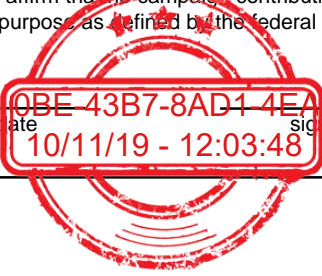


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/11/2019		2.a. NAME OF CANDIDATE OR COMMITTEE Committee To Elect Rhonda Logan			
2.b. IF COMMITTEE, NAME OF CANDIDATE Rhonda Logan			3. ELECTION DATE 10/3/2019		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 6025 Stage Rd, Suite #42-405		City Memphis	State TN	Zip Code 38134	Phone (901) 363-1544
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route 4971 Ridge Park Dr.		City Memphis	State TN	Zip Code 38134	Phone (901) 258-3273
5. OFFICE SOUGHT (include district number, if applicable) Memphis City Council, Dist. 1			6. NAME OF POLITICAL TREASURER (may be candidate) James Wright		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER		<input type="checkbox"/> SECOND QUARTER		<input checked="" 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 9/24/2019			8.b. ENDING DATE OF REPORTING PERIOD 9/30/2019		
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.					
_____ signature of candidate		_____ signature of political treasurer		_____ date	
					
11. WITNESS SIGNATURE					
_____ signature of witness		_____ date		_____ signature of witness	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		\$2,053.70			
b. TOTAL RECEIPTS THIS PERIOD		\$747.68			
c. TOTAL DISBURSEMENTS THIS PERIOD		\$1,267.83			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$1,533.55			
e. TOTAL LOANS OUTSTANDING		\$0.00			
f. TOTAL OBLIGATIONS OUTSTANDING		\$0.00			



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Rhonda Logan			2. REPORT COVERING THE PERIOD	
			FROM: 9/24/2019	TO: 9/30/2019
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name Arvind	Middle Name B	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Shakta		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$100.00
Address 3466 Lamar Ave		<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis	State TN	Zip Code 38118	Date of Contribution	Aggregate This Election
Occupation Unknown		09/25/19		\$100.00
Employer Unknown				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Total Restore Building Services		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$300.00
Address 6025 Stage Rd Ste 42-281		<input type="checkbox"/> Runoff (Local Elections Only)		
City Bartlett	State TN	Zip Code 38134	Date of Contribution	Aggregate This Election
Occupation N/A		09/25/19		\$500.00
Employer N/A				
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.)				\$400.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Rhonda Logan			2. REPORT COVERING THE PERIOD FROM: 9/24/2019 TO: 9/30/2019	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name Debra	Middle Name	Purpose of Expenditure UTILITIES		Amount of Expenditure
Last Name/Business Name Briggs				\$273.00
Address Unknown				
City Memphis	State TN	Zip Code 38114		
First Name	Middle Name	Purpose of Expenditure PRINTING AND REPRODUCTION	Amount of Expenditure	
Last Name/Business Name A-1 Printing			\$894.83	
Address 810 E Brooks				
City Memphis	State TN	Zip Code 38116		
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.)				\$1,167.83

