

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Jimmy D. Norman	14. REPORT COVERING THE PERIOD FROM: 2022-10-01 TO: 2022-12-31
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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) \$ _____

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ _____

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 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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ _____

b. Itemized Expenditures (Over \$100 each payee this period) \$ **800.00**

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ **800.00**

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ **800.00**

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.) \$ _____



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jimmy D. Norman			2. REPORT COVERING THE PERIOD FROM: 2022-10-01 TO: 2022-12-31		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00	
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	
Last Name/Business Name Lake Dwellers		T shirts		\$350.00	
Address 905 Exchange Street					
City Union City	State TN				Zip Code 38261
First Name					Middle Name
Last Name/Business Name Magic Valley Publishing		advertising		\$450.00	
Address 2850 Stage Village Cove, Ste 5					
City Bartlett	State TN				Zip Code 38134
First Name					Middle Name
Last Name/Business Name		Purpose of Expenditure		Amount of Expenditure	
Address		Purpose of Expenditure		Amount of Expenditure	
City	State	Zip Code	Amount of Expenditure		
City	State	Zip Code	Amount of Expenditure		
City	State	Zip Code	Amount of Expenditure		
City	State	Zip Code	Amount of Expenditure		
City	State	Zip Code	Amount of Expenditure		
City	State	Zip Code	Amount of Expenditure		
City	State	Zip Code	Amount of Expenditure		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$800.00	

