



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/9/2024 2.a. Candidate or Committee Name: Friends of Dr. Audrey Elicin
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: Aug. 1, 2024
 4. Campaign Address: 9997 Cameron Ridge Trail
 City: Cordova State: TN Zip Code: 38106 Phone: 901-292-2672
 5. Candidate Home Address: 9997 Cameron Ridge Trail
 City: Cordova State: TN Zip Code: 38106 Phone: 901-292-2672
 Candidate Email Address: friends@deaudreyliein.com
 6. Office Sought: (include district number, if applicable) MSCS District 5- School Board
 7. Name of Political Treasurer (may be candidate): Crystal Epps
 Political Treasurer Email Address: cdepps@gmail.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

9. Reporting Period: Start Date: 7/23/2024 End Date: 8/30/2024

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.

<p><u>Audrey Elicin</u> <u>10/10/2024</u> Candidate Signature Date</p> <p><u>[Signature]</u> <u>10/10/24</u> Witness Signature Date</p>	<p><u>[Signature]</u> <u>10/9/2024</u> Political Treasurer Signature Date</p> <p><u>[Signature]</u> <u>10/10/24</u> Witness Signature Date</p>
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12. Summary:

a. Balance On Hand Last Report	\$ <u>5,726.76</u>
b. Total Receipts This Period	\$ <u>2,343.11</u>
c. Total Disbursements This Period	\$ <u>7,890.93</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>178.94</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: FRIENDS OF DR. ANDREY ELIN

14. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 371.11
(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) \$ 1,972.00
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period..... \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 2,343.11

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 7,890.93
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 7,890.93

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Dr. Audrey Elin
2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: \$ _____

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: \$ _____

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: \$ _____

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: \$ 1,972.00

(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.)

** See attached spreadsheet **

Itemized Statement of Contributions

Business or Organization Name	First Name	Middle Initial	Last Name	Address Line 1	Address Line 2	City	State	Zip	Employer	Occupation	Contribution Received For	Amount of Contribution	Date of Contribution	Aggregate This Election
	Carlise		Mathews	7353 Peppermill Ln		Memphis	TN	38125			General Election	\$100.00	7/26/24	
	Darrell	K.	Thomas	PO BOX 161356		Memphis	TN	38186	Business Owner	Consultant	General Election	\$250.00	7/29/24	
	Jerry		Parker	2535 Preakness Place		Eads	TN	38028	Business Owner	Consultant	General Election	\$400.00	7/29/24	
	Donna		Crawford	1490 Leland Street		Memphis	TN	38106	Retired	Retired	General Election	\$200.00	7/30/24	
	Sharon Renee		Williams	1033 Bruce Street		Memphis	TN	38104	Boys and Girls Club	Owner	General Election	\$125.00	7/30/24	
	Jeremy		Simpson	1779 Kirby Pkwy Bldg. 1	Suite 205	Memphis	TN	38138	Systems Technologies	Owner	General Election	\$300.00	7/31/24	
	Joseph	D.	Kyles	4106 Shirley Drive		Memphis	TN	38109	Retired	retired	General Election	\$100.00	7/31/24	
				126 Flicker St.		Memphis	TN	38104			General Election	\$300.00	7/23/24	
M-PACE											General Election	\$197.00	8/15/24	\$482.50
Wholey Goods											Total Contributions:	\$1,972.00		

4 of 10

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of De Andree Elier
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ 0

(Carry forward to the 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 the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Dr. Audrey Elton
2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: _____ 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: _____

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: \$ 0 7,890.93

(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.)

** See attached Spreadsheet **

Itemized Statement of Expenditures - Candidate

Business or Organization Name	First Name	Middle Initial	Last Name	Address Line 1	Address Line 2	City	State	Zip	Purpose of Expenditure	Amount of Expenditure	Date of Expenditure
	Audrey		Eliou	9997 Cameron Ridge Trl		Cordova	TN	38106	Annual Domain Fees	\$144.06	7/23/24
	Audrey		Eliou	9997 Cameron Ridge Trl		Cordova	TN	38106	payment made to open bank account. 500 5x7 Post Cards - Campaign Flyer - Advertising Invoice# 202241	\$10.00	7/23/24
JJ Graphics				3874 Viscouint	Suite 8	Memphis New	TN	38118		\$8.75	7/23/24
Anedot				1340 Poydras Street	Suite 1770	Orleans	LA	70112	Online Processing Fees	\$71.73	7/25/24
Waldos Chick				2200 N Germantown Pkwy		Cordova	TN	38106	Food for volunteers for campaign related working events	\$25.56	7/29/24
Robocent, Inc RAPHDesign	Audrey		Eliou	2129 General Booth Blvd 1705 Belvedere Ct 9997 Cameron Ridge Trl	Suite 103-277	Virginia Beach Memphis Cordova	VA TN TN	23454 38104 38106	Calling post subscription for 4,452 Campaign Watch Party Thomb Drive - Excel Detail	\$623.28 \$800.00 \$40.00	7/29/24 7/31/24 7/31/24
	Christal		Edwards	1033 Bruce Street		Memphis New	TN	38104	Gas reimbursement for traveling related to the campaign.	\$70.08	7/18/24
Anedot				1340 Poydras Street	Suite 1770	Orleans	LA	70112	Online Processing Fees	\$13.60	7/31/24
Circle K	Lori		Skahan	11495 Pine Hill Lane		Branch	MS	38654	Campaign Watch Party - Florist	\$110.13	8/1/24
Tropical Smoothie				1755 N Germantown Pkwy 765 N Germantown Pkwy		Cordova Cordova	TN TN	38016 38018	Gas for campaign Food for Campaign	\$41.92 \$26.52	8/5/24 8/2/24
	Christal		Edwards	1033 Bruce Street		Memphis	TN	38104	Gas reimbursement for traveling related to the campaign.	\$40.34	8/16/24
	Audrey		Eliou	9997 Cameron Ridge Trl		Cordova	TN	38106	Gas and Car Rental reimbursement	\$3,681.91	7/31/24
	Chris		Leggins	3681 Cherry Road		Memphis	TN	38118	Services Rendered	\$200.00	8/16/24
	Christal		Edwards	1033 Bruce Street		Memphis	TN	38104	Services Rendered	\$200.00	8/16/24
Wat-Mart				8400 US-64 W		Bartlett	TN	38133	Supplies for Campaign	\$45.70	8/7/24
Extra Storage Space				381 N Germantown Pkwy		Cordova	TN	38018	Storage for Campaign Supplies Dec. 24 - Feb. 25	\$54.00	8/7/24
Extra Storage Space				381 N Germantown Pkwy		Cordova	TN	38018	Storage for Campaign Supplies Aug. 24- Dec. 24	\$137.00	8/7/24
Extra Storage Space				381 N Germantown Pkwy		Cordova	TN	38018	Storage for Campaign Supplies Feb. 25 - Aug. 25	\$162.00	8/7/24
Waldos Chick				2200 N Germantown Pkwy		Cordova	TN	38106	Food for volunteers for campaign related working events	\$40.62	8/12/24
The Home Depot				800 Truse Pkwy		Memphis	TN	38117	Supplies for Campaign	\$49.29	8/12/24
Enterprise Rental (EAN Holding, LLC)				9160 Highway 64		Lakeland	TN	38002	Car rental for Audrey Eliou during campaign	\$987.47	8/12/24
	Yulonda		Gatewood	4599 Tulip Run dr		Memphis	TN	38135	Professional Services and Supplies for Campaign.	\$100.00	8/19/24

Anedot	Knight	9240 East Holmes Road	Collierville TN	Professional Services and Supplies for 38017 Campaign.	\$200.00	8/19/24
	Suite 1770	1340 Poydras Street	New Orleans LA	70112 Online Processing Fees	\$6.97	8/2/24
				Total Expenditures	\$7,890.93	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Friends of Dr. Audrey Elier
2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/2024
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

Loan Received For: Primary Election General Election Runoff (Local Elections Only)

Date of Loan: _____

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ 0

Loans Received \$ 0

Loan Payments \$ 0

Outstanding Loan (End)..... \$ 0

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Dr. Audrey Elin
2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/2024
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:													
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$	\$	\$	\$										

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:													
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$	\$	\$	\$										

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:													
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$	\$	\$	\$										

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:													
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$	\$	\$	\$										

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 0	\$ 0	\$ 0