

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees



1. Date: 7/17/2023 2.a. Candidate or Committee Name: Friends for Mike Palazzolo
 2.b. If Committee, Name of Candidate: Mike Palazzolo 3. Election Date: 11/3/2026
 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 - 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

9. Reporting Period: Start Date: 1/15/2023 End Date: 6/30/2023

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 7/17/23 Mike Palazzolo 7/17/23
 Candidate Signature Date Political Treasurer Signature Date
Elizabeth Love 7/17/23 Jacquelyn S. Carney 7/17/23
 Witness Signature Date Witness Signature Date

12. Summary:
 a. Balance On Hand Last Report \$ 100,581.49
 b. Total Receipts This Period \$ 0
 c. Total Disbursements This Period \$ 12,214.80
 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 88,366.69
 e. Total Loans Outstanding \$ 0
 f. Total Obligations Outstanding \$ 0

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 1/15/2023 End Date: 6/30/2023

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)..... \$ 12,214.80
(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.)..... \$ 12,214.80

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 Pelizzolo
2. Reporting Period: Start Date: 1/15/23 End Date: 6/30/23
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: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Annual Dues
Amount of Expenditure: \$ 30.00 Date of Expenditure: 1/16/2023

Business or Organization Name: Madonna Learning Center OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Program Support Annual Gala
Amount of Expenditure: \$ 358.75 Date of Expenditure: 1/23/2023

Business or Organization Name: Germania Knights of Columbus OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Annual Dues
Amount of Expenditure: \$ 45.00 Date of Expenditure: 1/23/2023

Business or Organization Name: Leadership Germania Alumni Assoc OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Annual Dues
Amount of Expenditure: \$ 100.00 Date of Expenditure: 1/23/2023

Business or Organization Name: Leadership Memphis OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Mphs. State: _____ Zip Code: _____
Purpose of Expenditure: Leadership Awards Luncheon
Amount of Expenditure: \$ 81.88 Date of Expenditure: 1/30/2023

Total Expenditures: \$ 615.63

(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 Falicetto
2. Reporting Period: Start Date: 1/15/23 End Date: 6/30/23
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: Best Parking Tennessee LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Mpls State: _____ Zip Code: _____
Purpose of Expenditure: Afford Court Hearings / Parking Fee
Amount of Expenditure: \$ 10.00 Date of Expenditure: 1/31/2023

Business or Organization Name: Contemporary Media OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Mpls State: _____ Zip Code: _____
Purpose of Expenditure: CEO of the Year Banquet
Amount of Expenditure: \$ 73.10 Date of Expenditure: 2/1/2023

Business or Organization Name: Republican Women of Shelby Co OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Annual Dues
Amount of Expenditure: \$ 35.00 Date of Expenditure: 2/3/2023

Business or Organization Name: Republican Women of Purposi 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: 2/7/2023

Business or Organization Name: Germanator Education Foundation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Gettysburg State: _____ Zip Code: _____
Purpose of Expenditure: Rec'd for Education Support
Amount of Expenditure: \$ 1,000.00 Date of Expenditure: 2/7/2023

Total Expenditures: \$ 1148.10

(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: 1/16/2023 End Date: 6/30/2023
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 Service
Amount of Expenditure: \$ 66.30 Date of Expenditure: 2/9/2023

Business or Organization Name: GPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 700.00 Date of Expenditure: 2/9/2023

Business or Organization Name: West Clinic Cancer Foundation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Fundraiser Support
Amount of Expenditure: \$ 618.10 Date of Expenditure: 2/16/2023

Business or Organization Name: Rhodes College OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Mpls State: _____ Zip Code: _____
Purpose of Expenditure: Endowment Support
Amount of Expenditure: \$ 1,000.00 Date of Expenditure: 3/2/2023

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Cellular / Data Service
Amount of Expenditure: \$ 66.30 Date of Expenditure: 3/9/2023

Total Expenditures: \$ 2450.70

(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: 1/16/2023 End Date: 6/30/2023
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: 1910 Frameworks OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Proclamation Framing
Amount of Expenditure: \$ 299.41 Date of Expenditure: 3/22/2023

Business or Organization Name: Germantown Parks + Recreation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Blue Bird Nature Festival
Amount of Expenditure: \$ 50.00 Date of Expenditure: 4/10/2023

Business or Organization Name: GPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 326.00 Date of Expenditure: 4/10/2023

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Cellular / Data Services
Amount of Expenditure: \$ 66.30 Date of Expenditure: 4/11/2023

Business or Organization Name: GPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 1,544.00 Date of Expenditure: 4/11/2023

Total Expenditures: \$ 2,290.71

(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: 1/16/2023 End Date: 6/30/2023
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: Hamm Hooper OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Chicago State: IL Zip Code: _____
Purpose of Expenditure: Campaign Marketing Data Clean/Purge
Amount of Expenditure: \$ 750.00 Date of Expenditure: 4/14/2023

Business or Organization Name: GPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Geneva State: _____ Zip Code: _____
Purpose of Expenditure: Education Program Support
Amount of Expenditure: \$ 100.00 Date of Expenditure: 4/20/2023

Business or Organization Name: COSTCO OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Mpls State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Supplies
Amount of Expenditure: \$ 1,375.69 Date of Expenditure: 4/24/2023

Business or Organization Name: Kiwanis Club of Germantown OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Geneva State: _____ Zip Code: _____
Purpose of Expenditure: Annual Parade Day support
Amount of Expenditure: \$ 105.00 Date of Expenditure: 4/29/2023

Business or Organization Name: Church Health Center OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Mpls State: _____ Zip Code: _____
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 275.00 Date of Expenditure: 5/2/2023

Total Expenditures: \$ 2605.69

(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: 1/16/2023 End Date: 6/30/2023
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: Agriscienter International OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Mpls State: _____ Zip Code: _____
Purpose of Expenditure: Feast on the Farm Support
Amount of Expenditure: \$ 518.13 Date of Expenditure: 5/8/2023

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Cellular / Data Services
Amount of Expenditure: \$ 66.22 Date of Expenditure: 5/9/2023

Business or Organization Name: PIP Printing Corporation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Stationery / Cards
Amount of Expenditure: \$ 548.75 Date of Expenditure: 5/10/2023

Business or Organization Name: Rhodes College OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Annual Fund Support
Amount of Expenditure: \$ 665.00 Date of Expenditure: 5/12/2023

Business or Organization Name: Memphis Oral School for the Deaf OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: G-town State: _____ Zip Code: _____
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 250.00 Date of Expenditure: 5/28/2023

Total Expenditures: \$ 2,048.10

(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: 1/16/2023 End Date: 6/30/2023
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: Porter-Leath Memphis OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Gatton State: _____ Zip Code: _____
Purpose of Expenditure: Support Books from Birth Program
Amount of Expenditure: \$ 109.20 Date of Expenditure: 5/30/2023

Business or Organization Name: Germania Education Foundation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Gatton State: _____ Zip Code: _____
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 257.50 Date of Expenditure: 5/30/2023

Business or Organization Name: Republican Women of Purpose OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Gatton State: _____ Zip Code: _____
Purpose of Expenditure: Monthly Luncheon
Amount of Expenditure: \$ 25.00 Date of Expenditure: 6/5/2023

Business or Organization Name: Shelby County Republican Women OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Summer Picnic
Amount of Expenditure: \$ 50.00 Date of Expenditure: 6/9/2023

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Cellular / Data Services
Amount of Expenditure: \$ 66.22 Date of Expenditure: 6/9/2023

Total Expenditures: \$ 507.92

(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 Peluzzo
2. Reporting Period: Start Date: 1/16/2023 End Date: 6/30/2023
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: Boundless Network Inc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Austin State: TX Zip Code: _____
Purpose of Expenditure: HHS vs. CHS Meyers Trophy
Amount of Expenditure: \$ 215.95 Date of Expenditure: 6/22/2023

Business or Organization Name: GPAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: B-fair State: _____ Zip Code: _____
Purpose of Expenditure: Program Support
Amount of Expenditure: \$ 332.00 Date of Expenditure: 6/30/2023

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: _____

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: \$ 547.95

(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.)