CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

	EOFREPORT 03-30-2022	2.a. NAME OF CA	Majo	OMMITTEE				
	COMMITTEE, NAME OF CANDIDATE		, (00, 0		3. ELECTION	N DATE	· · · · · · · · · · · · · · · · · · ·	
					11-0	8-20	a a	
t	MPAIGN ADDRESS AND PHONE	C)t-		04-4-				
\ \(\lambda / \)	eet or Rural Route	Gaslatir	· ~	State 7 /	Zip Code 370d	1 10-	Phone	0000
1 TO	5 PAISLEY V49 NDIDATE'S HOME ADDRESS (if differen	ON WILLIAM	/	<u>v </u>	3/000	65	305-	9899
	eet or Rural Route	City		State	Zip Code		Phone	
5. OFF	FICE SOUGHT (include district number, fin City Council	if applicable)	1 /1 .	F POLITICAL	TREASURER	may be ca	ndidate)	
	TEGORY OR REPORT (Check one)				· · · · · · · · · · · · · · · · · · ·			
F	FIRST SECOND THIRD PARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YI SUPPLEM		YEAR-E	
	GINNING DATE OF REPORTING PERIOD			DATE OF REPO				
62	-01-2022		03-	31-2	022			
9. (Ched	ck one)							
а.						tal \$1,000	or less ANI	O expendi-
	tures total \$1,000 or less for this rep			•				
b.	This campaign is required to file a de and/or expenditures total more than	etailed financial discle \$1,000 for this repor	osure because o ting period.	contributions (in	ncluding in-kind	!) received	total more	than \$1,000
10. I/v	ve do solemnly swear or affirm that the	information contained	d in this campai	gn financial dis	closure report	is true and	d that this r	eport is an
: ac	ccurate accounting of campaign contribut nancial Disclosure Act. Additionally, I/we	ions and expenditure swear or affirm that	s required to be no campaign or	reported by the	e candidate co ve been expen	mmittee by	y the Camp personal fi	aign nancial
be	enefit of the candidate or for any other no	onpolitical purpose as	defined by the	federal internal	revenue code	,	percentar	Hanolai
Y.	LAI.	3/2/		19	, 1)	2/2	. /
	signature of candidate	$\frac{3/30/2}{\text{date}}$	L	signature o	of political treas	are	_ <i>9/3</i> 2	0/22 data
	algitatoro oi canalegato	> uage		aignature	or punicar treas	5U 64		date
11. WI	TNESS SIGNATURE							
12	mare of Day's	2/2/01	1					
J.Mar	TOO W. IX OU W	-/3/22	·					
	signature of witness	/ da/te		signa	ture of witness			date
12. SUI	MMARY							
					r.	0		
a.	BALANCE ON HAND LAST REPORT							
b.	TOTAL RECEIPTS THIS PERIOD			······································	.s <u>354</u>	<u>5,00</u>		
					2 1	1.77		
C.	TOTAL DISBURSEMENTS THIS PERIOD				\$	 '	2 2 4 -	3 4 -
d.	BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)	tLED			\$_	333	<u>s,23</u>
		AM	PM					
e.	TOTAL LOANS OUTSTANDING	ΔPR	1 2022			\$_	0	
	TOTAL ODLIGATIONS OF WOMAN TO	,	1 2022		· ·		0	
f.	TOTAL OBLIGATIONS OUTSTANDING.	CHIMINE	ER COUNTY			\$-		
A 22%		ELECTION	COMMISSIC	N				

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)				G THE PERIOD
Bob Maiola		FRAM:/OI	<u>/ コユ TO:</u>	03/31/2023
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			•	•
a. Unitemized Contributions (\$100 or less from each source this perio	d)	\$	95,00	,
b. Itemized Contributions (over \$100 from each source this period)		\$_34	50.00	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a.	. and 15.b.)		\$ <u>\$</u>	3545,00
16. LOANS RECEIVED THIS REPORTING PERIOD				
17. INTEREST RECEIVED THIS REPORTING PERIOD				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 1	l2.b.)		\$_	3545.00
DISBURSEMENTS				
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by	y category - e	e.g., printing,	postage, gasc	oline)
Aggie's Printing Gallatin	\$ <u>54.</u>	<u>63</u>	•	
Aggis's Printing Gallatin	\$ <u>35,</u>	62		
Busy Bee Ainting Hendersoville	\$ 1000	<u> 20</u>		
Checks Untimited	\$ 21.	52		
	\$			
	\$	<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	d 19.b.)		\$	211.77
20. LOAN REPAYMENTS MADE THIS PERIOD		***************************************	\$ ₋	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in ite	em 12.c.)	***************************************	\$	0
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 perio	od)	\$_ <u>O</u>		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 2	22.a. and 22.	b.)	\$	_0
23. OBLIGATIONS				
a. Unitemized Obligations Outstanding (\$100 or less each)	***************************************	\$	0	
b. Itemized Obligations Outstanding (Over \$100 each)		\$	0	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must b	e shown i ite	m 12.f.)	\$	0_



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	0 1 11 - 1	2 REPORT COVERI	
	Bob Majo	a 12 01 22	TO: 03/3) /2022
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FROM PRECEDING PAG	E (enter \$0 if first itemized page)	O
		ontributions totaling more than \$100 from any contributor)
	/liddle Name	Contribution Received For:	Amount of Contribution
Donna		Primary Election General Election	
Last Name/Organization Name		E Trimary Elocion	200,00
	Class Ot	Runoff (Local Elections Only)	
Address 5672 Milagro /	State Zin Code	Date of Contribution	Aggregate This Election
Las Vegas	NV 89135	2-14-2032	
Occupation	•	2-14-2032	
Employer			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
loni		☐ ☐ Frimary Election ☐ General Election	
Last Name/Organization Name		Learnmary Election Las General Election	250.00
	Rd	Runoff (Local Elections Only)	
		Date of Contribution	Aggregate This Election
Cottontown	State Zip Code 3 7 0 48	33333	
Occupation	,	2-14-2022	
Employer		1	
Language Control of the Control of t			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Robert	<u> </u>	General Election	
Last Name/Organization Name Maiola		Light mindry Endonomic Endonomic Endonomic	3000.00
Address 425 Paisley Wa	2.54	Runoff (Local Elections Only)	
-	State Zip Code	Date of Contribution	Aggregate This Election
G allatin	TN 37066		
Occupation tetired		2-14-2022	
Employer		1	
retire d			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		☐ Primary Election ☐ General Election	
Lost Hallow Gallegovi Halle			
Address		Runoff (Local Elections Only)	
City	State Zip Code	Date of Contribution	Aggregate This Election
		4	
Occupation			
Employer		1	
		<u> </u>	<i>A</i>
5. TOTAL ITEMIZED CONTRIBUTIONS	(1)		3,450.00
(Carry forward to item 3. of next page if additional page (If this is the last page of contributions, this amount mu	es of this form are used.) est be shown in item 15b. of summary.)		3,

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE	2 1		REPORT COVERI	NG THE PERIOD			
	l	30b Ma	iola	FR. 01/22	TO:03/31/2022			
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS FROM	PRECEDING PAG	E (enter \$0 if first itemized page	е)	O			
			IBUTION (in-kind contributions totaling		ntributor during the period)			
First Name	Middle Na	me	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election				
City	y State Zip Code			1				
Occupation	Employer							
First Name	Middle N	ame .	In-Kind Contribution Recei		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	ris .				
Occupation	Employer		 					
First Name	Middle N	ame	In-Kind Contribution Rece		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Electi					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	הא				
Occupation	Employer	-						
First Name	diddle N	ame	In-Kind Contribution Rece		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elect					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	on				
Occupation	Employer							
First Name	Middle N	ame	In-Kind Contribution Red		Value of In-Kind Contribution			
Last Name/Organization Name	<u> </u>		Runoff (Local Election					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	מס				
Occupation	Employer				(
	ND CONTRIBUTIONS page if additional pages of this for contributions, this amount must be		nmary.)		0			
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	Bob	Maiola		2. REPORT COVER	ING THE PERIOD TO:03/31/2022				
2 TOTAL ITEMIZED CAMPAIGN EXPENDITIII					Amount				
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 Nam	e	Purpose of Expenditure BUSINESS Cards	32,507	Amount of Expenditure				
Last Name/Business Name Aggic's Prin	nt		Brochures	17,50	54.63				
Address 203 W. Mai	n		Be WLTR	30.00 {	35 62				
Ganatin	State T N	Zip Code 37066	Color LTR	3,02	90.25				
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name	l		Name Badges	`	100,00				
Address 334 W. Mai		<u>ng </u>							
City	State	Zip Code							
Hendersonville	TU	37075							
First Name	Middle Nan	ne	Purpose of Expenditure	Ohlaki	Amount of Expenditure				
Last Name/Business Name Checks Ur	limi	ted	campaign	Chuch	21.52				
Address Checks unlimited, com	/come	act-us/							
internet	State	Zip Code	1						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name	<u> </u>		-						
Address			†						
Cily	State	Zip Code	_		-				
First Name	Middle Nar	10	Purpose of Expenditure		Amount of Expenditure				
First Name	Midule Nai		Pulpose of Experiorals		Amount of Expenditure				
Last Name/Business Name			_						
Address									
City	State	Zip Code							
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name	1								
Address									
City	State	Zip Code							
5. TOTAL ITEMIZED EXPENDITURES		are word \			211.77				
(Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu					1211.11				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDAT	E OR COMMITTEE	Bob	1	Kaio	1a		2. F FRO 02/01/		7	IG THE PERIOD OS BI /30 22
3. COMPLETE THE APP	ROPRIATE ITEMS I					nore than \$100 t	from any source	during the perio	od)	<i></i>
Complete the Following for t	he Source of the Loan									
First Name	Middle Nar	ne		Outstanding L (Beginning d		Loans Received		nents		nding Loan Balance End of Period)
Last Name/Organization Name				,						
Address				Loan Receive	ed For:		 _	Date of Loan		· · · · · · · · · · · · · · · · · · ·
Tiddicoc				1	Primary Election General Election					
City	State	Zip Code		☐ Runoff (Local Elections	Only)				
	List All Endo	rsers or Guara	antors f	ior Above Loa	n (If more spa	ice is needed	l please attach	a page)		
First Name		Middle Name	•		First Name				Middle N	lame
Last Name/Organization Name		-1	-		Last Name/O	ganization Nam	10			
Address					Address					
City		Stale	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstanding	g				Amount Guar	anteed Outstand	ding			
First Name		Middle Nam	e		First Name				Middle I	Name
Last Name/Organization Name	 ,: .:	I,			Last Name/O	rganization Nan	ne			
Address					Address					
City		State	Zip (Code	City				State	Zip Code
Amount Guaranteed Outstandin	g	•	·• ·		Amount Guar	anteed Outstan	ding			•
First Name		Middle Nam	le		First Name				Middle	Name
Last Name/Organization Name		. '			Last Name/C	rganization Nar	me		J	
Address					Address					
City		State	Zip (Code	City			······································	Stale	Zip Code
Amount Guaranteed Outstandin	g	-			Amount Guar	anteed Outstan	ding		1	
First Name		Middle Nam	18		First Name				Middle	Name
Last Name/Organization Name					Last Name/C	rganization Nar	me		1	
Address					Address					
City		State	Zlp (Code	City			,	State	Zip Code
Amount Guaranteed Outstandin	ng	I			Amount Gua	ranteed Outstan	nding		<u></u>	
4. Totals for all Loans (co	also be shown in item 16. c	n summary page	e.)			Loan Balance ; g of Period)	Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)
(Total loan payments should a (Total outstanding loan balance	also be shown in item 20. o	n summary page	e.)		, , , ,					0

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	Br	b Mai	$\alpha \alpha$	2. REPORT COV		
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting pages.)	n \$100 owe	ITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	30 / 20 22 Outstanding Balance (End of Period)
First Name	Middle Nar	ne				
Last Name/Business Name		- "				
Address			1			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ne				
Last Name/Business Name	<u></u>		-			
Address			-			
City	State	Zip Code	-			
Description of Obligation	<u> </u>		•	····		1
First Name	Middle Na	me				
Last Name/Business Name	<u>.l., </u>	<u></u>	-			
Address			-			
City	State	Zip Code				
Description of Obligation					-	
First Name	Middle Na	ime				
Last Name/Business Name	<u> </u>				,	
Address						
City	State	Zip Code	7			
Description of Obligation	<u>.</u> t	<u>.L</u>	<u> </u>	 	<u></u>	
First Name	Middle Na	erné				
Last Name/Business Name		<u> </u>				
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>	- L	- 	1	- L
4. TOTALS		-talea ka Darra			<u> </u>	λ
(Total from Outstanding Balance - (End of Period) in Item 23b. on summary page.)	column mu	st also be shown	0			