

RECEIVED MAR 09 2020

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT DOCUMENT

For State and Local Candidates
For Single-Candidate Committees

PHOTOCOPY CANNOT BE
ACCEPTED TCA 2-5-102

1. DATE OF REPORT <u>07/15/2019</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Edmund H. Ford, Jr.</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Committee to Elect Edmund Ford, Jr.</u>		3. ELECTION DATE <u>08/02/2018</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>917 Summer Shade Lane</u>		City <u>Memphis</u>	State <u>TN</u>
		Zip Code <u>38116-4017</u>	Phone <u>901.396.1555</u>
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route <u>917 Summer Shade Lane</u>		City <u>Memphis</u>	State <u>TN</u>
		Zip Code <u>38116-4017</u>	Phone <u>901.345.9558</u>
5. OFFICE SOUGHT (include district number, if applicable) <u>Shelby County Commission, District 9</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>J. Ashley Miller</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER
<input type="checkbox"/> PRE-PRIMARY	<input type="checkbox"/> PRE-GENERAL	<input checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD <u>01/16/2019</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>06/30/2019</u>	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)			
b. <input checked="" type="checkbox"/> 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.			
10. 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>Edmund H. Ford, Jr.</u> signature of candidate	<u>07/15/2019</u> date	<u>J. Miller</u> signature of political treasurer	<u>07-15-2019</u> date
11. WITNESS SIGNATURE			
<u>William Ford</u> signature of witness	<u>7/15/2019</u> date	<u>Jane Smith</u> signature of witness	<u>7-15-19</u> date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	\$	<u>11,389.⁵⁶</u>	
b. TOTAL RECEIPTS THIS PERIOD	\$	<u>11,650.⁶⁰</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD	\$	<u>13,415.⁹⁶</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$	<u>9,624.¹⁰</u>	
e. TOTAL LOANS OUTSTANDING	\$	<u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING	\$	<u>0</u>	



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Edmund Ford, Jr.</i>				2. REPORT COVERING THE PERIOD FROM: <i>01/16/2019</i> TO: <i>06/30/2019</i>					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name <i>Edmund</i>		Middle Name		Outstanding Loan Balance (Beginning of Period) <i>\$5,000.00</i>		Loans Received <i>0</i>	Loan Payments <i>\$5,000.00 6/28</i>	Outstanding Loan Balance (End of Period) <i>0</i>	
Last Name/Organization Name <i>Ford, Jr.</i>				Address <i>917 Summer Shade Lane</i>		Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Date of Loan	
City <i>Memphis</i>		State <i>TN</i>	Zip Code <i>38116</i>		<input type="checkbox"/> Runoff (Local Elections Only)				
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16, on summary page.)				<i>\$5,000.00</i>		<i>0</i>	<i>\$5,000.00</i>	<i>0</i>	
(Total loan payments should also be shown in item 20, on summary page.)									
(Total outstanding loan balance should also be shown in item 12.e, on front page.)									



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>Committee to Elect Edmund Ford, Jr.</i>				FROM: <i>01/14/2019</i>		TO: <i>06/30/2019</i>	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS				0	0	0	0
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							