



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/21/24 2.a. Candidate or Committee Name: MICHAEL E. WALL
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/5/24
 4. Campaign Address: 101 COVINGTON BEAN
 City: WHITE HOUSE State: TN Zip Code: 37188 Phone: 615-310-4192
 5. Candidate Home Address: 101 COVINGTON BEAN
 City: WHITE HOUSE State: TN Zip Code: 37188 Phone: 615-310-4192
 Candidate Email Address: QUENTEN68@GMAIL.COM
 6. Office Sought: (include district number, if applicable) ALDERMAN WARD 4 WHITE HOUSE
 7. Name of Political Treasurer (may be candidate): MICHAEL WALL
 Political Treasurer Email Address: QUENTEN68@GMAIL.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: 10/1/2024 End Date: 10/31/2024

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.

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|---------------------|-----------------|-------------------------------|-----------------|
| <u>[Signature]</u> | <u>10/21/24</u> | <u>[Signature]</u> | <u>10/21/24</u> |
| Candidate Signature | Date | Political Treasurer Signature | Date |
| <u>[Signature]</u> | <u>10/21/24</u> | <u>[Signature]</u> | <u>10/21/24</u> |
| Witness Signature | Date | Witness Signature | Date |

12. Summary:

| | |
|---|----------|
| a. Balance On Hand Last Report | \$ _____ |
| b. Total Receipts This Period | \$ _____ |
| 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 | \$ _____ |

RECEIVED
OCT 28 2024
SUMNER COUNTY
ELECTION COMMISSION