



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

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

1. Date: 1/16/25 2.a. Candidate or Committee Name: Friends of Amber Huett Garcia
 2.b. If Committee, Name of Candidate: Amber Huett Garcia 3. Election Date: 2022
 4. Campaign Address: 4653 Chickasaw Rd
 City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115
 5. Candidate Home Address: 4653 Chickasaw Rd
 City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115
 Candidate Email Address: amberhuettgarcia@gmail.com
 6. Office Sought: (include district number, if applicable) School board district 8 MSCS
 7. Name of Political Treasurer (may be candidate): Tate Wilson
 Political Treasurer Email Address: tatewilson@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 Runoff Election

9. Reporting Period: Start Date: 7/1/24 End Date: 1/15/25

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.

	<u>1/16/25</u>		<u>1/16/25</u>
Candidate Signature	Date	Political Treasurer Signature	Date
	<u>1/16/25</u>		<u>1/16/25</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>1064.84</u>
b. Total Receipts This Period	\$ <u>1000.00</u>
c. Total Disbursements This Period	\$ <u>960.27</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>1104.57</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

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

13. Name of Candidate or Committee: Friends of Amber Huett Garcia

14. Reporting Period: Start Date: 7/1/24 End Date: 1/15/25

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(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) \$ 1000.00
- 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.) \$ 1000.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 960.27
(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.)..... \$ 960.27

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 Amber Huett Garcia

2. Reporting Period: Start Date: 7/1/24 End Date: 1/15/25

3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

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

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: BCBS of TENNESSEE OR

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

Address: 88 N Danny Thomas Blvd City: Memphis State: TN Zip Code: 38103

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ 1000.00 Date of Contribution: 11/18/24 Aggregate This Election: \$ 1000.00

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: \$ _____

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: \$ 1000.00

(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: Friends of Amber Huettt Garcia

2. Reporting Period: Start Date: 7/1/24 End Date: 1/15/25

3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT
ACCEPTED TCA 2-5-10

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: Go Daddy.com OR

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

Address: 100 S Mill Ave St 1600 City: Tempe State: AZ Zip Code: 85281

Purpose of Expenditure: website domain fee

Amount of Expenditure: \$ 58.38 Date of Expenditure: \$ 10/16/24

Business or Organization Name: Wix.com OR

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

Address: 500 Terry A Francis Blvd. City: San Francisco State: CA Zip Code: 94158

Purpose of Expenditure: Website fee

Amount of Expenditure: \$ 223.89 Date of Expenditure: \$ 11/25/24

Business or Organization Name: Regions Bank OR

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

Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Bank fee

Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 11/29/24

Business or Organization Name: Jesse Huseth for TN 97 OR

First Name: Jesse Middle Name: _____ Last Name: Huseth

Address: 4089 Barfield Rd City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: campaign donation

Amount of Expenditure: \$ 450.00 Date of Expenditure: \$ 7/1/24

Business or Organization Name: Friends for Eric Harris OR

First Name: Eric Middle Name: _____ Last Name: Harris

Address: 7525 Bristol Meadow Ln City: Memphis State: TN Zip Code: 38125

Purpose of Expenditure: campaign donation

Amount of Expenditure: \$ 206.00 Date of Expenditure: \$ _____

Total Expenditures: \$ _____

(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: Friends for of Amber Huett Garcia
2. Reporting Period: Start Date: 7/1/24 End Date: 1/15/25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 939.27

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT
ACCEPTED TCA 2-

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: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Bank fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: 8/30/24

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4790 Poplar Ave City: Memp State: _____ Zip Code: _____
Purpose of Expenditure: Bank fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: 9/30/24

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Bank fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: 12/29/24

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: \$ _____
(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.)