CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 1/25/2024 2.a. Candidate or Committee Name: Friend of Paul D. Randolph

2.b. If Committee, Name of Candidate: Paul Randolph 3. Election Date: 10/5/2023

4. Campaign Address: 530 W. Ramos Rd

City: Memphis State: TN Zip Code: 38109 Phone: 901-581-3118

5. Candidate Home Address: 530 W. Ramos Rd

City: Memphis State: TN Zip Code: 38109 Phone: 901-581-3118

Candidate Email Address: paulr62@icloud.com

6. Office Sought: (include district number, if applicable) Memphis City Council Super District 8 position 3

7. Name of Political Treasurer (may be candidate): Carolyn Taylor

Political Treasurer Email Address: taylor8206@bellsouth.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: 01/15/2024

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.

Candidate Signature	Date	Political Treasurer Signature	Date
Paul Randolph	1/25/2024	Carolyn Taylor	1/25/2024
Witness Signature	Date	Witness Signature	Date
Kevin Taylor	1/25/24	Carolyn Taylor	1/25/24

12. Summary:

a.	Balance On Hand Last Report	$ 1200.00
b.	Total Receipts This Period	$ 950.00
c.	Total Disbursements This Period	$ 2150.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 0
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends Of Paul D. Randolph

14. Reporting Period: Start Date: 10/1/2023 End Date: 01/15/2024

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 200.00
(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) ..... $ 750.00

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.) ..... $ 950.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 2150.00
(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.) ..... $ 2150.00

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 Paul D. Randolph

2. Reporting Period: Start Date: 10/1/2023 End Date: 01/15/2024

3. Total campaign contributions from preceding page (enter $0 if first page) $ 2150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: George Middle Name: _____ Last Name: Flinn

Address: 1325 Eastmoreland Ste 545 City: Memphis State: TN Zip Code: 38104

Occupation: Physician Employer: Self

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

Amount of Contribution: $ 500.00 Date of Contribution: 9/5/2023 Aggregate This Election: $ 500.00

Business or Organization Name: _____ **OR**

First Name: Todd Middle Name: S Last Name: Mallay

Address: 1264 Wesley Dr City: Memphis State: TN Zip Code: 38116

Occupation: Physician Employer: Methodist Healthcare

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

Amount of Contribution: $ 250.00 Date of Contribution: 9/22/2023 Aggregate This Election: $ 250.00

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: $ _____

Total Contributions: $ 2150.00

(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 Paul D. Randolph
2. Reporting Period: Start Date: 10/1/2023 End Date: 01/15/2024
3. Total campaign expenditures from preceding page (enter $0 if first page) $ _____

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: Fedex Printing **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 200 Goodman Rd City: Southaven State: MS Zip Code: 38671
Purpose of Expenditure: Printing Rushcards
Amount of Expenditure: $ 375.89 Date of Expenditure: 8/4/2023

Business or Organization Name: ~~Nichette~~ **OR**
First Name: Nichelle Middle Name: _____ Last Name: Prewitt
Address: _____ City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: T-Shirts
Amount of Expenditure: $ 320.00 Date of Expenditure: 9/14/2023

Business or Organization Name: Canva Pro **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 110 Kippax St City: Austin State: TX Zip Code: 78702
Purpose of Expenditure: Campaign Signs
Amount of Expenditure: $ 489.76 Date of Expenditure: 9/1/2023

Business or Organization Name: Wix.com web developer **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 500 Terry A. Francois BLVD City: San Francisco State: CA Zip Code: 94158
Purpose of Expenditure: Create website
Amount of Expenditure: $ 399.98 Date of Expenditure: 8/12/2023

Business or Organization Name: _____ **OR**
First Name: Judy Middle Name: _____ Last Name: Baptist
Address: 1772 Swinnea Rd City: Nesbit State: MS Zip Code: 38651
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: $ 350.00 Date of Expenditure: 9/29/2023

Total Expenditures: $ 1835.63
(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 of Paul D. Randolph
2. Reporting Period: Start Date: 10/1/2023 End Date: 01/15/2024
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1835.63

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: Carolyn Middle Name: R Last Name: Taylor
Address: 5929 Richard Place Dr City: Horn Lake State: MS Zip Code: 38637
Purpose of Expenditure: Campaign Treasurer/Manager fee
Amount of Expenditure: $ 300.00 Date of Expenditure: 10/1/2023

Business or Organization Name: Amazon.Com OR
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ______ Zip Code: ______
Purpose of Expenditure: Campaign sign stakes
Amount of Expenditure: $ 14.37 Date of Expenditure: 9/11/2023

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: ______

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: $ 2150.00
(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.)