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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 1/15/2026 2.a. Candidate or Committee Name: Friends for Mike Palazzolo
 2.b. If Committee, Name of Candidate: Mike Palazzolo 3. Election Date: _____
 4. Campaign Address: 2455 Arthur Road
 City: Germentown State: TN Zip Code: 38138 Phone: 901-568-3568
 5. Candidate Home Address: Same as Above
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: mpalazzolo19@yahoo.com
 6. Office Sought: (include district number, if applicable) Mayor - City of Germentown
 7. Name of Political Treasurer (may be candidate): Mike Palazzolo
 Political Treasurer Email Address: mpalazzolo19@yahoo.com

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 6/30/2025 End Date: 1/15/2026

10. Detailed Disclosure: (Check one)
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
 This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

<u>Mike Palazzolo</u> Candidate Signature	<u>1/20/2026</u> Date	<u>Mike Palazzolo</u> Political Treasurer Signature	<u>1/20/2026</u> Date
<u>[Signature]</u> Witness Signature	<u>1/20/26</u> Date	<u>Michelle Beth</u> Witness Signature	<u>1/20/2026</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>77,607.03</u>
b. Total Receipts This Period	\$ <u>0</u>
c. Total Disbursements This Period	\$ <u>34,818.25</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>42,788.78</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends for Mike Polizzolo

14. Reporting Period: Start Date: 6/30/2025 End Date: 1/15/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 0
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 0

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 34,818.25
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 34,818.25

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Peluzzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Germanatown Community Theater OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3037 Foreign Hill Truce Rd City: Gretna State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 43.00 Date of Expenditure: 7/6/2025

Business or Organization Name: Pak + Sam's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3886 Park Ave City: Mphs State: TN Zip Code: 38111
Purpose of Expenditure: New Memphis Institute Dinner
Amount of Expenditure: \$ 154.88 Date of Expenditure: 7/9/2025

Business or Organization Name: Excellence and Leadership Group OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 230 Franklin Dr City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Attend Awards Dinner
Amount of Expenditure: \$ 175.00 Date of Expenditure: 7/8/2025

Business or Organization Name: Germanatown Community OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2290 S. Germanatown Rd City: Gretna State: TN Zip Code: 38138
Purpose of Expenditure: General Assembly Dinner
Amount of Expenditure: \$ 115.21 Date of Expenditure: 7/18/2025

Business or Organization Name: Malhard's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 19720 E. Main St City: Huntingdon State: TN Zip Code: 38344
Purpose of Expenditure: General Assembly Lunch
Amount of Expenditure: \$ 79.14 Date of Expenditure: 7/18/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Polizzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Indiana Sports Corp Indianapolis OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 115 W. Washington St City: Indianapolis State: IN Zip Code: 46204
Purpose of Expenditure: Tod Ex Sports / Tourism Conf / Expo
Amount of Expenditure: \$ 2,100.00 Date of Expenditure: 7/26/2025

Business or Organization Name: Provino's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5081 S. Terrace Plany City: Chattanooga State: TN Zip Code: 37412
Purpose of Expenditure: TML Conf. Dinner
Amount of Expenditure: \$ 50.28 Date of Expenditure: 8/2/2025

Business or Organization Name: UT - Chattanooga OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 532 Hookout Street City: Chattanooga State: TN Zip Code: 37403
Purpose of Expenditure: TML Conf. Dinner
Amount of Expenditure: \$ 79.95 Date of Expenditure: 8/2/2025

Business or Organization Name: GPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1801 Exeter Road City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 168.00 Date of Expenditure: 8/6/2025

Business or Organization Name: Germanatown Education Foundation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3350 S. Forest Hill Iron City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 1,000.00 Date of Expenditure: 8/10/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Palazzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Data / Cellular Service
Amount of Expenditure: \$ 155.20 Date of Expenditure: 8/10/2025

Business or Organization Name: Republican Women of Purpose OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Greeneville State: TN Zip Code: _____
Purpose of Expenditure: Monthly Luncheon
Amount of Expenditure: \$ 35.00 Date of Expenditure: 9/3/2025

Business or Organization Name: Kiwanis Club of Germantown OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 38383 City: Germantown State: TN Zip Code: 38183
Purpose of Expenditure: Dues + Sponsorship
Amount of Expenditure: \$ 385.00 Date of Expenditure: 9/4/2025

Business or Organization Name: Fast Stop #16 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1475 Dover Road City: Chattanooga State: TN Zip Code: 37042
Purpose of Expenditure: Gas / Stationer Dinner
Amount of Expenditure: \$ 46.95 Date of Expenditure: 8/24/2025

Business or Organization Name: Pata + Sam's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3886 Park Ave City: Mpls State: TN Zip Code: 38111
Purpose of Expenditure: Campaign Dinner
Amount of Expenditure: \$ 107.61 Date of Expenditure: 9/3/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends For Mike Pizzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Owen Brennan's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6150 Poplar Ave City: Mpls State: TN Zip Code: 38114
Purpose of Expenditure: Campaign Dinner
Amount of Expenditure: \$ 31.25 Date of Expenditure: 8/26/2025

Business or Organization Name: Detroit Cowboy OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 500 11th Ave City: Nashville State: TN Zip Code: 37203
Purpose of Expenditure: hobbyist Dinner
Amount of Expenditure: \$ 92.51 Date of Expenditure: 8/14/2025

Business or Organization Name: Gaylord Opryland Hotel OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2800 Opryland Dr. City: Nashville State: TN Zip Code: 37214
Purpose of Expenditure: Stationer Dinner
Amount of Expenditure: \$ 59.94 Date of Expenditure: 8/25/2025

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Dallas State: TX Zip Code: _____
Purpose of Expenditure: Cellular Debt/Broadband
Amount of Expenditure: \$ 201.13 Date of Expenditure: 9/8/2025

Business or Organization Name: Knights of Columbus OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: OLPH - Poplar City: Gretna State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 40.00 Date of Expenditure: 8/17/2025

Total Expenditures: \$ _____
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends For Mike Polozzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: GPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1801 Exeter Drive City: Gretna State: TN Zip Code: 38138
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 104.60 Date of Expenditure: 8/17/2025

Business or Organization Name: Poplar Estates Homeowners Assoc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Gretna State: TN Zip Code: 38138
Purpose of Expenditure: Program support & dues
Amount of Expenditure: \$ 80.00 Date of Expenditure: 9/1/2025

Business or Organization Name: National Assoc. of Regional Councils OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 660 North Capitol St NW City: Washington State: DC Zip Code: 20001
Purpose of Expenditure: National conference & Board Mtg
Amount of Expenditure: \$ 895.00 Date of Expenditure: 2/31/2025

Business or Organization Name: Hilton - The Herpeth OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 130 2nd Ave North City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Tennessee Leadership Award Dinner
Amount of Expenditure: \$ 478.68 Date of Expenditure: 8/28/2025

Business or Organization Name: Hilton - Grand Inn Opryland OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 124 Music City Circle City: Nashville State: TN Zip Code: 37214
Purpose of Expenditure: Stationer Dinner
Amount of Expenditure: \$ 203.93 Date of Expenditure: 8/21/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Polozzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Southwest Airlines OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Dallas State: TX Zip Code: _____
Purpose of Expenditure: NARE Conference + Board Meeting
Amount of Expenditure: \$ 1,229.73 Date of Expenditure: 7/31/2025

Business or Organization Name: Deaton Designs OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 130 Chestnut Cove City: Saunderburg State: TN Zip Code: 38067
Purpose of Expenditure: Getown Festival Support
Amount of Expenditure: \$ 88.90 Date of Expenditure: 9/7/2025

Business or Organization Name: Shelby County Republican Women's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Mpls State: TN Zip Code: _____
Purpose of Expenditure: Monthly luncheon
Amount of Expenditure: \$ 30.00 Date of Expenditure: 9/15/2025

Business or Organization Name: Germanhous Volunteer Firefighters Assoc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Getown State: TN Zip Code: 38138
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 100.00 Date of Expenditure: 9/15/2025

Business or Organization Name: KEVPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 556 S. Rowlett City: Collierville State: TN Zip Code: 38017
Purpose of Expenditure: Contribution of Support
Amount of Expenditure: \$ 500.00 Date of Expenditure: 9/17/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Miki Paluzzolo
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/14/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Poplar Estates Homeowners Assoc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Annual Membership Dues
Amount of Expenditure: \$ 30.00 Date of Expenditure: \$ 9/16/2025

Business or Organization Name: Knights of Columbus OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: OLPH - Poplar City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Annual Benefit Gala
Amount of Expenditure: \$ 80.00 Date of Expenditure: \$ 9/28/2025

Business or Organization Name: Del Frisco's Indianapolis TdEx OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 14 W. Maryland St City: Indianapolis State: IN Zip Code: 46204
Purpose of Expenditure: Meal
Amount of Expenditure: \$ 196.59 Date of Expenditure: \$ 9/10/2025

Business or Organization Name: Germentown Performing Arts Center OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1801 Excelsior Rd City: G-town State: TN Zip Code: 38018
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 123.60 Date of Expenditure: \$ 9/18/2025

Business or Organization Name: Meadowview Conf. Center k-ship TN OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Kingsport State: TN Zip Code: _____
Purpose of Expenditure: Meal
Amount of Expenditure: \$ 68.14 Date of Expenditure: \$ 9/21/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Palazzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Hilton Double Tree OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 211 Mockingbird Ln City: Johnson City State: TN Zip Code: 37604
Purpose of Expenditure: Hodging L-ship TN
Amount of Expenditure: \$ 292.96 Date of Expenditure: \$ 9/20/2025

Business or Organization Name: Hampton Inn - Hilton OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5001 Crossing Circle City: Mt. Juliet State: TN Zip Code: 37122
Purpose of Expenditure: Hodging
Amount of Expenditure: \$ 143.99 Date of Expenditure: \$ 9/22/2025

Business or Organization Name: JW Marriott OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 10 West Street City: Indianapolis State: IN Zip Code: 46204
Purpose of Expenditure: Hodging - Tel Ex Sports
Amount of Expenditure: \$ 1025.10 Date of Expenditure: \$ 9/9/2025

Business or Organization Name: Republican Women of Purpose OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Monthly Luncheon
Amount of Expenditure: \$ 35.00 Date of Expenditure: \$ 9/24/2025

Business or Organization Name: The Awards Place OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1160 W. Poplar Ave City: Collierville State: TN Zip Code: 38017
Purpose of Expenditure: Mayor's Trophy Engraving
Amount of Expenditure: \$ 28.51 Date of Expenditure: \$ 9/29/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Palazzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Friends to Re-Elect Ron Burt OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Computer support
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 10/10/2025

Business or Organization Name: GPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1801 Exeter Road City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 126.00 Date of Expenditure: \$ 10/7/2025

Business or Organization Name: Shelby County Republican Women OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 10135 National ClubLn City: C-ville State: TN Zip Code: 38017
Purpose of Expenditure: Monthly luncheon
Amount of Expenditure: \$ 30.00 Date of Expenditure: \$ 10/14/2025

Business or Organization Name: Germania Education Foundation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3350 Forest Hill Drive RD City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Recs for Education support
Amount of Expenditure: \$ 95.65 Date of Expenditure: \$ 10/14/2025

Business or Organization Name: Course Through Cancer OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 9160 Hwy 64 Ste 12 City: Hickory State: TN Zip Code: 38002
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 11/8/25 Date of Expenditure: \$ 648.23

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Palazzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: MEFA OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 910 Venice Ave City: Mpls State: TN Zip Code: 38126
Purpose of Expenditure: function & program support
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 10/10/2025

Business or Organization Name: Hilton Portland OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 461 Main Mill Rd City: S. Portland State: ME Zip Code: 04106
Purpose of Expenditure: Travel
Amount of Expenditure: \$ 10/4/2025 Date of Expenditure: \$ 2447.77

Business or Organization Name: Friends for Brent Taylor OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Contribution
Amount of Expenditure: \$ 1,000.00 Date of Expenditure: \$ 10/21/2025

Business or Organization Name: Portland Regency Hotel OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 20 Milk Street City: Portland State: ME Zip Code: 04101
Purpose of Expenditure: 932.05 Travel
Amount of Expenditure: \$ 932.05 Date of Expenditure: \$ 10/5/2025

Business or Organization Name: National Car Rental OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1002 Westbrook St. City: Portland State: ME Zip Code: 04102
Purpose of Expenditure: Travel
Amount of Expenditure: \$ 645.73 Date of Expenditure: \$ 10/6/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Polizzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Portland Regency Hotel OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 20 Milk St. City: Portland State: ME Zip Code: 04101
Purpose of Expenditure: Travel Meal
Amount of Expenditure: \$ 126.92 Date of Expenditure: \$ 10/5/2025

Business or Organization Name: Memphis Airport Parkers OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2491 Winchester City: Mphs State: TN Zip Code: 38116
Purpose of Expenditure: Parking
Amount of Expenditure: \$ 45.00 Date of Expenditure: \$ 10/6/2025

Business or Organization Name: Highroller Lobster Co. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 104 Exchange St. City: Portland State: ME Zip Code: 04101
Purpose of Expenditure: Travel Meal
Amount of Expenditure: \$ 141.64 Date of Expenditure: \$ 10/3/2025

Business or Organization Name: Vita Vaccaria OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 10 Dana St. City: Portland State: ME Zip Code: 04101
Purpose of Expenditure: Travel Meal
Amount of Expenditure: \$ 127.52 Date of Expenditure: \$ 10/6/2025

Business or Organization Name: City of Germantown Parks & Rec. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2276 West St. City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Fall Festival
Amount of Expenditure: \$ 75.00 Date of Expenditure: \$ 10/17/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Palazzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Cellular Data
Amount of Expenditure: \$ 203.30 Date of Expenditure: \$ 11/8/2025

Business or Organization Name: The Butcher Shop Steakhouse OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 107 S. Germantown Pkwy City: Cordova State: TN Zip Code: 38018
Purpose of Expenditure: Campaign Strategy lunch
Amount of Expenditure: \$ 70.01 Date of Expenditure: \$ 10/24/2025

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Cellular Data
Amount of Expenditure: \$ 192.24 Date of Expenditure: \$ 10/6/2025

Business or Organization Name: Madonna Learning Center OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7607 Poplar City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 130.00 Date of Expenditure: \$ 10/28/2025

Business or Organization Name: East Shelby County Prayer Day Dinner OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Graceland Hall City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 707.50 Date of Expenditure: \$ 10/28/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Pelizzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Shelby County Republican Women OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Annual Dues
Amount of Expenditure: \$ 30.00 Date of Expenditure: \$ 11/10/2025

Business or Organization Name: Shelby County Republican Woman OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Monthly Luncheon
Amount of Expenditure: \$ 30.00 Date of Expenditure: \$ 11/11/2025

Business or Organization Name: Leadership Tennessee OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 718 Thompson LN City: Nashville State: TN Zip Code: 37204
Purpose of Expenditure: annual dues
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 11/10/2025

Business or Organization Name: Lambda Alpha International OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 72720 City: Phoenix State: AZ Zip Code: 85050
Purpose of Expenditure: annual dues
Amount of Expenditure: \$ 395.00 Date of Expenditure: \$ 11/10/2025

Business or Organization Name: Germanian Knights of Columbus OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1286 Poplar Estates Pkwy City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 1,280.00 Date of Expenditure: \$ 11/2/2025

Total Expenditures: \$ _____
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for M. K. Filazzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Commercial Real Estate: Review + Forecast OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 750 Cherry Road City: Mpls State: TN Zip Code: 38117
Purpose of Expenditure: afford program
Amount of Expenditure: \$ 39.19 Date of Expenditure: \$ 12/4/2025

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Cellular Data
Amount of Expenditure: \$ 203.30 Date of Expenditure: \$ 11/10/2025

Business or Organization Name: Costco OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3775 Hooks Cross RD City: Mpls State: TN Zip Code: 38125
Purpose of Expenditure: Holiday Parade Candy + Supplies
Amount of Expenditure: \$ 264.28 Date of Expenditure: \$ 11/15/2025

Business or Organization Name: Choose 901 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1350 Concourse Ave City: Mpls State: TN Zip Code: 38104
Purpose of Expenditure: Marketing Materials
Amount of Expenditure: \$ 142.58 Date of Expenditure: \$ 11/20/2025

Business or Organization Name: Costco OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3775 Hooks Cross RD City: Mpls State: TN Zip Code: 38125
Purpose of Expenditure: Holiday Supplies
Amount of Expenditure: \$ 293.18 Date of Expenditure: \$ 11/22/2025

Total Expenditures: \$ _____
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends For Mike Paluzzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Cellular Data
Amount of Expenditure: \$ 203.30 Date of Expenditure: \$ 12/8/2025

Business or Organization Name: Madonna Learning Center OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7607 Poplar Ave City: G-Town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 275.00 Date of Expenditure: \$ 11/25/2025

Business or Organization Name: Poplar Estates Homeowners Assoc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 382572 City: G-Town State: TN Zip Code: 38138-2572
Purpose of Expenditure: Annual Dues
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 12/28/2025

Business or Organization Name: COSTCO OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3775 Hooks Cross Rd City: Mphs State: TN Zip Code: 38125
Purpose of Expenditure: Event Supplies
Amount of Expenditure: \$ 235.00 Date of Expenditure: \$ 12/16/2025

Business or Organization Name: Garibaldi's Governmental OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7521 Queen's Court City: G-Town State: TN Zip Code: 38138
Purpose of Expenditure: 2026 Campaign Planning Dinner
Amount of Expenditure: \$ 124.13 Date of Expenditure: \$ 12/11/2025

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Palazzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Dallas State: TX Zip Code: _____
Purpose of Expenditure: Cellular / Broadband Data
Amount of Expenditure: \$ 203.30 Date of Expenditure: 12/10/2025

Business or Organization Name: Boundless Network INC. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Po Box 650002 City: Dallas State: TX Zip Code: 75265
Purpose of Expenditure: Marketing Material
Amount of Expenditure: \$ 662.30 Date of Expenditure: 12/26/2025

Business or Organization Name: Leadership Germantown OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2095 Exeter Road City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 650.00 Date of Expenditure: 12/28/2025

Business or Organization Name: Germantown Community Theatre OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3037 Forest Hill Drive City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 500.00 Date of Expenditure: 12/5/2025

Business or Organization Name: Germantown Public Art Program OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 211.83 Date of Expenditure: 12/7/2025

Total Expenditures: \$ _____
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Pelizzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: National Assoc. of Regional Councils OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 660 N. Capitol St. NW City: Washington State: DC Zip Code: 20001
Purpose of Expenditure: National Conference
Amount of Expenditure: \$ 835.00 Date of Expenditure: 12/24/2025

Business or Organization Name: Bermontown Knights of Columbus OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1591 Old Mill Road City: B-Town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 90.00 Date of Expenditure: 12/26/2025

Business or Organization Name: Boundless Network, INC. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 650002 City: Dallas State: TX Zip Code: 75265
Purpose of Expenditure: Campaign Marketing Material
Amount of Expenditure: \$ 4,045.81 Date of Expenditure: 12/22/2025

Business or Organization Name: Southwest Airlines OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2702 Love Field Dr City: Dallas State: TX Zip Code: 75235
Purpose of Expenditure: D.C. Travel / NARC
Amount of Expenditure: \$ 627.36 Date of Expenditure: 1/2/2026

Business or Organization Name: Republican Women of Purpose OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: TPC Southwind City: Mpls State: TN Zip Code: 38125
Purpose of Expenditure: Monthly Lunches + Annual Dues
Amount of Expenditure: \$ 80.00 Date of Expenditure: 1/7/2026

Total Expenditures: \$ _____
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends For Mike Palazzolo
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Dallas State: TX Zip Code: _____
Purpose of Expenditure: Monthly Cellular Data/Broadband
Amount of Expenditure: \$ 213.30 Date of Expenditure: 1/6/2026

Business or Organization Name: Deaton Designs OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 130 Chestnut Cove City: Savillsburg State: TN Zip Code: 38067
Purpose of Expenditure: Marketing materials
Amount of Expenditure: \$ 3300.00 Date of Expenditure: 12/7/2025

Business or Organization Name: Houston Boys Lacrosse OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 200.00 Date of Expenditure: 1/15/2026

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)