



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

For State and Local Candidates For Single-Candidate Committees

1. Date: 06/29/23 2.a. Candidate or Committee Name: Will Frazier
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 10/5/23
 4. Campaign Address: 5100 Poplar Ave
 City: Memphis State: TN Zip Code: 38137 Phone: 901 686-2985
 5. Candidate Home Address: 7924 AT WATER LN
 City: Memphis State: TN Zip Code: 38119 Phone: 901 686-2985
 Candidate Email Address: WFRAZIER96@gmail.com

6. Office Sought: (include district number, if applicable) City Council District #2
 7. Name of Political Treasurer (may be candidate): Ken Gourdeau
 Political Treasurer Email Address: WFRAZIER96@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: 06/01/2023 End Date: 06/30/2023

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>WF</u> Candidate Signature	<u>2/1/24</u> Date	<u>Ken Gourdeau</u> Political Treasurer Signature	<u>2-1-2024</u> Date
<u>S. Franklin</u> Witness Signature	<u>2/1/24</u> Date	<u>S. Franklin</u> Witness Signature	<u>2/1/24</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>900.00</u>
b. Total Receipts This Period	\$ <u>86350.00</u>
c. Total Disbursements This Period	\$ <u>86300.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>900.50</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Frazier
2. Reporting Period: Start Date: 08/01/23 End Date: 08/30
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: Ken Middle Name: _____ Last Name: Grounds
Address: 235 White Pine Pl City: Oakland State: TN Zip Code: 38060
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 08/01/23 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Khi Middle Name: _____ Last Name: Bass
Address: 826 Saint Germaine City: Macon State: AR Zip Code: 72364
Occupation: Teacher Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 8/23 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Chris Middle Name: _____ Last Name: Threlkeld
Address: 243A Cassino Rd City: _____ State: VA Zip Code: 23801
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: 08/23 Aggregate This Election: \$ 150

Business or Organization Name: _____ OR
First Name: Dwan Middle Name: _____ Last Name: Gillom
Address: 201 Dubois Dr City: Memph State: TN Zip Code: 37109
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: _____ Aggregate This Election: \$ 200

Total Contributions: \$ 2,550.00
(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.)

550

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Flitzer
2. Reporting Period: Start Date: 02/01 End Date: 02/02/23
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: William Middle Name: _____ Last Name: Weaver
Address: 664 Ridge Springs RD City: Collierville State: TN Zip Code: ~~38017~~ 38017
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: _____ Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: Mickell Middle Name: _____ Last Name: Lavery
Address: 761 Harbor Isle Cir City: Mem State: TN Zip Code: 38103
Occupation: Fed Ex Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 02/23 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Willie Middle Name: _____ Last Name: Brooks
Address: 5143 Autumnal Evening City: Mem State: TN Zip Code: 38125
Occupation: Fed Ex Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 02/23 Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: Brandon Middle Name: _____ Last Name: Porter
Address: 4988 Durwood Ln City: Collierville State: TN Zip Code: _____
Occupation: Business Owner Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,500 Date of Contribution: 02/23 Aggregate This Election: \$ 1,500

Total Contributions: \$ 2,550.00
(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.)

2000

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Frazer
2. Reporting Period: Start Date: OCT 03/20 End Date: 10/09/23
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: Reginald Middle Name: _____ Last Name: Milton
Address: 1048 S. Bellevue City: Memph State: TN Zip Code: 37106
Occupation: Business owner Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: _____ Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Felicia Middle Name: _____ Last Name: Johnson
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: city of Memphis Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: _____ Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Carlos Middle Name: _____ Last Name: Bibbs
Address: 841 Shadow Walk City: Coddlerville State: TN Zip Code: 38017
Occupation: Attorney at Law Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: _____ Aggregate This Election: \$ 150

Business or Organization Name: _____ OR
First Name: April Middle Name: _____ Last Name: STEWART
Address: 10492 Iron Bridge City: Olive Branch State: MS Zip Code: 38684
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: _____ Aggregate This Election: \$ 250

Total Contributions: \$ 900
(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.)

900

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Frazier
2. Reporting Period: Start Date: 09/01/23 End Date: 09 23
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: Laurie Middle Name: _____ Last Name: Powell
Address: 3800 Chase City: Mem State: TN Zip Code: 38115
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 280 Date of Contribution: _____ Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Quentin Middle Name: _____ Last Name: Cooper
Address: 8958 Linell Ln City: Cardova State: TN Zip Code: 38108
Occupation: Military Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: _____ Aggregate This Election: \$ 150

Business or Organization Name: _____ OR
First Name: Tammara Middle Name: _____ Last Name: Porter
Address: 7740 Wisbey Ct City: Mem State: TN Zip Code: 38125
Occupation: IRS Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: _____ Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: Kimberly Middle Name: _____ Last Name: Sheppard
Address: 1674 Forkleberry Dr City: Cardova State: TN Zip Code: 38016
Occupation: Nurse Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 300 Date of Contribution: _____ Aggregate This Election: \$ 300

Total Contributions: \$ 900 900
(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.)

900

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will FRAZER
2. Reporting Period: Start Date: 07/01/2023 End Date: 07/2023
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: Reginald Middle Name: _____ Last Name: French
Address: 31 Beaver Valley CV City: Cordova State: TN Zip Code: 38108
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: 07/01/2023 Aggregate This Election: \$ 150

Business or Organization Name: _____ OR
First Name: Michael Middle Name: _____ Last Name: Hill
Address: PO Box 301412 City: MEM State: TN Zip Code: 38116
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: _____ Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Michael Middle Name: _____ Last Name: Clark
Address: 449 Monroe Ave City: MEM State: TN Zip Code: 38125
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: _____ Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Michael Middle Name: _____ Last Name: Boyd
Address: 2050 Audrey Gump DR City: MEM State: TN Zip Code: 38134
Occupation: Shelf. Dept. Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: _____ Aggregate This Election: \$ 250

Total Contributions: \$ 750

(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.)

750

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Fraker
2. Reporting Period: Start Date: 06/01/2023 End Date: 06/30/2023
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: Denek Branch Middle Name: _____ Last Name: Branch
Address: 9575 Woodland Creek City: Coredean State: TN Zip Code: 38018
Occupation: Insurance Agent Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 06/2023 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Rashadeth Middle Name: _____ Last Name: JONES
Address: 4963 E. Louns Gate City: MEM State: TN Zip Code: 38116
Occupation: Real Estate Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 06/23 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Angela Middle Name: _____ Last Name: Hewlett
Address: 504 Long ST City: Southaven State: MS Zip Code: 38672
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 06/23 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Troy Middle Name: _____ Last Name: Kirshonok
Address: 3310 Clark Xing City: Olive Branch State: MS Zip Code: 38654
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: _____ Aggregate This Election: \$ 500

Total Contributions: \$ 950
(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.)

950

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Will Frantz
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: Tammie Middle Name: _____ Last Name: Porter
Address: 13905 Highland Crest City: Olive branch State: MS Zip Code: 38654
Purpose of Expenditure: _____
Amount of Expenditure: \$ 250 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: \$ 250

(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: _____

2. Reporting Period: Start Date: 07/2023 End Date: 09/2023

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: A1 Service OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: 4x4 Yard Signs
Amount of Expenditure: \$ 1,000 Date of Expenditure: \$ _____

Business or Organization Name: A1 Service OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Signs
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ _____

Business or Organization Name: The Agency OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Graphic Designs
Amount of Expenditure: \$ 2,000 Date of Expenditure: \$ _____

Business or Organization Name: Poll workers OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll workers 7 x 150
Amount of Expenditure: \$ 1,050 Date of Expenditure: \$ _____

Business or Organization Name: A1 Service OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Push Cards
Amount of Expenditure: \$ 1,500 Date of Expenditure: \$ _____

Total Expenditures: \$ 6,250.00

(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.)

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Will Frazier

14. Reporting Period: Start Date: _____ End Date: _____

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ _____
- c. Loans Received This Reporting Period..... \$ _____
- 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.) \$ 0

16. Disbursements:

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

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.) \$ _____