CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 4-10-26 2.a. Candidate or Committee Name: Committee to Elect Charlie Susano

2.b. If Committee, Name of Candidate: Charlie Susano 3. Election Date: 8-6-26

4. Campaign Address: 7020 Westland Dr.

City: Knoxville State: TN Zip Code: 37919 Phone: 865-776-3949

5. Candidate Home Address: same as above

City: _____ State: _____ Zip Code: _____ Phone: _____

Candidate Email Address: charlessusano@comcast.net

6. Office Sought: (include district number, if applicable) Knox County Circuit Court Clerk

7. Name of Political Treasurer (may be candidate): T. Dean LaRue

Political Treasurer Email Address: dlarue@cbtn.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: 1-16-26 End Date: 3-31-26

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.

Candidate Signature	Date	Political Treasurer Signature	Date
	4/10/26		4 10 26

Witness Signature	Date	Witness Signature	Date
	4/10/26		4-10-26

12. Summary:

a.	Balance On Hand Last Report	$ 4142.33
b.	Total Receipts This Period	$ 7375.00
c.	Total Disbursements This Period	$ 3161.92
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 8355.41
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Committee to Elect Charlie Susano

14. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 825.00
(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) ..... $ 6550.00

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.) ..... $ 7375.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 3161.92
(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.) ..... $ 3161.92

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Charlie Susano

2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Nicholas Middle Name: _____ Last Name: Bunstine

Address: 800 S. Gay St. Suite 2001 City: Knoxville State: TN Zip Code: 37929

Occupation: Attorney Employer: _____

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 250.00 Date of Contribution: 3-2-26 Aggregate This Election: $ 250.00

Business or Organization Name: _____ **OR**

First Name: T. Scott Middle Name: _____ Last Name: Jones

Address: 2125 Middlebrook Pike City: Knoxville State: TN Zip Code: 37921

Occupation: Attorney Employer: _____

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 500.00 Date of Contribution: 3-9-26 Aggregate This Election: $ 500.00

Business or Organization Name: _____ **OR**

First Name: Sharon Middle Name: Miller Last Name: Pryse

Address: 3024 Kingston Pike City: Knoxville State: TN Zip Code: 37919

Occupation: Chairman/CEO Employer: The Trust Company

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 500.00 Date of Contribution: 3-15-26 Aggregate This Election: $ 500.00

Business or Organization Name: _____ **OR**

First Name: John Middle Name: _____ Last Name: Huber

Address: PO Box 37933 City: Knoxville State: TN Zip Code: 37933

Occupation: CEO Employer: Huber Properties

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 250.00 Date of Contribution: 2-26-26 Aggregate This Election: $ 250.00

Total Contributions: $ 1500.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Charlie Susano

2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Ruth Middle Name: _____ Last Name: Milsaps

Address: 9205 Dutchtown Rd. City: Knoxville State: TN Zip Code: 37923

Occupation: _____ Employer: _____

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 200.00 Date of Contribution: 2-26-26 Aggregate This Election: $ 200.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: C Last Name: Wright

Address: 421 Karla Dr City: Knoxville State: TN Zip Code: 37920

Occupation: Attorney Employer: _____

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 200.00 Date of Contribution: 2-26-26 Aggregate This Election: $ 200.00

Business or Organization Name: _____ **OR**

First Name: Joe Middle Name: _____ Last Name: Della-Rodolfa

Address: 9715 Valley Woods Lane City: Knoxville State: TN Zip Code: 37922

Occupation: Attorney Employer: _____

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 100.00 Date of Contribution: 2-26-26 Aggregate This Election: $ 100.00

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Mink

Address: 2513 Lakemoor Dr. City: Knoxville State: TN Zip Code: 37920

Occupation: _____ Employer: White Realty & Service Corporation

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 500.00 Date of Contribution: 2-26-26 Aggregate This Election: $ 500.00

Total Contributions: $ 2500.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Charlie Susano

2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 2500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Eleanor Middle Name: _____ Last Name: Yoakum

Address: 750 Mabetown Rd. City: Knoxville State: TN Zip Code: 37879

Occupation: Chairman Employer: First Century Bank

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 250.00 Date of Contribution: 2-23-26 Aggregate This Election: $ 250.00

Business or Organization Name: _____ **OR**

First Name: Phillip Middle Name: O Last Name: Lawson

Address: 755 Kenesaw Ave City: Knoxville State: TN Zip Code: 37919

Occupation: Chairman Employer: LHP Capital

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 1900.00 Date of Contribution: 2-24-26 Aggregate This Election: $ 1900.00

Business or Organization Name: _____ **OR**

First Name: Bill Middle Name: _____ Last Name: Vines

Address: 2701 Kingston Pike City: Knoxville State: TN Zip Code: 37919

Occupation: Attorney Employer: _____

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 200.00 Date of Contribution: 2-23-26 Aggregate This Election: $ 200.00

Business or Organization Name: _____ **OR**

First Name: Teresa Middle Name: _____ Last Name: Wang

Address: 316 Viking Way City: Lenoir City State: TN Zip Code: 37772

Occupation: _____ Employer: White Realty & Service Corporation

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 200.00 Date of Contribution: 2-26-26 Aggregate This Election: $ 200.00

Total Contributions: $ 5050.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Charlie Susano

2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 5050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Anson Middle Name: _____ Last Name: Wu

Address: 5604 Merchants Center Blvd City: Knoxville State: TN Zip Code: 37912

Occupation: Real Estate Employer: Compass Real Estate

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 1000.00 Date of Contribution: 2-10-26 Aggregate This Election: $ 1000.00

Business or Organization Name: _____ **OR**

First Name: Scott Middle Name: W Last Name: Davis

Address: 1515 Ashland Springs Way City: Knoxville State: TN Zip Code: 37922

Occupation: Developer Employer: _____

Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 500.00 Date of Contribution: 2-13-26 Aggregate This Election: $ 500.00

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: $ 6550.00

(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: Committee to Elect Charlie Susano

2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 0

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: Knox County Juvenile Detention Center **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 3321 Division St City: Knoxville State: TN Zip Code: 37919

Purpose of Expenditure: Super Bowl Pizza Party

Amount of Expenditure: $ 210.64 Date of Expenditure: $ 2.8.26

Business or Organization Name: Volunteer Women's Republican Club **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 865-671-7807 City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Donation

Amount of Expenditure: $ 120.00 Date of Expenditure: $ 2.9.26

Business or Organization Name: Papa John's **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1819 Lake Ave. City: Knoxville State: TN Zip Code: 37916

Purpose of Expenditure: Supporters Lunch

Amount of Expenditure: $ 109.03 Date of Expenditure: $ 2.3.26

Business or Organization Name: Venmo **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Processing Fee

Amount of Expenditure: $ 17.50 Date of Expenditure: $ 2.10.26

Business or Organization Name: USPS **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Mailing Supplies, Stamps

Amount of Expenditure: $ 108.55 Date of Expenditure: $ 2.18.26

Total Expenditures: $ 565.72

(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: Committee to Elect Charlie Susano

2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 565.72

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: CVS **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 7655 Northshore Dr City: Knoxville State: TN Zip Code: 37919

Purpose of Expenditure: Thank you cards

Amount of Expenditure: $ 30.55 Date of Expenditure: 3.3.26

Business or Organization Name: Casey's **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 136 N. Northshore Dr. City: Knoxville State: TN Zip Code: 37919

Purpose of Expenditure: Donation

Amount of Expenditure: $ 104.36 Date of Expenditure: $ 3.18.26

Business or Organization Name: Office Depot **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 7111 Kingston Pike City: Knoxville State: TN Zip Code: 37919

Purpose of Expenditure: Office Supplies

Amount of Expenditure: $ 57.88 Date of Expenditure: $ 2.22.26

Business or Organization Name: Volunteer Women's Republican Club **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 865-671-7807 City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Donation

Amount of Expenditure: $ 160.00 Date of Expenditure: $ 3.16.26

Business or Organization Name: Calhoun's **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 400 Neyland Dr. City: Knoxville State: TN Zip Code: 37902

Purpose of Expenditure: Campaign Kick Off Event

Amount of Expenditure: $ 2071.07 Date of Expenditure: $ 2.26.26

Total Expenditures: $ 2989.58

(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: Committee to Elect Charlie Susano

2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 2989.58

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: Burns Printing **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 6131 Industrial Heights Dr. NW City: Knoxville State: TN Zip Code: 37909

Purpose of Expenditure: Campaign Kick Off Invitations

Amount of Expenditure: $ 152.34 Date of Expenditure: $ 3.19.26

Business or Organization Name: Commercial Bank **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 10413 Kingston Pike City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Bank Charge

Amount of Expenditure: $ 10.00 Date of Expenditure: $ 1.31.26

Business or Organization Name: Commercial Bank **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 10413 Kingston Pike City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Bank Charge

Amount of Expenditure: $ 10.00 Date of Expenditure: $ 2.28.26

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: $ 3161.92

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Charlie Susano

2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

3. Total in-kind contributions from preceding page (enter $0 if first page) $ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Occupation: ______ Employer: ______

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $______ In-Kind Contribution Date: ______ Aggregate This Election: $______

Description of In-Kind Contribution: ______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Occupation: ______ Employer: ______

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $______ In-Kind Contribution Date: ______ Aggregate This Election: $______

Description of In-Kind Contribution: ______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Occupation: ______ Employer: ______

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $______ In-Kind Contribution Date: ______ Aggregate This Election: $______

Description of In-Kind Contribution: ______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Occupation: ______ Employer: ______

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $______ In-Kind Contribution Date: ______ Aggregate This Election: $______

Description of In-Kind Contribution: ______

Total In-Kind Contributions: $ 0

(Carry forward to the 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 the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Charlie Susano

2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26

3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Outstanding Loan Balance (Beginning) .... $ ______

Loans Received .... $ ______

Loan Payments .... $ ______

Outstanding Loan (End) .... $ ______

Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: ______

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) .... $ 0

Loans Received .... $ 0

Loan Payments .... $ 0

Outstanding Loan (End) .... $ 0

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 0	$	$	$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$ 0	$ 0	$ 0	$ 0