



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

FILED 2024 FEB 20 2024

1. Date: 2.16.24 2.a. Candidate or Committee Name: Committee to Elect Lisa Arnold

2.b. If Committee, Name of Candidate: Lisa Arnold 3. Election Date: 8-1-2024

4. Campaign Address: 4544 Given Ave
City: Memphis State: TN Zip Code: 38122 Phone: 901-832-5472

5. Candidate Home Address: Same
City: _____ State: _____ Zip Code: _____ Phone: _____
Candidate Email Address: Lmarold64@gmail.com

6. Office Sought: (include district number, if applicable) General Sessions Court Clerk

7. Name of Political Treasurer (may be candidate): Lisa Wimberly
Political Treasurer Email Address: LWimberly6432@att.net

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: 12.13.23 End Date: 2.16.2024

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.

Lisa Arnold 2-16-24
Candidate Signature Date

Lisa Wimberly 2.16.2024
Political Treasurer Signature Date

[Signature] 2-16-24
Witness Signature Date

Stephan Patton 2-16-2024
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>500.00</u>
b. Total Receipts This Period	\$	<u>2900.00</u>
c. Total Disbursements This Period	\$	<u>- 0 -</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>3400.00</u>
e. Total Loans Outstanding	\$	<u>- 0 -</u>
f. Total Obligations Outstanding	\$	<u>- 0 -</u>

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SUMMARY PAGE - CANDIDATE

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13. Name of Candidate or Committee: Lisa Arnold

14. Reporting Period: Start Date: 12-13-23 End Date: 2-16-2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ 2900.00
- 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.) \$ 2900.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ - 0 -
(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.)..... \$ - 0 -

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 -

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Lisa Arnold

2. Reporting Period: Start Date: 12-13-23 End Date: 2-16-2024

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: N/A 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: \$ _____

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: \$ _____

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: \$ 0

(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 LOANS - CANDIDATE

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1. Candidate or Committee Name: Lisa Arnold

2. Reporting Period: Start Date: 12.13.23 End Date: 2.16.2024

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: Lisa Middle Name: m. Last Name: Arnold

Address: 4544 Given Ave City: Memphis State: TN Zip Code: 38122

Outstanding Loan Balance (Beginning)..... \$ 0

Loans Received \$ 0

Loan Payments..... \$ 0

Outstanding Loan (End)..... \$ 0

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

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

PHOTOCOPY CANNOT BE
 ACCEPTED TCA 2-5-102

1. Candidate or Committee Name: Lisa Arnold
 2. Reporting Period: Start Date: 12-13-23 End Date: 2-16-2024
 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

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Business Name: N/A

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)
\$	\$	\$	\$

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

ORIGINAL **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

PHOTOCOPY CANNOT BE
ACCEPTED FOR 2-3-102

1. Candidate or Committee Name: Lisa Arnold
2. Reporting Period: Start Date: 12-13-23 End Date: 2-16-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Friends of Sheila Kail OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2264 W. Glenalden Dr City: Germantown State: TN Zip Code: 38139
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Deborah Middle Name: _____ Last Name: Hendersm
Address: 4674 Barkley Estates Dr City: Collierville State: TN Zip Code: 38017
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 2-6-2024 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Scott Middle Name: _____ Last Name: McCormick
Address: 1356 Rainsong Cv S. City: Cordora State: TN Zip Code: 38018
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Dennis Middle Name: _____ Last Name: Schaeckle
Address: Tea Olive Cv City: Arlington State: TN Zip Code: 38002
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 75.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Total Contributions: \$ 275.00

(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.)

ORIGINAL **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

PHOTOCOPY CANNOT BE
ACCEPTED TCA 2-5-102

1. Candidate or Committee Name: Lisa Arnold
2. Reporting Period: Start Date: 12-13-23 End Date: 2-16-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 275.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Randal Middle Name: _____ Last Name: Smith
Address: 3629 Stonetrace Circle City: Bartlett State: TN Zip Code: 38135
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Cary Middle Name: E. Last Name: Vaughn
Address: 8880 N. Graag Rd City: Rosemark State: TN Zip Code: 38053
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Melanie Middle Name: _____ Last Name: Mosley
Address: 39 E. Windsor Rd City: Memphis State: TN Zip Code: 38109
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Timothy Middle Name: A. Last Name: Beacham
Address: 475 N. Highland St 6K City: Memphis State: TN Zip Code: 38122
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Total Contributions: \$ 1325.00
(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: Lisa Arnold
 2. Reporting Period: Start Date: 12-13-23 End Date: 2-16-24
 3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1325.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
 First Name: Esther Middle Name: _____ Last Name: Arnold
 Address: 4440 Covington Pike City: Arlington State: TN Zip Code: 38002
 Occupation: _____ Employer: _____
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 500.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
 First Name: Sharon Middle Name: _____ Last Name: Ohnsfeldt
 Address: 2464 Cedar Dale Dr City: Germantown State: TN Zip Code: 38139
 Occupation: _____ Employer: _____
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 500.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
 First Name: Linda Middle Name: _____ Last Name: Campbell
 Address: 1839 Eagle Shore Dr City: Cordova State: TN Zip Code: 38016
 Occupation: _____ Employer: _____
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 100.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: FSNS LLC L&S Fish & Hotwings OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 1301 Winchester City: Memphis State: TN Zip Code: 38116
 Occupation: _____ Employer: _____
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 250.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Total Contributions: \$ 2675.00

(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.)

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

AC Candidate or Committee Name: Lisa Arnold
2. Reporting Period: Start Date: 12-13-23 End Date: 2-16-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2675.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Ellen Middle Name: _____ Last Name: Fite
Address: 8285 Poplar Ave City: Germantown State: TN Zip Code: 38138
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Marty Middle Name: _____ Last Name: Miller
Address: unknown City: Memphis State: TN Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 2-6-24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Anonymous 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: \$ 25.00 Date of Contribution: 2-6-24 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: \$ 2900.00
(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.)