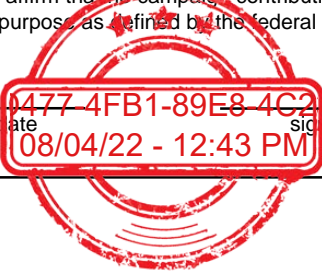


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 8/4/2022		2.a. NAME OF CANDIDATE OR COMMITTEE			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 2022-11-08		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route		City Bartlett	State TN	Zip Code 38135	Phone (901) 483-3606
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) Bartlett Alderman, Pos. 1			6. NAME OF POLITICAL TREASURER (may be candidate) Karyn Allen		
7. CATEGORY OR REPORT (Check one)					
<input checked="" type="checkbox"/> FIRST QUARTER		<input type="checkbox"/> SECOND QUARTER		<input type="checkbox"/> THIRD QUARTER	
<input type="checkbox"/> FOURTH QUARTER		<input type="checkbox"/> PRE-PRIMARY		<input type="checkbox"/> PRE-GENERAL	
		<input type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 2022-01-01			8.b. ENDING DATE OF REPORTING PERIOD 2022-03-31		
9. (Check one)					
a. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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		_____ date	
					
11. WITNESS SIGNATURE					
_____ signature of witness		_____ date		_____ signature of witness	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		\$ <u>0.00</u>			
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>100.00</u>			
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>1,352.00</u>			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>(\$1,252.00)</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) Jimmy D. Norman	14. REPORT COVERING THE PERIOD FROM: 2022-01-01 TO: 2022-03-31
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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)	\$ <u>100.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>100.00</u>
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.)	\$ <u>100.00</u>

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)	\$ <u>1,352.00</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>1,352.00</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ _____
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>1,352.00</u>

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 i item 12.f.)	\$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jimmy D. Norman			2. REPORT COVERING THE PERIOD FROM: 2022-01-01 TO: 2022-03-31		
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 Michelle		Middle Name Agnew		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution \$100.00
Last Name/Organization Name State Farm Agent					
Address 6600 Stage Road, Ste 142					
City Bartlett		State TN	Zip Code 38134	Date of Contribution 2022-03-31	Aggregate This Election \$100.00
Occupation Insurance					
Employer State Farm					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
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.)					\$100.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jimmy D. Norman			2. REPORT COVERING THE PERIOD FROM: 2022-01-01 TO: 2022-03-31		
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	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name CMYK Printing		cards & printing		\$380.00	
Address 1947 Vanderhorn Drive					
City Memphis	State TN				Zip Code 38134
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Moma's BBQ		coffee on Saturdays		\$600.00	
Address 6301 Stage Road					
City Bartlett	State TN				Zip Code 38134
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Magic Valley Publishing		Bartlett Express ads		\$372.00	
Address 2850 Stage Village Cove					
City Bartlett	State TN				Zip Code 38134
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.)				\$1,352.00	

