CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

DEC 22 2022

	100000	A A CASTALL	GINIV
1. DATE OF REPORT 2.a. NAME OF CANDIDATE OF	ORGOMM	Fle of Carr	alles Burdine
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE	
		0,000	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State	Zip Code	Phone 1/2 74 C
107 Greenlaum Dr. Lebanon	TO	37081	615-41-167
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) 6.	NE OF POLITICAL	TREASURER (may be	e candidate)
City Council Ward 3	Tracey	tarks	
7. CALEGORY OR REPORT (Check one)			
FIRST SECOND THIRD FOURTH PRE- QUARTER QUARTER QUARTER PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
QUARTER QUARTER QUARTER PRIMARY 8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. END	INGDATE OF REPO	ORTING PERIOD 11	
C 90-22	123	22	
9. (Check one)			
 a. This campaign is exempt from detailed disclosure because contribut tures total \$1,000 or less for this reporting period. (Complete items 	12d., 12e. and 12t.)	
b. This campaign is required to file a detailed financial disclosure because and/or expenditures total more than \$1,000 for this reporting period.	use contributions (i	ncluding in-kind) recei	ved total more than \$1,000
10. I/we do solemnly swear or affirm that the information contained in this car accurate accounting of campaign contributions and expenditures required Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign the candidate or for any other nonpolitical purpose as defined by signature of candidate 12/12/22 12/12/22 13/14/2	gn contributions ha	ve been expended for	
11. MITNESS SIGNATURE KING E Claume 12/22/22 Signature of witness date	Henris E	Clements ature of witness	1 z / zz / z 2 _ date
12. SUMMARY		645	57.
a. BALANCE ON HAND LAST REPORT	***************************************	\$ <u>Q1751</u>	,5Q
b. TOTAL RECEIPTS THIS PERIOD	•••••	\$	
c. TOTAL DISBURSEMENTS THIS PERIOD	***************************************	\$ (e) 45 1	,3 G
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)			\$
e. TOTAL LOANS OUTSTANDING	••••		\$
f. TOTAL OBLIGATIONS OUTSTANDING		*************************	. \$

SUMMARY PAGE - CANDIDATE

RECEIVED
DEC 22 2022

1:	14. REPORT COVERING THE PERIOD THOM THE PERIOD THE PERI
	ECEIPTS 5. 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)\$
	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$
	S. LOANS RECEIVED THIS REPORTING PERIOD
17	. INTEREST RECEIVED THIS REPORTING PERIOD
	s. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)
D	ISBURSEMENTS
19	. EXPENDITURES (other than loan payments)
ŧ	a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)
	Liberty State Bank s 11,13
	<u> </u>
	\$
	\$
	S
	•
	3
	\$
	\$ <u> </u>
	\$
Т	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.)
	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 12.f.)



Page 2 of 4

ITEMIZED STATEMENT OF EXPENDITURES - CAMOLDATE

NAME OF CANDIDATE OR COMMITTEE	1 1 N. 71	TI	2. REPORT COVE	RING THE PERIOD	
committee take	Elect Camille	Burdina	FROM - 22EL	ETPZ C3 MESIQN	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS FOR				eriod)	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Perity Eusiness Name Address	d Place	8igns	8	631.00	
City Way ON	110 37081				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last lame Business Plane Tyle Address City	Stale Zip Code	Deconstor S Sponsor S	mp (546.64	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Nome/Business Name Address		Signage	\$	412.46	
Lebanon	State Zip Code				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Bysin ss Name Address		Meet & Events	5	106.72	
Celanon	Tw 37087				
First Name	Middle Hame	Purpose of Expenditure		Amount of Expenditure	
Last hand Duckness Name Address		608	\$	300 W	
city eby Or	# 37087				
First Name	Middle Name	Purpose of Expenditure	1	Amount of Expenditure	
act transcribes Name Rentals Address City LMMM	773 37887	Table Worths,	is creats	60. w	
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must 				\$1556.88	

DEC 2 2 2022

ITEMIZED STATEMENT OF EXPENDITURES - CAMDIDATE

TOTAL ITEMIZED CAMPAIGN EXPENDIT COMPLETE THE APPROPRIATE ITEMS FOR	URES FROM PRECEDING PAG		2. REPORT COVE FROM: 1 722 gge)	RING THE PERIOD TP2-31-22 Amount
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Las Name But bass Name Address City	Zip Gode 8 7	Campaigh	(560.0
First Name	Middle Name	Purpose of Expenditure	No.	Amount of Expenditure
Lat Menne/Business Name Address City	Typ Code 7	flyers	\$	2,708.78
First Parie	Middle Name	Purpose of Expenditure	- Alley North Control	Amount of Expenditure
Last transcribiness Name Address		Wrap W	n	371.34
CIPOLYIM	State ZipCode 87	Maril		
First Name Las (Name/Business Name Address City	Middle Name	Purpose of Expenditure Watch Party	\$	Amount of Expenditure
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name Address	State Zip Code	1 Dipose of Expenditure		Antoun of Expendique
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
est Name/Gusiness Name				
ddress			The charge of th	
ity	State Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must				4,889.55