



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 8/20/2025 2.a. Candidate or Committee Name: Rhonda Rehab Logan

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/5/2023

4. Campaign Address: 6025 STAGE RD / SUITE 42-221

City: MEMPHIS State: TN Zip Code: 38128 Phone: 9015735440

5. Candidate Home Address: 4971 RIDGE PARK DR.

City: MEMPHIS State: TN Zip Code: 38128 Phone: 9015735440

Candidate Email Address: rynette317@hotmail.com

6. Office Sought: (include district number, if applicable) Memphis City Council, Dist. 1

7. Name of Political Treasurer (may be candidate): JAMES WRIGHT

Political Treasurer Email Address: jwright@thewrightssolutions.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: 12/31/2023

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.

Candidate Signature Date: 08/20/25 - 5:20 PM _____
Political Treasurer Signature Date

Witness Signature Date _____
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>23,230.32</u>
b. Total Receipts This Period	\$ <u>2,351.69</u>
c. Total Disbursements This Period	\$ <u>11,463.37</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>14,118.64</u>
e. Total Loans Outstanding	\$ <u>0.00</u>
f. Total Obligations Outstanding	\$ <u>0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Rhonda Rehab Logan

14. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$1,001.69
(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) \$ \$1,350.00
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$2,351.69

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$11,463.37
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$11,463.37

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ _____
- c. Total In-Kind Contributions Received This Period \$ _____

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: DERRICK Middle Name: BRITTENUM Last Name: JAMES WRIGHT CF
Address: 2868 SUMMER OAKS DR City: BARTLETT State: TN Zip Code: 38134
Occupation: SELF Employer: SELF
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 10/2/2023 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: JASON Middle Name: _____ Last Name: WEXLER
Address: 2868 SUMMER OAKS DR City: BARTLETT State: TN Zip Code: 38134
Occupation: SELF Employer: SELF
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 10/6/2023 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: JOHN Middle Name: FREEMAN Last Name: JAMES WRIGHT CF
Address: 2868 SUMMER OAKS DR City: BARTLETT State: TN Zip Code: 38134
Occupation: SELF Employer: SELF
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 10/6/2023 Aggregate This Election: \$ \$150.00

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: \$ _____

Total Contributions: \$ \$1,350.00

(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: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: MICHALYN Middle Name: E Last Name: THOMAS
Address: 1963 EDWARD AVE City: MEMPHIS State: TN Zip Code: 38107
Purpose of Expenditure: MARKETING
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 10/26/2023

Business or Organization Name: _____ **OR**
First Name: ANGELIC Middle Name: _____ Last Name: MISTER
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38105
Purpose of Expenditure: CAMPAIGN SUPPLIES
Amount of Expenditure: \$ \$150.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: LATORIA Middle Name: _____ Last Name: MCKENSIE
Address: 1955 BROADWAY City: WEST MEMPHIS State: AR Zip Code: 72301
Purpose of Expenditure: CAMPAIGN WORKER
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: DERIA Middle Name: _____ Last Name: HILL
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38105
Purpose of Expenditure: CAMPAIGN WORKER
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: DAVION Middle Name: _____ Last Name: NAAZIR
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38107
Purpose of Expenditure: CAMPAIGN WORKER
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$1,190.00

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,190.00

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: EMORIE Middle Name: _____ Last Name: WARE
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38107
Purpose of Expenditure: CAMPAIGN WORKER
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/10/2023

Business or Organization Name: LEGACY PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1455 MARKET City: MEMPHIS State: TN Zip Code: 38107
Purpose of Expenditure: CAMPAIGN SUPPLIES
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 11/7/2023

Business or Organization Name: _____ **OR**
First Name: MICHALYN Middle Name: E Last Name: THOMAS
Address: 1963 EDWARD AVE City: MEMPHIS State: TN Zip Code: 38107
Purpose of Expenditure: MARKETING
Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 11/7/2023

Business or Organization Name: ELECT JAMES KIRK **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3574 HERMTAGE DR City: MEMPHIS State: TN Zip Code: 38116
Purpose of Expenditure: CAMPAIGN CONTRIBUTION
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 11/1/2023

Business or Organization Name: LADIES IN NEED CAN SURVIVE **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2155 HILLSDALE City: MEMPHIS State: TN Zip Code: 38127
Purpose of Expenditure: DONATION
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 11/7/2023

Total Expenditures: \$ \$2,520.00

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,520.00

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: A-1 PRINTING OR

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

Address: 810 BROOKS City: MEMPHIS State: TN Zip Code: 38116

Purpose of Expenditure: PRINTING FLYERS

Amount of Expenditure: \$ \$1,860.49 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: HOME DEPOT OR

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

Address: 4950 STAGE RD City: MEMPHIS State: TN Zip Code: 38128

Purpose of Expenditure: SUPPLIES

Amount of Expenditure: \$ \$219.87 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ OR

First Name: Starnisha Middle Name: _____ Last Name: Hammond

Address: 1455 Market City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$120.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ OR

First Name: Annette Middle Name: _____ Last Name: Clark

Address: 1455 Market City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ OR

First Name: Joi Middle Name: _____ Last Name: Hibbler

Address: 1455 Market City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$5,100.36

(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: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$5,100.36

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: Tavia Middle Name: _____ Last Name: Williams
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$360.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: Tamicia Middle Name: _____ Last Name: Glass
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: Media Middle Name: _____ Last Name: Entree
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: Harold Middle Name: _____ Last Name: Jefferson
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: Patricia Middle Name: _____ Last Name: Watkins
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$6,180.36

(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: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$6,180.36

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: Jihad Middle Name: _____ Last Name: Unknown
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: Eric Middle Name: _____ Last Name: Carey
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: Tamara Middle Name: _____ Last Name: Holloway
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$204.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: Eddie Middle Name: _____ Last Name: Rayford
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$204.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: _____ **OR**
First Name: Shermetra Middle Name: _____ Last Name: Naazir
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$204.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$7,152.36

(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: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$7,152.36

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: Wendell Middle Name: _____ Last Name: Owens
Address: 1455 Market City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: TN PROSPERITY PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 450 7TH AVE / 32ND FLOOR City: NEW YORK State: NY Zip Code: 10123
Purpose of Expenditure: THIS IS A RETURN CHECK / CHARGE BACK
Amount of Expenditure: \$ \$2,500.00 Date of Expenditure: \$ 9/29/2023

Business or Organization Name: _____ **OR**
First Name: LINDA Middle Name: _____ Last Name: KEY
Address: UNKNOWN City: UNKNOWN State: TN Zip Code: 38128
Purpose of Expenditure: CAMPAIGN WORKER
Amount of Expenditure: \$ \$90.00 Date of Expenditure: \$ 10/24/2023

Business or Organization Name: THE UPS STORE **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6025 STAGE RD / SUITE 42-221 City: MEMPHIS State: TN Zip Code: 38134
Purpose of Expenditure: POSTAGE AND DELIVERY
Amount of Expenditure: \$ \$65.49 Date of Expenditure: \$ 11/1/2023

Business or Organization Name: GRACIE'S KITCHEN **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7185 STAGE RD City: MEMPHIS State: TN Zip Code: 38135
Purpose of Expenditure: MEALS AND ENTERTAINMENT
Amount of Expenditure: \$ \$32.93 Date of Expenditure: \$ 10/5/2023

Total Expenditures: \$ \$10,020.78

(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: Rhonda Rehab Logan
2. Reporting Period: Start Date: 10/1/2023 End Date: 12/31/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$10,020.78

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: PINNACLE BANK OR

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

Address: 235 WHITTEN RD City: MEMPHIS State: TN Zip Code: 38134

Purpose of Expenditure: BANK SERVICE CHARGE

Amount of Expenditure: \$ \$15.00 Date of Expenditure: \$ 10/10/2023

Business or Organization Name: LOWE'S OR

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

Address: 8300 HIGHWAY 64 City: BARTLETT State: TN Zip Code: 38135

Purpose of Expenditure: SUPPLIES

Amount of Expenditure: \$ \$2.98 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: UNKNOWN OR

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

Address: UNKNOWN City: MEMPHIS State: TN Zip Code: 38134

Purpose of Expenditure: CAMPAIGN EVENT

Amount of Expenditure: \$ \$1,042.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: PAYPAL OR

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

Address: 2211 NORTH FIRST ST City: SAN JOSE State: CA Zip Code: 95131

Purpose of Expenditure: MERCHANT FEES

Amount of Expenditure: \$ \$382.61 Date of Expenditure: \$ 10/6/2023

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: \$ _____

Total Expenditures: \$ \$11,463.37

(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.)