

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

PHOTOCOPY CANNOT BE
ACCEPTED TCA 2-5-102

1. DATE OF REPORT <u>04/26/2022</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Donna McDonald-Martin Election Campaign</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Donna McDonald-Martin</u>	3. ELECTION DATE <u>05/03/22</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>P.O. Box 342744 Bartlett TN 38134 (901)262-3266</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>7031 Debra Ave E Memphis TN 38133 (901)262-3266</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>County Commissioner District 1</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Donna McDonald-Martin</u>
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 <u>01/16/22 - 03/31/2022</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>03/31/2022</u>
9. (Check one) a. <input checked="" 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 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>Donna McDonald-Martin</u> signature of candidate	<u>04/26/22</u> date
<u>Donna McDonald-Martin</u> signature of political treasurer	<u>04/26/22</u> date
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness	<u>04/26/22</u> date
<u>[Signature]</u> signature of witness	<u>04/26/22</u> date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>469.15</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>109.35</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>359.80</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Donna McDonald - Martin Election Campaign</i>		2. REPORT COVERING THE PERIOD FROM: <i>01/16/22</i> TO: <i>03/31/22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <i>Donna</i>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name <i>McDonald Martin</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
Address <i>7031 Debra Cove E</i>		Amount of Contribution <i>\$39.65</i> <i>open campaign acct</i>	
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38133</i>	Date of Contribution <i>03/15/2022</i>
Occupation <i>Clinical Systems Analyst</i>	Employer <i>MCH Methodist LeBonheur Healthcare</i>		Aggregate This Election
First Name <i>Keisha</i>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name <i>Sheppard</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
Address <i>10368 Trail Hill Lane</i>		Amount of Contribution <i>\$100.00</i>	
City <i>Corbua</i>	State <i>TN</i>	Zip Code <i>38016</i>	Date of Contribution <i>03/15/2022</i>
Occupation <i>RN/Clinical Director</i>	Employer <i>Methodist LeBonheur Healthcare</i>		Aggregate This Election <i>100.00</i> <i>CK</i>
First Name <i>Blenda</i>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name <i>Leftmore</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
Address <i>300 Byram Dr - 48C</i>		Amount of Contribution <i>\$50.00</i> <i>CK</i>	
City <i>Byram</i>	State <i>MS</i>	Zip Code <i>39272</i>	Date of Contribution <i>03/20/2022</i>
Occupation <i>Administrative Assistant</i>	Employer <i>Jackson State Univ (Retired)</i>		Aggregate This Election
First Name <i>Ronald</i>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name <i>Former</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
Address <i>259 Rivertrace Drive</i>		Amount of Contribution <i>\$100.00</i> <i>CK # 4357</i>	
City <i>Marion</i>	State <i>AR</i>	Zip Code <i>72364</i>	Date of Contribution <i>03/28/2022</i>
Occupation <i>Security Police Fed Ex</i>	Employer <i>Federal Express Corp</i>		Aggregate This Election
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.)			Amount <i>\$339.65</i>

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Donna McDonald Martin Election Campaign</i>				2. REPORT COVERING THE PERIOD FROM <i>07/16/22</i> TO <i>03/31/22</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)						

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE cont.

1. NAME OF CANDIDATE OR COMMITTEE <i>Dann McDonald-Martin Election Campaign</i>			2. REPORT COVERING THE PERIOD FROM: <i>01/16/22</i> TO: <i>03/31/22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>\$ 339.65</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name <i>Andrea</i>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution <i>\$ 30.00</i>
Last Name/Organization Name <i>Miller</i>		<input type="checkbox"/> Runoff (Local Elections Only)		<i>CK# 7028</i>
Address <i>10345 Lyons Ridge Cve</i>		Date of Contribution <i>03/30/2022</i>		Aggregate This Election <i>CK#</i>
City <i>Lakeland</i>	State <i>FL</i>	Zip Code <i>38002</i>		
Occupation <i>Project Manager</i>		Employer <i>MLH (Meth. Lb)</i>		
First Name <i>Sheila</i>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution <i>\$ 100.00</i>
Last Name/Organization Name <i>Harris</i>		<input type="checkbox"/> Runoff (Local Elections Only)		<i>CK# 3824</i>
Address <i>13714 Kornblum Ave Apt # 15</i>		Date of Contribution <i>03/25/22</i>		Aggregate This Election
City <i>Hawthorne</i>	State <i>CA</i>	Zip Code <i>90250</i>		
Occupation <i>manager</i>		Employer <i>Job Corp</i>		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of Contribution		Aggregate This Election
City	State	Zip Code		
Occupation		Employer		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of Contribution		Aggregate This Election
City	State	Zip Code		
Occupation		Employer		
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(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.)</small>				<i>\$ 469.65</i>

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
				Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>DONNIE McELWALTER Martin Election Campaign</i>			2. REPORT COVERING THE PERIOD FROM <i>01/16/22</i> TO <i>03/31/2022</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name <i>HARLAN D</i>	Middle Name	Purpose of Expenditure <i>03/25/22 Purchase Campaign account checks</i>	Amount of Expenditure <i>\$10.35</i>	
Last Name/Business Name <i>CLARKE checker</i>				
Address <i>Campaign Account</i>				
City <i>Regions Bank</i>	State	Zip Code		
First Name <i>US Postal Service</i>	Middle Name	Purpose of Expenditure <i>purchase campaign P.O. BOX</i>	Amount of Expenditure <i>\$99.00</i>	
Last Name/Business Name <i>USPO 479501 9402</i>				
Address				
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>0930</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State	Zip Code		
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.)			<i>\$109.35</i>	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD					
DONN McIDONALD Martin Election Campaign				FROM: 01/16/22		TO: 03/31/22			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name				Address		Loan Received For:		Date of Loan	
City		State	Zip Code	<input type="checkbox"/> Primary Election		<input checked="" type="checkbox"/> General Election			
				<input type="checkbox"/> Runoff (Local Elections Only)					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16, on summary page.)									
(Total loan payments should also be shown in item 20, on summary page.)									
(Total outstanding loan balance should also be shown in item 12.e. on front page.)				0		0	0	0	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
Donna McDonald Martin Election Campaign				FROM: 01/16/22		TO: 03/31/22	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS							
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)				0	0	0	0

