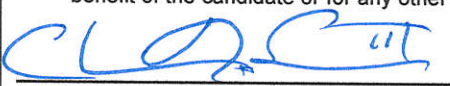
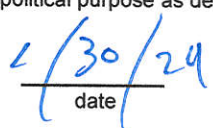
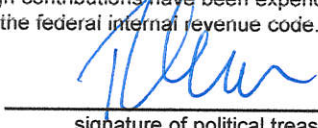
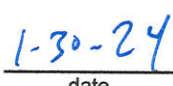
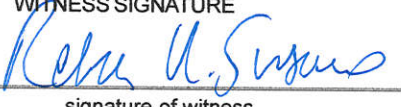
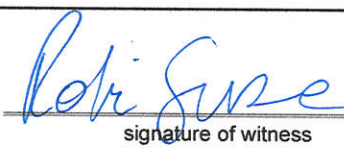


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 01-30-24		2.a. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Charlie Susano	
2.b. IF COMMITTEE, NAME OF CANDIDATE Charlie Susano		3. ELECTION DATE 8-4-22	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 7020 Westland Dr Knoxville TN 37919 865-776-3949			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) Knox County Circuit Court Clerk		6. NAME OF POLITICAL TREASURER (may be candidate) T. Dean LaRue	
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 07-01-23		8.b. ENDING DATE OF REPORTING PERIOD 01-15-24	
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		 date  signature of political treasurer  date	
11. WITNESS SIGNATURE  signature of witness		 date  signature of witness  date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 6719.23	
b. TOTAL RECEIPTS THIS PERIOD		\$ 0	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 2194.93	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 4524.30	
e. TOTAL LOANS OUTSTANDING		\$ 0	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Committee to Elect Charlie Susano	14. REPORT COVERING THE PERIOD FROM: 07-01-23 TO: 01-15-24
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 0

b. Itemized Contributions (over \$100 from each source this period) \$ 0

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 0

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 0

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)

Donations	\$ 530.00
Office Supplies	\$ 87.43
Bank Charges	\$ 46.50
	\$
	\$
	\$
	\$
	\$
	\$

Total of Expenditures (\$100 or less each payee) \$ 663.93

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1531.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 2194.93

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 2194.93

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Charlie Susano				2. REPORT COVERING THE PERIOD FROM: 07-01-23 TO: 01-15-24		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
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.)					\$0	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Charlie Susano				2. REPORT COVERING THE PERIOD FROM: 07-01-23 TO: 01-15-24	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name Fellowship of Christian Athletes					
Address 502 South Gay St. #401 Fidelity Bldg.					
City Knoxville	State TN	Zip Code 37902		Amount of Expenditure \$200.00	
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name VWRC					
Address President: Janet Burgin 865-607-1218					
City Knoxville	State TN	Zip Code		Amount of Expenditure \$210.00	
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name Topgolf					
Address 11400 Outlet Drive					
City Knoxville	State TN	Zip Code 37932		Amount of Expenditure \$321.00	
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name Tom Hatcher Charity					
Address PO Box 743					
City Alcoa	State TN	Zip Code 37701		Amount of Expenditure \$150.00	
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name Honey Baked Ham					
Address 5308 Washington Pike					
City Knoxville	State TN	Zip Code 37924		Amount of Expenditure \$117.43	
First Name		Middle Name		Purpose of Expenditure	
Last Name/Business Name Food City					
Address 284 Morrell Rd					
City Knoxville	State TN	Zip Code 37919		Amount of Expenditure \$266.29	
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.)					\$1264.72



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Charlie Susano				2. REPORT COVERING THE PERIOD FROM: 07-01-23 TO: 01-15-24		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$1264.72	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Hungry Sumo				Supporter Holiday Luncheon		\$266.28
Address 609 James Agee St.						
City Knoxville		State TN	Zip Code 37916			
First Name		Middle Name				
Last Name/Business Name						
Address						
City		State	Zip Code			
First Name		Middle Name				
Last Name/Business Name						
Address						
City		State	Zip Code			
First Name		Middle Name				
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City		State	Zip Code			
First Name		Middle Name				
Last Name/Business Name						
Address						
City		State				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Charlie Susano						2. REPORT COVERING THE PERIOD FROM: 07-01-23 TO: 01-15-24							
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)													
Complete the Following for the Source of the Loan													
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)			
Last Name/Organization Name													
Address				Loan Received For:				Date of Loan					
City		State	Zip Code	☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)									
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)													
First Name		Middle Name		First Name		Middle Name							
Last Name/Organization Name				Last Name/Organization Name									
Address				Address									
City		State	Zip Code	City		State	Zip Code						
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding									
First Name		Middle Name		First Name		Middle Name							
Last Name/Organization Name				Last Name/Organization Name									
Address				Address									
City		State	Zip Code	City		State	Zip Code						
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding									
First Name		Middle Name		First Name		Middle Name							
Last Name/Organization Name				Last Name/Organization Name									
Address				Address									
City		State	Zip Code	City		State	Zip Code						
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding									
First Name		Middle Name		First Name		Middle Name							
Last Name/Organization Name				Last Name/Organization Name									
Address				Address									
City		State	Zip Code	City		State	Zip Code						
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding									
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)						Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)	
												\$0	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Charlie Susano			2. REPORT COVERING THE PERIOD FROM: 07-01-23 TO: 01-15-24			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name Middle Name Last Name/Business Name Address City State Zip Code Description of Obligation						
First Name Middle Name Last Name/Business Name Address City State Zip Code Description of Obligation						
First Name Middle Name Last Name/Business Name Address City State Zip Code Description of Obligation						
First Name Middle Name Last Name/Business Name Address City State Zip Code Description of Obligation						
First Name Middle Name Last Name/Business Name Address City State Zip Code Description of Obligation						
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						\$0



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Charlie Susano				2. REPORT COVERING THE PERIOD FROM: 07-01-23 TO: 01-15-24	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code		Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code		Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code		Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code		Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code		Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					\$0

