

#### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

#### For State and Local Candidates For Single-Candidate Committees

1. Date: 10-7-24 2.a. Candidate or Committee Name:	
2.b. If Committee, Name of Candidate: Mark Burndor F 3. Election Da	ate: Novemba 5 +42024
4. Campaign Address: 138 Riviera Prive	
City: Hendersonville State: TN Zip Code: 37075 Phone: 6	215-957-6264
5. Candidate Home Address: 138 Rivies Drive AM	FILED
City: Handersonville State: TN Zip Code: 37075 Phone: Lo	15-951-6264
Candidate Email Address: Nort & heleproperties, wet OCT	to a
6. Office Sought: (include district number, if applicable)  Aldona Ward SUMNER  7. Name of Political Treasurer (may be candidate):  Political Treasurer Email Address:  Norto Indepreparties wet	10 2024
7. Name of Political Treasurer (may be candidate): Next Barridge F TECTION CO	COUNTY
Political Treasurer Email Address: Norto holeproperties wet	MISSION
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primar	ry Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election	
9. Reporting Period: Start Date: July 10 2021 End Date: Sept 30th 2020	
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures because contributions (including in-kind) or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d.	received total \$1,000 , 12.e., and 12.f.)
This campaign is required to file a detailed financial disclosure because contributions (includ 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 disc and that this report is an accurate accounting of campaign contributions and expenditures req by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swe campaign contributions have been expended for the personal financial benefit of the candid nonpolitical purpose as defined by the federal internal revenue code.	uired to be reported ear or affirm that no
Candidate Signature Date Political Treasurer Signature Date	
Bonnie 10/3/24 Nithan Vores 11	0107/24
Witness Signature Date Witness Signature Date	9
12. Summary:	
a. Balance On Hand Last Report	
b. Total Receipts This Period\$ 760	
c. Total Disbursements This Period	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding\$	
f. Total Obligations Outstanding \$	

### **SUMMARY PAGE - CANDIDATE**

13. Na	me of Candidate or Committee: Miler & Burgdor F	
14. Re	porting Period: Start Date: July 15, 2024 End Date: Sup 1 30-	th 2024
15. Re	ceipts:	
a.	Unitemized Contributions (\$100 or less from each source this period) \$ (Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See <i>Instruction</i>	
b.	Itemized Contributions (over \$100 from each source this period)\$	70000
c.	Loans Received This Reporting Period\$	
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.)	700 00
16. Dis	sbursements:	
a.	Total Expenditures (other than loan payments)\$\$	277.67
b.	Loan Repayments Made This Period\$	-6
c.	Total Obligation Payments Made This Period\$	0
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$	2
17. ln-	Kind Contributions:	
a.	Unitemized In-Kind Contributions Received This Period\$	0
b.	Itemized In-Kind Contributions Received This Period\$	6
c.	Total In-Kind Contributions Received This Period\$	-
18. Ob	ligations:	
a.	Total Obligations Outstanding (must be shown in item 12.f.)\$	-0-

# **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee N	lame: Mark Burgdoif		_
	Pate: Joly (8+2024 End Date: Sept 30+	42024	
	ons from preceding page (enter \$0 if first page)	80	
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
	ne:		OR
	Middle Name:		
	o at city: Good letterill		
Occupation: Retire	d Employer:		
	☐ Primary Election ☐ General Election		
Amount of Contribution: \$	Date of Contribution: 8-15-24	Aggregate This Election: \$	
Business or Organization Nar	me:		OR
First Name: Mork	Middle Name:	Last Name: Bursdorf	
Address: 138 Rivier	a Dr. city: Henderson rile	State: TN_ Zip Code: _3701.	5
Occupation: Property	Movage Employer: Hde	properties	
Contribution Received For:	Primary Election	Runoff (Local Elections Only)	
Amount of Contribution: \$ 2	Date of Contribution: 9-1-24	Aggregate This Election: \$	
Business or Organization Nan	me:		OR
	Middle Name:	Last Name:	
	City:		
	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nan	ne:		OR
First Name:	Middle 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: \$	
Table at the state of the state	70000		
Total Contributions: \$(Carry forward to the next n		this is the last page of contributions t	his
	the summary on first page.)	and is the last page of contributions, t	1113
(Carry forward to the next p	page if additional pages of this form are used. If	this is the last page of contributions, t	h

### **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

	•				
Candidate or Committee Name:	1\(\rangle_0\)	nt Burgdolf			
2. Reporting Period: Start Date: 📶	9 1St 2024	End Date: Sept 30+0	12024		
3. Total campaign expenditures from					
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please reme candidate's name in the purpose of the experi	ember to includ	le the purpose of the expenditure (e.	<b>nust be itemized</b> g., postage, printi	. If the expen ng, etc.) along	diture is an in- g with the
Business or Organization Name:	ASA	-P Printing 4			OF
First Name:	Middle	Name:	_ Last Name:		- 12-1-
First Name:	id.	city: HENDERSONVILLE	State: TN	Zip Code:	37075
Purpose of Expenditure: Po					
Amount of Expenditure: \$ 27,	67	Date of Expenditure: \$C	1-23-24		
Business or Organization Name:					OF
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$					
Business or Organization Name:					OF
First Name:			Last Name:		
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			utest I
Business or Organization Name:					OF
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			701
Total Expenditures: \$					
(Carry forward to the next page if add	litional page	s of this form are used. If this is	s the last page	of expendi	tures, this

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### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. Candidate or Committee Name:			
2. Reporting Period: Start Date:	End Date:		
3. Complete the appropriate items for	or each loan totaling more th	an one hundred dollars (\$	5100).
Complete the following for the source of e			
Business or Organization Name:			
First Name:			
Address:	City:	State:	Zip Code:
Outstanding Loan Balance (Beginning			
Loans Received	\$		
Loan Payments	\$		
Outstanding Loan (End)			
Loan Received For: Primary Ele	ection General Election	Runoff (Local Election	ons Only)
Date of Loan:			
List all endorsers or guarantors for above I	oan (If more space is needed, pleas	e 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:			
Address:	City:	State:	Zip Code:
Amount Guaranteed Outstanding: \$_			
Business or Organization Name: _			OF
First Name:			
Address:			
Amount Guaranteed Outstanding: \$_			112
Business or Organization Name: _			OR
First Name:			
Address:	City:	State:	Zip Code:
Amount Guaranteed Outstanding: \$_			
<b>Totals for all loans</b> (Complete this page Total loans received and loan payments shoul			
Balance (Beginning)	\$		
Loans Received	\$\$		
Loan Payments	\$\$		
Outstanding Loan (End)	\$		
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# **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

Candidate or Committee Name:					
2. Reporting Period: Start Date: End Date:					
3. Complete the appropriate items for each obligation owed to	o a person/vendor at the	he end of the r	eporting period	d.	
Business Name:	Description of				
First Name: Middle Name:	Obligation:				
Last Name:					
Address:	Outstanding	Debt	Payments	Outstanding	
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)	
State: Zip Code:	\$	\$	\$	\$	
Business Name:	Description of				
First Name: Middle Name:	Obligation:				
Last Name:					
Address:	Balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	
	\$	\$	\$	\$	
State: Zip Code:			8.40		
Business Name: Middle Name: Last Name:					
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	
State: Zip Code:	\$	\$	\$	\$	
Business Name:	Description of Obligation:				
First Name: Middle Name:	_				
Last Name:	1 2 1 1 1 1 1		,		
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	
State: Zip Code:	\$	\$	\$	\$	
State Zip Code:					
TOTALS	Outstanding	Debt	Daymanata	Touteten din s	
(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Outstanding Balance (Period Beginning)	Incurred	Payments This Period	Outstanding Balance (Period End)	
Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)	\$	\$	\$	\$	