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JUL 21 2025

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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

JUL 21 2025

SCANNED

1. Date: 7/15/2025 2.a. Candidate or Committee Name: Friends for Mike Palazzolo
 2.b. If Committee, Name of Candidate: Mike Palazzolo 3. Election Date: 2022
 4. Campaign Address: 2455 Arthur Road
 City: Germentown State: TN Zip Code: 38138 Phone: 901-568-5568
 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: _____

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: 1/16/2025 End Date: 6/30/2025

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.

Mike Palazzolo 7/15/2025 Mike Palazzolo 7/15/2025
 Candidate Signature Date Political Treasurer Signature Date
Arthur J. [Signature] 7/15/2025 Arthur J. [Signature] 7/15/2025
 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report \$ 74,350.62
 b. Total Receipts This Period \$ 17,400.00
 c. Total Disbursements This Period \$ 14,143.54
 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 77,607.03
 e. Total Loans Outstanding \$ 0
 f. Total Obligations Outstanding \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Faluzzolo
2. Reporting Period: Start Date: 1/15/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Harvard University - tuition Reimburse OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1033 Mass Ave City: Cambridge State: MA Zip Code: 02138
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 17,400.00 Date of Contribution: 4/28/2025 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Pelezzolo
2. Reporting Period: Start Date: 1/15/2025 End Date: 6/30/2025
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: Gus's Restaurant OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3100 Forest Hill Drive City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Campaign Discussion
Amount of Expenditure: \$ 103.15 Date of Expenditure: \$ 1/14/2025

Business or Organization Name: Knights of Columbus OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8151 Poplar Ave City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: First Responders Dinner
Amount of Expenditure: \$ 40.00 Date of Expenditure: \$ 2/25/2025

Business or Organization Name: Congregational Coffee OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3060 Forest Hill Drive City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Campaign Planning
Amount of Expenditure: \$ 23.99 Date of Expenditure: \$ 2/26/2025

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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Mike Pelizzolo
2. Reporting Period: Start Date: 1/15/2025 End Date: 6/30/2025
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: Moordance OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1730 Glenwood St #117 City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Computer Planning
Amount of Expenditure: \$ 54.91 Date of Expenditure: 2/26/2025

Business or Organization Name: Gannon's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 170 4th Ave N City: Nashville State: TN Zip Code: 37214
Purpose of Expenditure: General Assembly Meal
Amount of Expenditure: \$ 114.50 Date of Expenditure: 3/3/2025

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: One Verizon Way City: Basking Ridge State: NJ Zip Code: 07420
Purpose of Expenditure: Cellular Data
Amount of Expenditure: \$ 74.86 Date of Expenditure: 3/10/2025

Business or Organization Name: International CPTED Conference OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 10980 Lady Smith City: British Columbia State: Canada Zip Code: V9G1X4
Purpose of Expenditure: Conference Registration Fee
Amount of Expenditure: \$ 409.75 Date of Expenditure: 2/25/2025

Business or Organization Name: Southwest Airlines OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 36647 City: Dallas State: TX Zip Code: 75235
Purpose of Expenditure: CPTED Conference Flight
Amount of Expenditure: \$ 365.55 Date of Expenditure: 2/27/2025

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 Pilozzolo
2. Reporting Period: Start Date: 1/15/2025 End Date: 6/30/2025
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: Kiwanis Club of Germantown OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 38383 City: G-town State: TN Zip Code: 38183
Purpose of Expenditure: Pancake Day Support
Amount of Expenditure: \$ 250.00 Date of Expenditure: 3/11/2025

Business or Organization Name: GPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1801 Exeter Rd City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 833.00 Date of Expenditure: 3/17/2025

Business or Organization Name: Poplar Estates Homeowners Association OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 60.00 Date of Expenditure: 3/20/2025

Business or Organization Name: Germantown Police Benevolent Assoc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7126 Paddock Cv City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 120.00 Date of Expenditure: 3/23/2025

Business or Organization Name: Germantown Police Benevolent Assoc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7126 Paddock Cv City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 2500.00 Date of Expenditure: 3/23/2025

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: 1/15/2025 End Date: 6/30/2025
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: Government Art Chamber of Commerce OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2145 G-town RD City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 80.00 Date of Expenditure: 3/23/2025

Business or Organization Name: Gannons Nashville OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 170 4th Ave. N City: Nashville State: TN Zip Code: 37219
Purpose of Expenditure: General Assembly Travel/Dinner
Amount of Expenditure: \$ 100.72 Date of Expenditure: 3/25/2025

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: \$ 120.00 Date of Expenditure: 3/25/2025

Business or Organization Name: US CPTEA Association OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Annual Membership
Amount of Expenditure: \$ 125.00 Date of Expenditure: 3/26/2025

Business or Organization Name: Republican Women of Purpose OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Po Box 384 City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Monthly Luncheon
Amount of Expenditure: \$ 35.00 Date of Expenditure: 3/31/2025

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: 1/15/2025 End Date: 6/30/2025
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: Germanman Education Foundation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3360 Forest Hill Drive Rd City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Humanoid Start Day Program Support
Amount of Expenditure: \$ 257.50 Date of Expenditure: 4/2/2025

Business or Organization Name: Shelby County Republican Women 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: 4/8/2025

Business or Organization Name: Maondance Restaurant OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1730 S. Germantown Rd. City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Campaign planning dinner meeting
Amount of Expenditure: \$ 108.93 Date of Expenditure: 4/2/2025

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Monthly Debt / Cellular
Amount of Expenditure: \$ 74.86 Date of Expenditure: 4/4/2025

Business or Organization Name: Germantown Commissary OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2290 S. Germantown Rd. City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Planning meeting food
Amount of Expenditure: \$ 70.14 Date of Expenditure: 4/4/2025

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: 1/15/2025 End Date: 6/30/2025
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: Costco OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3776 Hebel Cross Rd City: G-town State: TN Zip Code: 38125
Purpose of Expenditure: Stamps / Postage Supplies
Amount of Expenditure: \$ 483.10 Date of Expenditure: 4/14/2025

Business or Organization Name: Germanatown Performing Arts Center OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1800 Exeter Rd City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 520.00 Date of Expenditure: 4/23/2025

Business or Organization Name: Haley's Germanatown OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7677 Farmington Blvd City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: homemade donut volunteer luncheon
Amount of Expenditure: \$ 101.70 Date of Expenditure: 5/3/2025

Business or Organization Name: Porter-Leath OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3400 Prescott Road City: Mpls State: TN Zip Code: 38118
Purpose of Expenditure: Books from Book luncheon
Amount of Expenditure: \$ 81.12 Date of Expenditure: 5/3/2025

Business or Organization Name: Shelby County Republican Women OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Annual associate member dues
Amount of Expenditure: \$ 30.00 Date of Expenditure: 5/6/2025

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: 1/15/2025 End Date: 6/30/2025
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: Republican Women of Purpose OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Cordova State: TN Zip Code: _____
Purpose of Expenditure: Monthly Luncheon
Amount of Expenditure: \$ 35.00 Date of Expenditure: 5/7/2025

Business or Organization Name: Friends for Mark Billingsley OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8439 Farrah Lane City: Cordova State: TN Zip Code: 38134
Purpose of Expenditure: Campaign Contribution
Amount of Expenditure: \$ 500.00 Date of Expenditure: 5/8/2025

Business or Organization Name: Geribaldi's Pizzeria OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7521 Quarris Court City: Cordova State: TN Zip Code: 38138
Purpose of Expenditure: Public Safety Appreciation Dinner
Amount of Expenditure: \$ 83.41 Date of Expenditure: 5/8/2025

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Basking Ridge State: NJ Zip Code: 07920
Purpose of Expenditure: Cellular Data Service
Amount of Expenditure: \$ 74.85 Date of Expenditure: 5/9/2025

Business or Organization Name: Verizon Wireless - VICTIM OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7708 Poplar Ave Ste 102 City: Cordova State: TN Zip Code: 38138
Purpose of Expenditure: Cellular / Data Equipment
Amount of Expenditure: \$ 1,854.41 Date of Expenditure: 5/6/2025

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: Froods for Mike Pelizzolo
2. Reporting Period: Start Date: 1/15/2025 End Date: 6/30/2025
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: LeMiss Tenn Kiroku's District Office OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 10000 Collier Dr. Ste 706 City: Baton Rouge State: LA Zip Code: 70804
Purpose of Expenditure: District Convention Sponsor
Amount of Expenditure: \$ 250.00 Date of Expenditure: 5/20/2025

Business or Organization Name: Restaurant Iris OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4550 Poplar Ave City: Mpls State: TN Zip Code: 38117
Purpose of Expenditure: County Commission Luncheon
Amount of Expenditure: \$ 62.58 Date of Expenditure: 5/20/2025

Business or Organization Name: East Skelby Republican Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 383302 City: Germentown State: TN Zip Code: 38183-3302
Purpose of Expenditure: Annual Dues
Amount of Expenditure: \$ 25.00 Date of Expenditure: 5/27/2025

Business or Organization Name: MIFA - Our City, Our Story 2025 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 910 Vance Ave City: Mpls State: TN Zip Code: 38126
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 250.00 Date of Expenditure: 5/27/2025

Business or Organization Name: Germentown Chamber of Commerce OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2145 S. Germentown Rd City: Germentown State: TN Zip Code: 38138
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 200.00 Date of Expenditure: 5/27/2025

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 Peluzzolo
2. Reporting Period: Start Date: 1/15/2025 End Date: 6/30/2025
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: COSTLO OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3725 Hooks Cross RD City: Mphs State: TN Zip Code: 38125
Purpose of Expenditure: GCHS week city box food/supplies
Amount of Expenditure: \$ 223.16 Date of Expenditure: 5/30/2025

Business or Organization Name: Overton Park skool OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 764 S. Cooper st City: Mphs State: TN Zip Code: 38104
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 64.88 Date of Expenditure: 6/1/2025

Business or Organization Name: Republican Women of Purpose OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: TPL Southwind City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Monthly luncheon
Amount of Expenditure: \$ 30.00 Date of Expenditure: 6/2/2025

Business or Organization Name: GermanTown Community Theatre OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3037 Forest Hill Dr City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 240.00 Date of Expenditure: 6/1/2025

Business or Organization Name: GermanTown Education Foundation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3350 Forest Hill Dr City: G-town State: TN Zip Code: 38138
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 206.00 Date of Expenditure: 6/14/2025

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: 4/15/2025 End Date: 6/30/2025
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: Rhodes College OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2000 N. Parkway City: Mpls State: TN Zip Code: 38112
Purpose of Expenditure: Program support
Amount of Expenditure: \$ 2,500.00 Date of Expenditure: 6/14/2025

Business or Organization Name: Butcher shop OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 107 S. Germantown Pkwy City: Cordova State: TN Zip Code: 38018
Purpose of Expenditure: Companion lunch
Amount of Expenditure: \$ 76.52 Date of Expenditure: 6/20/2025

Business or Organization Name: Tennessee Republican Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 95 White Bridge Rd Ste 414 City: Nashville State: TN Zip Code: 37205
Purpose of Expenditure: Annual Dinner
Amount of Expenditure: \$ 300.00 Date of Expenditure: 6/30/2025

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: \$ 14,143.54
(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.)