

RECEIVED JAN 23 2023

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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/23/2023 2.a. Candidate or Committee Name: Friends for Mike Pelizzolo
 2.b. If Committee, Name of Candidate: Mike Pelizzolo 3. Election Date: 11/8/2022
 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: mpelizzolo19@yahoo.com
 6. Office Sought: (include district number, if applicable) Mayor - Germentown
 7. Name of Political Treasurer (may be candidate): Mike Pelizzolo
 Political Treasurer Email Address: mpelizzolo19@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: 10/30/2022 End Date: 1/15/2023

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 Pelizzolo 1/23/2023
 Candidate Signature Date

Mike Pelizzolo 1/23/2023
 Political Treasurer Signature Date

Elizabeth Love 1/23/2023
 Witness Signature Date

Jacquelyn S. Carnay 1/23/2023
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>103,765.78</u>
b. Total Receipts This Period	\$	<u>1,000.00</u>
c. Total Disbursements This Period	\$	<u>4,184.29</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>100,581.49</u>
e. Total Loans Outstanding	\$	<u>0</u>
f. Total Obligations Outstanding	\$	<u>0</u>

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 10/30/2022 End Date: 1/15/2023

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 500.00
(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) \$ 500.00
- 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.) \$ 1,000.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 4,184.29
(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.)..... \$ 4,184.29

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: Friends for Mike Palazzolo
- 2. Reporting Period: Start Date: 10/30/2022 End Date: 1/15/2023
- 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: Concerned Healthcare Executive PAC OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 1661 Aaron Branch City: Memphis State: TN Zip Code: 38120
 Occupation: _____ Employer: _____
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 500.00 Date of Contribution: 11/4/2022 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: \$ _____

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: \$ 500.00
 (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: Friends for Mike Palazzolo
2. Reporting Period: Start Date: 10/30/2022 End Date: 1/15/2023
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: GPAC OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: G-town State: TN Zip Code: 38138
 Purpose of Expenditure: Program Support
 Amount of Expenditure: \$ 320.00 Date of Expenditure: 11/17/2022

Business or Organization Name: American Cancer Society OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Mphs State: TN Zip Code: _____
 Purpose of Expenditure: Real Men Wear Pink Breast Cancer Support
 Amount of Expenditure: \$ 250.00 Date of Expenditure: 10/30/2022

Business or Organization Name: New Memphis Institute OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Mphs State: TN Zip Code: _____
 Purpose of Expenditure: Tech x Mphs Seminar
 Amount of Expenditure: \$ 218.68 Date of Expenditure: 11/27/2022

Business or Organization Name: Stronger Together BBQ Crew OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Collierville State: TN Zip Code: _____
 Purpose of Expenditure: Collierville Zujerid Officer Support
 Amount of Expenditure: \$ 120.00 Date of Expenditure: 12/12/2022

Business or Organization Name: Kiwanis Club of Germantown OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: G-town State: TN Zip Code: 38138
 Purpose of Expenditure: Annual Dues
 Amount of Expenditure: \$ 550.00 Date of Expenditure: 12/12/2022

Total Expenditures: \$ 1

(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: 10/30/2022 End Date: 1/15/2023
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: LAE - Local Economic Organization OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Mpls State: TN Zip Code: _____
 Purpose of Expenditure: Annual Dues
 Amount of Expenditure: \$ 385.00 Date of Expenditure: 12/15/2022

Business or Organization Name: MOONDANCE Restaurant OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: G-town State: TN Zip Code: 38138
 Purpose of Expenditure: Strategy Planning Session
 Amount of Expenditure: \$ 212.71 Date of Expenditure: 12/22/2022

Business or Organization Name: COSTCO OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Mpls State: TN Zip Code: 38125
 Purpose of Expenditure: Purchase Postage Stamps
 Amount of Expenditure: \$ 119.50 Date of Expenditure: 12/28/2022

Business or Organization Name: Holiday Florist OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: Germantown TN City: G-town State: TN Zip Code: 38138
 Purpose of Expenditure: Annual Floral Subscription
 Amount of Expenditure: \$ 400.25 Date of Expenditure: 12/28/2022

Business or Organization Name: Germantown Education Foundation OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: G-town State: TN Zip Code: 38138
 Purpose of Expenditure: Program Support
 Amount of Expenditure: \$ 103.00 Date of Expenditure: 12/29/2022

Total Expenditures: \$ _____

(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

- Candidate or Committee Name: Friends for Mike Peluzzolo
- Reporting Period: Start Date: 10/30/2022 End Date: 1/15/2023
- 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: Opera Memphis @ GPAC OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Greene State: TN Zip Code: 38138
 Purpose of Expenditure: Program Support
 Amount of Expenditure: \$ 150.00 Date of Expenditure: 1/8/2023

Business or Organization Name: Central United Methodist OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Fayetteville State: AR Zip Code: _____
 Purpose of Expenditure: Mission Support
 Amount of Expenditure: \$ 200.00 Date of Expenditure: 1/4/2023

Business or Organization Name: Houston High School OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Greene State: TN Zip Code: 38139
 Purpose of Expenditure: Theater Arts Program Support
 Amount of Expenditure: \$ 55.50 Date of Expenditure: 10/30/2022

Business or Organization Name: Costco OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Mphs State: TN Zip Code: 38125
 Purpose of Expenditure: Fuel
 Amount of Expenditure: \$ 33.22 Date of Expenditure: 11/7/2022

Business or Organization Name: Daily Memphian OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Mphs State: TN Zip Code: 38104
 Purpose of Expenditure: Commercial Real Estate Forecast Seminar
 Amount of Expenditure: \$ 25.00 Date of Expenditure: 11/22/2022

Total Expenditures: \$ _____
 (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 Polozzolo
2. Reporting Period: Start Date: 10/30/2022 End Date: 1/15/2023
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: Costco OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Mpls State: TN Zip Code: 38125
 Purpose of Expenditure: Holiday Party
 Amount of Expenditure: \$ 259.20 Date of Expenditure: 12/10/2022

Business or Organization Name: Knights of Columbus OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: G-town State: TN Zip Code: 38138
 Purpose of Expenditure: Annual Dues
 Amount of Expenditure: \$ 45.00 Date of Expenditure: 12/27/2022

Business or Organization Name: Republican Women of Purpose OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: G-town State: TN Zip Code: 38138
 Purpose of Expenditure: 300 Annual Dues
 Amount of Expenditure: \$ 30.00 Date of Expenditure: 1/4/2023

Business or Organization Name: Resurrection Church OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Resurrection State: MS Zip Code: _____
 Purpose of Expenditure: Mission Support
 Amount of Expenditure: \$ 100.00 Date of Expenditure: 1/4/2023

Business or Organization Name: Leadership G-town Alumni Association OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: G-town State: TN Zip Code: 38138
 Purpose of Expenditure: Annual Dues
 Amount of Expenditure: \$ 100.00 Date of Expenditure: 1/5/2023

Total Expenditures: \$ _____

(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.)

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

- 1. Candidate or Committee Name: Friends for M.G. Palazzolo
- 2. Reporting Period: Start Date: 10/30/2022 End Date: 1/15/2023
- 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: Shelby County Republican Women's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Stow State: TN Zip Code: 38138
Purpose of Expenditure: Annual Dues
Amount of Expenditure: \$ 30.00 Date of Expenditure: 1/9/2023

Business or Organization Name: Verizon Wireless OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Cellular Dues
Amount of Expenditure: \$ 198.69 Date of Expenditure: 1/10/2023

Business or Organization Name: Amazon OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Holiday Parade Candy
Amount of Expenditure: \$ 278.54 Date of Expenditure: 11/22/2022

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: \$ _____
(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.)