo 1,000 for this reporti	isure because co ing period	ntributions (inc	cluding in-kind) re	ceived total more than \$1,000
10. I/we do solemnly swear or affirm that the int	formation contained	in this	<i>5</i>		
I/we do solemnly swear or affirm that the interaction accurate accounting of campaign contribution Financial Disclosure Act. Additionally, live seems of the contribution of the					
					for the personal financial
penefit of the candidate or for any other none	political purpose as	defined by the fe	deral internal r	evenue code.	The personal manifolds
A JTALL	7/11/21		7 ·	1	
signature of candidate	11/22		under	Lavis	7-11-22
signature of carroldate	date		signature	political treasurer	date
44 NAUTAUTO CIONATURA					
11. WITNESS SIGNATURE					
Throngs of a la Dist	HII na				
WILLIAM MONDER WOULS	1-11-22	•			
signature of witness	date		signatu	re of witness	date
		· · · · · · · · · · · · · · · · · · ·			
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		FILED		22 2 2	4.2
a. BALANCE ON HAND LAST REPORT	AM		M	<u>, 25 55,</u>	<u> </u>
b. TOTAL RECEIPTS THIS PERIOD	JU	1 1 2022	\$	50.0	20
c. TOTAL DISBURSEMENTS THIS PERIOD				<u> </u>	<u></u>
d. BALANCE ON HAND (12 a plus 12 b mir	ELECTIC	ON COMMISSIO	N		30 ME 011
d. BALANCE ON HAND (12.a. plus 12.b. mir	12.0.)				\$ <u>10.04</u>
e. TOTAL LOANS OUTSTANDING					<i>A</i>
e. TOTAL LOANS OUTSTANDING	***************************************				\$0
A TOTAL OR LO INTERES					
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************			*************************	\$O

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		ERING THE PERIOD
	FROM: 4-1-22	TO: 6-30-22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>50.00</u>	
b. Itemized Contributions (over \$100 from each source this period)	\$	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$50.00
16. LOANS RECEIVED THIS REPORTING PERIOD	•••••	\$ <i>&</i>
17. INTEREST RECEIVED THIS REPORTING PERIOD	•••••	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	•	\$
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> </u>		
\$		
<u></u> \$		
\$		
\$		
\$		
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.)		
20. LOAN REPAYMENTS MADE THIS PERIOD		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$
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 item	ı 12.f.)	\$



Page <u>2</u> of <u>7</u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	
Bob Majolo				FROM: 4-1-22	TO: 6-30-22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	M PRECEDING PAG	E (enter \$0 if first itemized p	age)	Amount 50.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EA				\$100 from any contributor)
First Name Bob L Loretta	Middle Nami	е	Cantribution Received For:	_	Amount of Contribution
Last Name/Organization Name Haley			Primary Election	General Election	\$ 50.00
Address			Runoff (Local Election	ns Only)	
City Gallatio	State N	Zip Code 37066	Date of Contribution		Aggregate This Election
Occupation		•	5-2	8, 22	
Employer N/A					
First Name	Middle Nam	ne	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	<u> </u>		1		
Employer			1		
First Name	Middle Nam	е	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 Nam	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election	General Election	
Address		 	Runoff (Local Election		
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	.				
Employer					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					
(ii dila la trie last page of contributions, tris amount must	ne attrivit IU	tear rap, or summary.)			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MMITTEE				2. REPORT COVER	RING THE PERIOD
					FROM:	TO:
2 TOTAL ITEMSZED IN KIND CON		IC EDOM	DBECEDING DAGE	antas CO if first itamizad nas	-)	Amount
TOTAL ITEMIZED IN-KIND CON COMPLETE THE APPROPRIATE ITI			· · · · · · · · · · · · · · · · · · ·	<u></u>		Asibutas dugin al mais A
	LIVIO I OI LA			T		
First Name		Middle Nan	ne	In-Kind Contribution Received Primary Election		Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Electio		
Address				Date of In-Kind Contribution		Aggregate this Election
City State Zip Code				Description of In-Kind Contribution	l	
Occupation Employer						
First Name	<u>'</u>	Middle Nan	пе	In-Kind Contribution Receive	ed For:	Value of In-Kind Contribution
1 1 1 1 1 1 1 1 1 1		<u> </u>		☐ Primary Election [General Election	
Last Name/Organization Name				Runoff (Local Election	ins Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution	l	
Occupation	Employer	•				
First Name Middle Name				In-Kind Contribution Receive		Value of In-Kind Contribution
Last Name/Organization Name		!		Primary Election	General Election	
				Runoff (Local Election	ns Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution	1	<u> </u>
Occupation	Employer		. 1	=		
First Name		Middle Nar	me	In-Kind Contribution Receive		Value of In-Kind Contribution
Last Name/Organization Name		<u> </u>		Primary Election	General Election	
				Runoff (Local Election	ins Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution)	1
Occupation	Employer	4				
		Constitution				
First Name		Middle Nam	ne 	In-Kind Contribution Receiv		Value of In-Kind Contribution
Last Name/Organization Name				☐ Runoff (Local Election	ns Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	•	<u> </u>	1		
5. TOTAL ITEMIZED IN-KIND CO	NTDIDI ITIA	NIQ				
(Carry forward to item 3. of next page if ar (If this is the last page of in-kind contribution)	dditional pages	of this form a				
SS-1128 /Rev. 2/06)	iorio, ano ambut	in meat DC 3[]	STATE OF REAL PROPERTY OF SURINGER		y 4 of 1	PDA 1150

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER	RING THE PERIOD		
Bob Ma	TO: 6-30-22					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITE		Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR B	EACH ITEMIZED EXPENDITURE (e			riod)		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name AGGIES		Voter resp	70.29			
Address PD By 1983		\mathcal{C}	ard:	Rob		
City Gallary	State Zip Code 37066			Chk# 198		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name AGS/68	<u> </u>	100 envelo printed - Tre		32.78		
Address						
City	Starte Zip Code	4-0	6-22	Bub personal Cash		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Aggics		Brochune With reuts	41-52			
Address				Chieff		
City	State Zip Code	4-8	- 2Z	199 199		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure			
	tina	500 Election	n Cerds	\$ 80.85		
Address 141 E Eastland	A St			_		
Gallatin	State Zip Code TN 37066			#196		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Enchanted Three	dr	embroider logo (* 79.75			
Address 106 E. Cedar		set up fee	3 <i>5.</i> -	Check		
Gdltsule	Starte Zip Code 37072	TAX	6.75	#197		
First Name	Middle Name	Purpose of Expenditure	· - · · · ·	Amount of Expenditure		
Us Game/Business Name BANK ANALYSIS CILA			5.00			
Address		•	, fre			
City	State Zip Code	Be	nk fee			
TOTAL (TEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the lest page of expenditures, this amount mus	•			#305.19		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) First Name Middle Name Purpose of Expenditure Amount of Expenditure	1. NAME OF CANDIDATE OR COMMI	TTEE R	2h 110:0	2. REPORT	COVERING THE PERIOD
4. COMPLETE THE APPROPRIATE FIENS FOR EACH ITEMAZEDE EXPENDITURE (expenditure to fail itemized page) 4. COMPLETE THE APPROPRIATE FIENS FOR EACH ITEMAZEDE EXPENDITURE (expenditure) First Name Middle Name Purpose of Expenditure C Amp aign About of Expenditure C Last Name Studies Name Amount of Expenditure Purpose of Expenditure Amount of Expenditure	3 TOTAL ITEMIZED CAMPAIGN SYDS	DC	JU MUNU	FROM: 4-1-	22 TO: 6-30-22
Middle Name Middle Name Purpose of Expenditure Campaign Photos	4. COMPLETE THE APPROPRIATE ITEMS	FOR FACH ITE	ROM PRECEDING PA	AGE (enter \$0 if first itemized page)	
List NagroeBourners Name List NagroeBourners Name Campaign Photos Photos Photos Photos Photos Photos Photos Photos Photos Purpose of Expenditure Amount of Expenditure Ist Name Amount of Expenditure Ist Name Amount of Expenditure Amount of Expenditure Amount of Expenditure Ist Name Name Uniforms Name Amount of Expenditure Name Name Name Name Name Name Name Dupose of Expenditure Amount of Expenditure Name Name Name Name State Zip Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure TOTAL ITEMIZED EXPENDITURES Carry forward to item 1.5 near page if editional lagges of filis from near used 1.	First Name				
Amount of Expenditure act Name Business Name didress Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount 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 Amount of Expenditure In Amane Business Name Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure In Amane Business Name Amount of Expenditure Amount of Expenditure In Amane Business Name	Crissy Danton			Campaign Photos	Amount of Expenditure Cht# 194
Amount of Expenditure Expenditure Amount of Expenditure Furpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Furpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Furpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Furpose of Expenditure Amount of Expenditure Furpose of Expenditure Amount of Expenditure Furpose of Expenditure Furpose of Expenditure Amount of Expenditure Furpose of Expenditure Furpose of Expenditure Amount of Expenditure Furpose of Expenditure	City Gallata		Zip Code 37066	June 13,2022	.50.00
State Zp Code State Zp Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure State Zp Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure It was a state of Expenditure Amount of Expenditure Amount of Expenditure It was a state of Expenditure Amount of Expenditure Amount of Expenditure It was a state of Expenditure Amount of Expenditure Amount of Expenditure It was a state of Expenditure Amount of Expenditure It was a state of Expenditure Amount of Expenditure To Table I Tempose of Expenditure Amount of Expenditure To Table I Tempose of Expenditure Amount of Expenditure	irst Name	Middle N	ame	Purpose of Expenditure	
Inst Name				_	7
Amount of Expenditure asi Name/Business Name Address asily State Zip Code Purpose of Expenditure Amount of Expenditure To State Zip Code TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form ser used to	lty	State	Zip Code		
State Zip Code Itst Name Middle Name Purpose of Expenditure Amount of Expenditure State Zip Code State Zip Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure It Name State Zip Code State Zip Code Purpose of Expenditure Amount of Expenditure It Name/Business Name It Name/Business Name It Name/Business Name TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages of this form are used.)		Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
Institute and the second of th	ddress	<u> </u>		_	
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st Name State Zip Code State Zip Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure I Name/Business Name Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure I Name/Business Name I Nam	rst Name	Middle Nar	пе	Purpose of Expenditure	Amount of Expanditure
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St Name Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)	dress			†	
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dress y State Zip Code st Name Middle Name Purpose of Expenditure Amount of Expenditure t Name/Business Name fress State Zip Code TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)	st Name	Middle Nал	Эе	Purpose of Expenditure	Amount of Expanditure
State Zip Code st Name Middle Name Purpose of Expenditure Amount of Expenditure t Name/Business Name State Zip Code TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)	st Name/Business Name				- Committee Committee
State Zip Code State Purpose of Expenditure Amount of Expenditure Amount of Expenditure TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)		-			
Amount of Expenditure Amount of Expenditure It Name/Business Name State Zip Code TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)	y	State	Zip Code		
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)		Middle Nam	6	Purpose of Expenditure	Amount of Expenditure
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)	· · · · · · · · · · · · · · · · · · ·				
(Carry forward to item 3. of next page if additional pages of this form are used.)		State	Zip Code		
	(Carry forward to item 3, of next page if additional of	ages of this form an	e used.)		4160 19

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE							2. F	REPORT (OVER	ING	THE PERIOD
								FRO	DM:		TO:	
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH I	TEMIZ	ED LOAN (loans totaling r	nore than \$10	0 from any s	ource	during the pe	riod)	,	
Complete the Following for the Source	of the Loan											
First Name	Middle Nan	10		Outstanding L (Beginning o		Loans Receive			oan ments	Outs		g Loan Balance of Period)
Last Name/Organization Name				1								
Address				Loan Receive	ed For:	<u> </u>	I		Date of Loa	n		
City	State	Zip Code		☐ Primary	Election	☐ Genera	l Election					
					(Local Elections							
	ist All Endo	sers or Guara		or Above Loa		ice is neede	d please a	ttach	a page)			
First Name		Middle Name	1		First Name					Middle	Name	!
Last Name/Organization Name		•			Last Name/Or	ganization Na	те					
Address					Address							
City	, , ,	State	Zip Ci	ode	City		•			State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	nding	•				
First Name		Middle Name)		First Name Middle			dle Name				
Last Name/Organization Name					Last Name/Organization Name							
Address					Address				· · · · · · · · · · · · · · · · · · ·			
City		State	Zip Ci	ode	City		,			State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstar	nding					
First Name		Middle Name			First Name			·		Middl	e Name	е
Last Name/Organization Name	•				Last Name/Organization Name					100 100 1		
Address					Address	····			·		-	
City		State	Zip Ca	ode	City					State		Zip Code
Amount Guaranteed Outstanding		·			Amount Guara	inteed Outstar	nding			1		1
First Name		Middle Name	!		First Name				-	Middle	Name	
Last Name/Organization Name		<u>i</u>	•	* ** *********************************	Last Name/Or	ganization Na	me			<u> </u>		
Address					Address							
City		State	Zip Ca	ode	City					State		Zip Code
Amount Guaranteed Outstanding			•		Amount Guara	inteed Outstan	nding					·
4. Totals for all Loans (complete on I (Total loans received should also be shown (Total loan payments should also be shown (Total outstanding loan balance should also be	in item 16. on in item 20. on	summary page. summary page.))		Outstanding L (Beginning		Loan Receiv		Loa Paym			standing Loan Balance (End of Period)



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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
	· · · · · · · · · · · · · · · · · · ·		FROM:	TO:		
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 Nar	пе				
Last Name/Business Name	1					
Address						
Сіту	State	Zip Code				
Description of Obligation	1			1	I	
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	<u>l</u> ,,,			<u> </u>	<u></u>	<u> </u>
First Name	Middle Na	me				
Last Name/Business Name	1					
Address		<u>.</u>				
City	State	Zip Code				
Description of Obligation	l	<u> </u>		<u> </u>	<u>L</u>	<u> </u>
First Name	Middle Na	me				
Last Name/Business Name	l					
Address	•	···				
City	State	Zip Code				
Description of Obligation	1	1		<u>L</u>	<u> </u>	<u>i</u>
First Name	Middle Na	me				
Last Name/Business Name]	· · · · · · · · · · · · · · · · · · ·				
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>	1				
A TOTAL C				<u> </u>	T	
TOTALS (Total from Outstanding Balance - (End of Period) (in item 23b. on summary page.)	column mus	t also be shown				
				L	L <u>-</u>	

SS-1127 (Rev. 4/02)

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