CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CA	ANDIDATE OR CO	OMMITTEE			
10-31-2022	Robert	"Bob"	Majolo		-	
2.b. IF COMMITTEE, NAME OF CANDIDATE	50 g		C	3. ELECTION DAT		
A SAMPAION APPRESS AND BUONE				11-08-2	NIL	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Pho	11/10/2019
425 Actsley Way	Sallatio	1	W.	37066	615-30	25-9899
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	nt than 4.a.) City		State	Zip Code	Pho	ne
5. OFFICE SOUGHT (include district number,	if applicable)	A1		TREASURER (may b	oe candida	ate)
7. CATEGORY OR REPORT (Check one)	FOURTH QUARTER		PRE- GENERAL DATE OF REPO	MID-YEAR SUPPLEMENTA RTING PERIOD		EAR-END PLEMENTAL
9. (Check one)		10-29-	12			
b. This campaign is required to file a dand/or expenditures total more than 10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribute Financial Disclosure Act. Additionally, I/we be lefit of the candidate or for any other not an expension.	\$1,000 for this reporting the state of the s	ting period. d in this campai es required to be	ign financial dis e reported by the	sclosure report is tru ne candidate commit ve been expended fo	e and that	t this report is an Campaign
signature of candidate	10/34/ date	ac _	Signature of	Spolitical treasurer)	10/31/22 date
11. WITNESS SIGNATURE March March March	/date	я _	signa	ature of witness		date
12. SUMMARY						
a. BALANCE ON HAND LAST REPORT	FILE) _{PM}		\$ 3136.0	7	
b. TOTAL RECEIPTS THIS PERIOD	AM			0	_	
c. TOTAL DISBURSEMENTS THIS PERIOD)			\$	_	
d. BALANCE ON HAND (12.a. plus 12.b.	minus 120 TION CO	OMMISSION			\$31	36.07
e. TOTAL LOANS OUTSTANDING		and the small of	III Voter			0
f. TOTAL OBLIGATIONS OUTSTANDING			2		\$ —	0



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Kubert "Bob" Marola	FROM: 10/1/22 TO: 10/29/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$0
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <i>O</i>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>O</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.)	s _ <u>O</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>//</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	s <u>O</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s <u>O</u>
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.)s <u> </u>
23. OBLIGATIONS	i.u.
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	12.f.)\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1) 1 1 4 4 1 1				REPORT COVER	
1. NAME OF CANDIDATE OR COMMITTEE Robert Bak	M	ajola		FROM: 10 1 22	TO:10/29/22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	age)	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR E)				
First Name	irst Name Middle Name				Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐	General Election	
Address		Runoff (Local Election	s Only)		
City	State	Zip Code	Zip Code Date of Contribution		
Occupation		•	1		
Employer					
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		1			
Employer		1			
			1		
First Name	Middle Name	e	Contribution Received For:		Amount of Contribution
First Name Last Name/Organization Name	Middle Nam	е		General Election	Amount of Contribution
1900-1900-1900-1900-1900-1900-1900-1900	Middle Nam	е		- Street	Amount of Contribution
Last Name/Organization Name	Middle Name	e Zip Code	Primary Election	- Street	Amount of Contribution Aggregate This Election
Last Name/Organization Name Address			☐ Primary Election ☐ Runoff (Local Election	- Street	
Last Name/Organization Name Address City Occupation			☐ Primary Election ☐ Runoff (Local Election	- Street	
Last Name/Organization Name Address City Occupation		Zip Code	☐ Primary Election ☐ Runoff (Local Election	- Street	
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	- Street	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	s Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	s Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election	s Only) General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election	s Only) General Election	Aggregate This Election Amount of Contribution

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR (COMMITTEE D	hal	40.10	Acres de	2. REPORT COVER		
	T_{0}	vert	'Dob'	Marola	FROM: DI	TO: 10/29/22	
3. TOTAL ITEMIZED IN-KIND C	ONTRIBUTIONS FR	OM PREC	EDING PAGE (enter \$0 if first itemized page		0	
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITE	MIZED IN-	KIND CONTRIBL	JTION (in-kind contributions totaling	more than \$100 from any cor	ntributor during the period)	
First Name	Middle	Name		In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Election				
Address				Date of In-Kind Contribution	Aggregate this Election		
City	State	Zip C	code	Description of In-Kind Contribution	•		
Occupation	Employer						
First Name	Middle	Name		In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name				☐ Runoff (Local Election			
Address		ē.		Date of In-Kind Contribution		Aggregate this Election	
City	State	Zip C	code	Description of In-Kind Contribution		•	
Occupation	Employer						
First Name Middle Name				In-Kind Contribution Received	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Election				
Address		Date of In-Kind Contribution	ate of In-Kind Contribution				
City	State Zip Code		ode	Description of In-Kind Contribution			
Occupation	Employer						
First Name	Middle	Name		In-Kind Contribution Received	d For: 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 Ci	ode	Description of In-Kind Contribution			
Occupation	Employer		***				
First Name	Middle	Name		In-Kind Contribution Receive	ed For:	Value of In-Kind Contribution	
Last Name/Organization Name				Runoff (Local Election			
Address				Date of In-Kind Contribution	0.00	Aggregate this Election	
City	State	Zip Co	ode	Description of In-Kind Contribution			
Occupation	Employer						
5. TOTAL ITEMIZED IN-KIND C (Carry forward to item 3. of next page	if additional pages of this for					0	
(If this is the last page of in-kind contri SS-1128 (Rev. 2/06)	butions, this amount must b	e shown in ite	em 22b. of summary	.) Pag	4 H of 7	RDA 1159	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTE	ED J		11-14	2. REPORT COVE	RING THE PERIOD	
NAME OF CANDIDATE OR COMMITTE	Kope	rt '1300'	Maior	FR90/1/22		
3. TOTAL ITEMIZED CAMPAIGN EXPEND				age)	Amount	
4. COMPLETE THE APPROPRIATE ITEMS FO	OR EACH ITEM	MIZED EXPENDITURE	(expenditures totaling more than \$10)	0 to any payee during the pe	riod)	
First Name	Middle Na	ame	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name		11.0				
Address						
City	State	Zip Code				
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			\dashv			
Address		11.70	_			
City	State	Zip Code				
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address		3/11-3/111				
City	State	Zip Code				
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			-			
City	State	Zip Code	-			
First Name	Middle Nan	ne	Purpose of Expenditure	K C II - C - C - C - C - C - C - C - C -	Amount of Expenditure	
Last Name/Business Name					ount or Experiorative	
Address			_			
City	State	7in Code				
Oily	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional put (If this is the last page of expenditures, this amount	ages of this form a	are used.) i item 19b. of summary.)			0	

SS-1129 (Rev. 4/02)

Page <u>5</u> of <u>7</u>

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDAT								2. REPORT	COVER	ING THE P	ERIOD
3. COMPLETE THE APP	Rob	ert	4	Boh"	Masi	ola		loji /2	2	10/29	/22
3. COMPLETE THE APP	PROPRIATE ITEMS F	OR EACH I	TEMIZ	ZED LOAN (loans totaling n	nore than \$10	0 from any sou	arce during the pe	eriod)		
Complete the Following for t				,							
First Name	Middle Nan	ne		Outstanding L (Beginning of		Loans Receive	S	Loan Payments	Outs	tanding Loan B (End of Period	
Last Name/Organization Name											
Address Loan Receive					1000 000			Date of Lo	an		
City	State	Zip Code		Primary Election General Election Runoff (Local Elections Only)							
	List All Endor	sers or Guara	antors fo				d please atta	ach a page)			
First Name		Middle Name		ter to the Wil	First Name	The Assertion Alle		era z piące in de inter	Middle	Name	
Last Name/Organization Name					Last Name/Or	ganization Na	me				
Address					Address						
City	y mush	State	Zip Co	ode	City				State	Zip Co	de
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	nding				
First Name		Middle Name			First Name				Middle	Name	
Last Name/Organization Name					Last Name/Or	ganization Na	me		-		
Address					Address						
City		State	Zip Co	ode	City State Zip Code				ie		
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	nding				
First Name		Middle Name			First Name				Middle	e Name	WW-11
Last Name/Organization Name					Last Name/Org	ganization Na	me				
Address	2 7				Address						400
City		State	Zip Co	ode	City				State	Zip Co	ode
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	iding				
First Name	The state of the s	Middle Name		W.	First Name				Middle	Name	
Last Name/Organization Name					Last Name/Org	ganization Nar	me				
Address					Address						
City		State	Zip Co	ode	City				State	Zip Co	de
Amount Guaranteed Outstanding			•		Amount Guara	nteed Outstan	ding				
4. Totals for all Loans (con (Total loans received should als					Outstanding Lo		Loans Receive	Loa	A47.42		Loan Balance
(Total loan payments should als (Total outstanding loan balance s	so be shown in item 20. on s	summary page.))		(beginning)	(C)	Receive	d Payr	ients	(End of I)
00 4400 (5.4			9-1					1 0			

SS-1132 (Rev. 4/02)

RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE)	120.1	Levi	2. REPORT COV		
NAME OF CANDIDATE OR COMMITTEE	Cobe	rt Bob	Maiola	FROM: 15/1	22 TO: 10	29/23
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than	100 ow		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
person/vendor at the end of the reporting person	eriod)	Company of the party	U			0
First Name	Middle Nar	ne				
Last Name/Business Name		<u> </u>	1			
Address				A		
City	State	Zip Code	1			
Description of Obligation			1	L		
First Name	Middle Nar	ne				
Last Name/Business Name			1			
Address						
City	State	Zip Code				
Description of Obligation	1		L			
First Name	Middle Nar					
50000 5000 000 00000	Wilddie Nar	ne .				
Last Name/Business Name					_	
Address						
City	State	Zip Code				
Description of Obligation				•		
First Name	Middle Nar	ne				
Last Name/Business Name			-			
Address						
						The March
City	State	Zip Code			-,-	
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name			1			
Address			1			
City	State	Zip Code				
Description of Obligation						
4. TOTALS						2
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	column mus	t also be shown				0
			•			

SS-1127 (Rev. 4/02)