



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

ORIGINAL DOCUMENT
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ACCEPTED TCA 2-5-102

1. Date: 11/26/23 2.a. Candidate or Committee Name: Brandon Price
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 10/5/23
 4. Campaign Address: 6571 Stockport Cove
 City: Memphis State: TN Zip Code: 38141 Phone: (901) 498-3621
 5. Candidate Home Address: 6571 Stockport Cove
 City: Memphis State: TN Zip Code: 38141 Phone: (901) 498-3621
 Candidate Email Address: Ms. brandonprice4mayor@gmail.com
 6. Office Sought: (include district number, if applicable) Mayor of Memphis
 7. Name of Political Treasurer (may be candidate): Andrew Guthrie
 Political Treasurer Email Address: andrew.e.guthrie@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: 9/26/23 End Date: 9/30/23

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.

[Signature] 11/25/23 [Signature] 11/26/23
 Candidate Signature Date Political Treasurer Signature Date
[Signature] 11-29-23 [Signature] 11-29-23
 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>57.91</u>
b. Total Receipts This Period	\$ <u>0.00</u>
c. Total Disbursements This Period	\$ <u>17.95</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>39.96</u>
e. Total Loans Outstanding	\$ <u>0.00</u>
f. Total Obligations Outstanding	\$ <u>0.00</u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

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: \$ _____
 (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.)

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
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: _____ **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: \$ _____

(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 OBLIGATIONS - CANDIDATE

- Candidate or Committee Name: _____
- Reporting Period: Start Date: _____ End Date: _____
- Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

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)
\$	\$	\$	\$