

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT BE
ACCEPTED TCA 2-5-102

SEP 02 2022 11:53

1. DATE OF REPORT <u>9/1/2022</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Mauricio Calvo</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>2019-10-03</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>8665 Roundtree Pl</u> <u>Cordova</u> <u>TN</u> <u>38016</u> <u>901-859-4233</u>	
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) <u>Memphis City Council, D. 9, Pos 2</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Reggie Davis</u> <u>Mauricio Calvo</u>
7. CATEGORY OR REPORT (Check one)	
<input 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 checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>Jan 16, 2022</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>July 15, 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>Mauricio Calvo</u> signature of candidate	<u>9/2/22</u> date
<u>Reggie Davis</u> signature of political treasurer	<u>9/2/22</u> date
11. WITNESS SIGNATURE	
<u>Gemine Taylor</u> signature of witness	<u>9-2-22</u> date
<u>Gemine Taylor</u> signature of witness	<u>9-2-22</u> date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>3,246⁰⁰</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>0</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>845⁰⁰</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>2,400³⁰</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				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totalling more than \$100 from any contributor)					
First Name	Middle Name	Contribution Received For:		Amount of 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	Zip Code	Date of Contribution	Aggregate This Election	
Occupation			NA		
Employer					
First Name	Middle Name	Contribution Received For:		Amount of 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	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer					
First Name	Middle Name	Contribution Received For:		Amount of 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	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer					
First Name	Middle Name	Contribution Received For:		Amount of 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	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.)					

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				2. REPORT COVERING THE PERIOD			
				FROM:	TO:		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount		
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							
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		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> N/A </div>		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				
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.)							

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD	
					FROM:	TO:
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	
		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election				
City		State	Zip Code	<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
City		State	Zip Code	City		State
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
City		State	Zip Code	City		State
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
City		State	Zip Code	City		State
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
City		State	Zip Code	City		State
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
(Total loans received should also be shown in item 16. on summary page.)						Loan Payments
(Total loan payments should also be shown in item 20. on summary page.)						Outstanding Loan Balance (End of Period)
(Total outstanding loan balance should also be shown in item 12.e. on front page.)						



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
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					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name		N/A			
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
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.)							

