



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 8/18/2025      2.a. Candidate or Committee Name: Rhonda Rehab Logan

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 11/5/2023

4. Campaign Address: 6025 STAGE RD / SUITE 42-221

City: MEMPHIS      State: TN      Zip Code: 38128      Phone: 9015735440

5. Candidate Home Address: 4971 RIDGE PARK DR.

City: MEMPHIS      State: TN      Zip Code: 38128      Phone: 9015735440

Candidate Email Address: rynette317@hotmail.com

6. Office Sought: (include district number, if applicable) Memphis City Council, Dist. 1

7. Name of Political Treasurer (may be candidate): JAMES WRIGHT

Political Treasurer Email Address: jwright@thewrightolutions.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

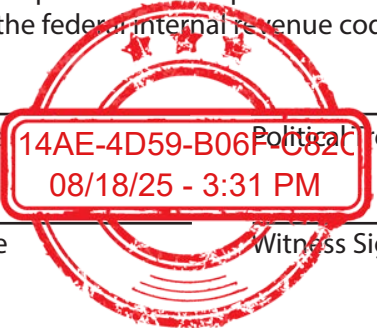
9. Reporting Period:    Start Date: 10/1/2023      End Date: 12/31/2023

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: 14AE-4D59-B06F-C82C      Political Treasurer Signature      Date

\_\_\_\_\_  
Witness Signature      Date      Witness Signature      Date



12. Summary:

a. Balance On Hand Last Report .....	\$ <u>23,230.32</u>
b. Total Receipts This Period .....	\$ <u>2,351.69</u>
c. Total Disbursements This Period .....	\$ <u>11,463.37</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>14,118.64</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: Rhonda Rehab Logan

14. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ \$1,001.69  
(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) ..... \$ \$1,350.00
- 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.) ..... \$ \$2,351.69

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$11,463.37  
(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.)..... \$ \$11,463.37

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: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
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: \_\_\_\_\_ **OR**  
First Name: DERRICK Middle Name: BRITTENUM Last Name: JAMES WRIGHT CF  
Address: 2868 SUMMER OAKS DR City: BARTLETT State: TN Zip Code: 38134  
Occupation: SELF Employer: SELF  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$200.00 Date of Contribution: 10/2/2023 Aggregate This Election: \$ \$200.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: JASON Middle Name: \_\_\_\_\_ Last Name: WEXLER  
Address: 2868 SUMMER OAKS DR City: BARTLETT State: TN Zip Code: 38134  
Occupation: SELF Employer: SELF  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 10/6/2023 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: JOHN Middle Name: FREEMAN Last Name: JAMES WRIGHT CF  
Address: 2868 SUMMER OAKS DR City: BARTLETT State: TN Zip Code: 38134  
Occupation: SELF Employer: SELF  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$150.00 Date of Contribution: 10/6/2023 Aggregate This Election: \$ \$150.00

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: \$ \$1,350.00

(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: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
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: \_\_\_\_\_ **OR**  
First Name: MICHALYN Middle Name: E Last Name: THOMAS  
Address: 1963 EDWARD AVE City: MEMPHIS State: TN Zip Code: 38107  
Purpose of Expenditure: MARKETING  
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 10/26/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: ANGELIC Middle Name: \_\_\_\_\_ Last Name: MISTER  
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38105  
Purpose of Expenditure: CAMPAIGN SUPPLIES  
Amount of Expenditure: \$ \$150.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: LATORIA Middle Name: \_\_\_\_\_ Last Name: MCKENSIE  
Address: 1955 BROADWAY City: WEST MEMPHIS State: AR Zip Code: 72301  
Purpose of Expenditure: CAMPAIGN WORKER  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: DERIA Middle Name: \_\_\_\_\_ Last Name: HILL  
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38105  
Purpose of Expenditure: CAMPAIGN WORKER  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: DAVION Middle Name: \_\_\_\_\_ Last Name: NAAZIR  
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38107  
Purpose of Expenditure: CAMPAIGN WORKER  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$1,190.00

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,190.00

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: \_\_\_\_\_ **OR**  
First Name: EMORIE Middle Name: \_\_\_\_\_ Last Name: WARE  
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38107  
Purpose of Expenditure: CAMPAIGN WORKER  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/10/2023

Business or Organization Name: LEGACY PAC **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38107  
Purpose of Expenditure: CAMPAIGN SUPPLIES  
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 11/7/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: MICHALYN Middle Name: E Last Name: THOMAS  
Address: 1963 EDWARD AVE City: MEMPHIS State: TN Zip Code: 38107  
Purpose of Expenditure: MARKETING  
Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 11/7/2023

Business or Organization Name: ELECT JAMES KIRK **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 3574 HERMTAGE DR City: MEMPHIS State: TN Zip Code: 38116  
Purpose of Expenditure: CAMPAIGN CONTRIBUTION  
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 11/1/2023

Business or Organization Name: LADIES IN NEED CAN SURVIVE **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2155 HILLSDALE City: MEMPHIS State: TN Zip Code: 38127  
Purpose of Expenditure: DONATION  
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 11/7/2023

Total Expenditures: \$ \$2,520.00

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,520.00

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: A-1 PRINTING OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 810 BROOKS City: MEMPHIS State: TN Zip Code: 38116

Purpose of Expenditure: PRINTING FLYERS

Amount of Expenditure: \$ \$1,860.49 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: HOME DEPOT OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 4950 STAGE RD City: MEMPHIS State: TN Zip Code: 38128

Purpose of Expenditure: SUPPLIES

Amount of Expenditure: \$ \$219.87 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ OR

First Name: Starnisha Middle Name: \_\_\_\_\_ Last Name: Hammond

Address: 1455 Market City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$120.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ OR

First Name: Annette Middle Name: \_\_\_\_\_ Last Name: Clark

Address: 1455 Market City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ OR

First Name: Joi Middle Name: \_\_\_\_\_ Last Name: Hibbler

Address: 1455 Market City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$5,100.36

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$5,100.36

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: \_\_\_\_\_ **OR**  
First Name: Tavia Middle Name: \_\_\_\_\_ Last Name: Williams  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$360.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Tamicia Middle Name: \_\_\_\_\_ Last Name: Glass  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Media Middle Name: \_\_\_\_\_ Last Name: Entree  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Harold Middle Name: \_\_\_\_\_ Last Name: Jefferson  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Patricia Middle Name: \_\_\_\_\_ Last Name: Watkins  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$6,180.36

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$6,180.36

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: \_\_\_\_\_ **OR**  
First Name: Jihad Middle Name: \_\_\_\_\_ Last Name: Unknown  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Eric Middle Name: \_\_\_\_\_ Last Name: Carey  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Tamara Middle Name: \_\_\_\_\_ Last Name: Holloway  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$204.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Eddie Middle Name: \_\_\_\_\_ Last Name: Rayford  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$204.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Shermetra Middle Name: \_\_\_\_\_ Last Name: Naazir  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$204.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$7,152.36

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$7,152.36

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: \_\_\_\_\_ **OR**  
First Name: Wendell Middle Name: \_\_\_\_\_ Last Name: Owens  
Address: 1455 Market City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: TN PROSPERITY PAC **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 450 7TH AVE / 32ND FLOOR City: NEW YORK State: NY Zip Code: 10123  
Purpose of Expenditure: THIS IS A RETURN CHECK / CHARGE BACK  
Amount of Expenditure: \$ \$2,500.00 Date of Expenditure: \$ 9/29/2023

Business or Organization Name: UNITEMIZED EXPENDITURES **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 6025 STAGE RD / SUITE 42-407 City: BARTLETT State: TN Zip Code: 38134  
Purpose of Expenditure: VARIOUS ITEMS UNDER \$100.00  
Amount of Expenditure: \$ \$1,631.01 Date of Expenditure: \$ 12/31/2023

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: \$ \_\_\_\_\_

Total Expenditures: \$ \$11,463.37

(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.)