



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 10/10/2023 2.a. Candidate or Committee Name: Ford Canale
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 10/5/2023
4. Campaign Address: 1661 Aaron Brenner Dr Ste 300
City: Memphis State: TN Zip Code: 38120 Phone: (901) 761-2720
5. Candidate Home Address: 418 Greenfield Rd
City: Memphis State: TN Zip Code: 38117 Phone: (901) 412-7732
Candidate Email Address: ford@canalefuneraldirectors.com
6. Office Sought: (include district number, if applicable) Memphis City Council, Dist. 9, Pos. 2
7. Name of Political Treasurer (may be candidate): Jack Sammons
Political Treasurer Email Address: jack@amprogel.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: 9/26/2023 End Date: 9/30/2023
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.

Candidate Signature

Date

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|-----------------------|
| a. Balance On Hand Last Report | \$ <u>\$21,173.24</u> |
| b. Total Receipts This Period | \$ <u>\$3,250.00</u> |
| c. Total Disbursements This Period | \$ <u>\$1,630.90</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$22,792.34</u> |
| e. Total Loans Outstanding | \$ <u>\$0.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Ford Canale

14. Reporting Period: Start Date: 9/26/2023 End Date: 9/30/2023

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) \$ \$3,250.00
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$3,250.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,630.90
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$1,630.90

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ _____
- c. Total In-Kind Contributions Received This Period \$ _____

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Ford Canale
2. Reporting Period: Start Date: 9/26/2023 End Date: 9/30/2023
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Acadia Healthcare PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6100 Tower Circle City: Franklin State: TN Zip Code: 37067
Occupation: _____ Employer: _____
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$2,000.00 Date of Contribution: 9/29/2023 Aggregate This Election: \$ \$2,000.00

Business or Organization Name: _____ **OR**
First Name: Bill Middle Name: _____ Last Name: Rhodes
Address: PO Box 7138 City: Garden City State: NY Zip Code: 11530
Occupation: President Employer: AutoZone
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/29/2023 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Duncan Middle Name: _____ Last Name: Williams
Address: 6750 Poplar Ave Ste 300 City: Memphis State: TN Zip Code: 38138
Occupation: Broker Employer: Duncan-Williams Inc
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 9/29/2023 Aggregate This Election: \$ \$250.00

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: \$ _____

Total Contributions: \$ \$3,250.00

(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: Ford Canale
2. Reporting Period: Start Date: 9/26/2023 End Date: 9/30/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: Resurrection Media Group **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2682 Country Green Rd City: Memphis State: TN Zip Code: 38133

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 9/27/2023

Business or Organization Name: Anedot **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$130.90 Date of Expenditure: \$ 9/29/2023

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: \$ \$1,630.90

(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.)