

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR COMMITTEE MICK WRIGHT FOR SHELBY COUNTY COMMISSION		
2.b. IF COMMITTEE, NAME OF CANDIDATE MICK WRIGHT	3. ELECTION DATE 8/4/2022		
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route 5730 BARTLETT WOODS DR	City BARTLETT TN	State TN	Zip Code 38134
Phone 901 213 6425			
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) Shelby County Commission Dist. 3		6. NAME OF POLITICAL TREASURER (may be candidate) MICK WRIGHT	
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 1/16/2022		8.b. ENDING DATE OF REPORTING PERIOD 3/31/2022	
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.			
<u><i>Mick Wright</i></u> signature of candidate	<u>4/5/22</u> date	<u><i>Mick Wright</i></u> signature of political treasurer	<u>4/5/22</u> date
11. WITNESS SIGNATURE			
<u><i>Almond Wright</i></u> signature of witness	<u>4.5.2022</u> date	<u><i>Almond Wright</i></u> signature of witness	<u>4.5.2022</u> date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	\$ <u>7259.13</u>		
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>1700.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>1012.91</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>7946.22</u>		
e. TOTAL LOANS OUTSTANDING	\$ <u>Ø</u>		
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>Ø</u>		

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

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1. NAME OF CANDIDATE OR COMMITTEE MICK WRIGHT			2. REPORT COVERING THE PERIOD FROM: 1/16/22 TO: 3/31/22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name DANIEL		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name CHATHAM		Address 7090 RIVERWOOD ST		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	200
City GERMANTOWN		State TN	Zip Code 39138	Date of Contribution 1/18/2022	Aggregate This Election 200
Occupation		Employer			
First Name TERRY		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name ROLAND		Address 1752 LOCKE-CUBA Rd		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	500
City MILLINGTON		State TN	Zip Code 38053	Date of Contribution 3/14/2022	Aggregate This Election 500
Occupation		Employer			
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name CIGNA CORP EMPLOYEE PAC		Address 1601 CHESTNUT ST TL16B		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	1000
City PHILADELPHIA		State PA	Zip Code 19192	Date of Contribution 3/14/2022	Aggregate This Election 1000
Occupation		Employer			
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
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.)				1700	

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MICK WRIGHT			2. REPORT COVERING THE PERIOD	
			FROM: 1/16/22	TO: 3/31/22
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0	
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 Oak Elementary School		Sponsorship		500
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Bartlett Panther Playhouse		Sponsorship		225
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Side Porch Steakhouse		Volunteer recognition dinner		281.64
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
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)				1006.64

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