

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4/28/2022		2.a. NAME OF CANDIDATE OR COMMITTEE Pam Murray		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 2022-05-03		
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route 802 Stockell Street	City Nashville	State TN	Zip Code 37207	Phone (615) 474-9456
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)				
Street or Rural Route 802 Stockell Street	City Nashville	State TN	Zip Code 37207	Phone
5. OFFICE SOUGHT (include district number, if applicable) Circuit Court Clerk		6. NAME OF POLITICAL TREASURER (may be candidate) Paige Merriweather		
7. CATEGORY OR REPORT (Check one)				
☐ FIRST QUARTER	☐ SECOND QUARTER	☐ THIRD QUARTER	☐ FOURTH QUARTER	☒ PRE- PRIMARY ☐ PRE- GENERAL ☐ MID-YEAR SUPPLEMENTAL ☐ YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 2022-04-01		8.b. ENDING DATE OF REPORTING PERIOD 2022-04-23		
9. (Check one)				
a. ☐ This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. ☒ 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.				
10. 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.				
_____ signature of candidate		_____ signature of political treasurer		
_____ signature of witness		_____ signature of witness		
11. WITNESS SIGNATURE				
_____ signature of witness				
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$ <u>0.00</u>		
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>1,064.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>1,064.00</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>0.00</u>		
e. TOTAL LOANS OUTSTANDING		\$ <u>0.00</u>		
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0.00</u>		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Pam Murray	14. REPORT COVERING THE PERIOD FROM: 2022-04-01 TO: 2022-04-23	
---	---	--

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) \$ \$1,064.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ \$1,064.00

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 12.b.) \$ \$1,064.00

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) \$ \$1,064.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ \$1,064.00

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ \$1,064.00

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 in item 12.f.) \$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Pam Murray				2. REPORT COVERING THE PERIOD FROM: 2022-04-01 TO: 2022-04-23	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Pamela		Middle Name Gail		Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Last Name/Organization Name Murray				Amount of Contribution \$1,064.00	
Address 802 Stockell St				Date of Contribution 2022-04-21	
City Nashville		State TN	Zip Code 37207		
Occupation Social Worker					
Employer Sunshine Treatment Institute				Aggregate This Election \$1,064.00	
First Name		Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Last Name/Organization Name				Date of Contribution	
Address					
City		State	Zip Code		
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Last Name/Organization Name				Date of Contribution	
Address					
City		State	Zip Code		
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Last Name/Organization Name				Date of Contribution	
Address					
City		State	Zip Code		
Occupation				Aggregate This Election	
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$1,064.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Pam Murray			2. REPORT COVERING THE PERIOD FROM: 2022-04-01 TO: 2022-04-23		
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 Will		Middle Name		Purpose of Expenditure Commercial	Amount of Expenditure \$1,064.00
Last Name/Business Name Dent					
Address 10 Music Circle East					
City Nashville	State TN	Zip Code 37203			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
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.)					\$1,064.00

