



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 1/25/2024 2.a. Candidate or Committee Name: Ford Canale
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 10/5/2023
4. Campaign Address: 1661 Aaron Brenner Dr Ste 300
City: Memphis State: TN Zip Code: 38120 Phone: (901) 761-2720
5. Candidate Home Address: 418 Greenfield Rd
City: Memphis State: TN Zip Code: 38117 Phone: (901) 412-7732
Candidate Email Address: ford@canalefuneraldirectors.com
6. Office Sought: (include district number, if applicable) Memphis City Council, Dist. 9, Pos. 2
7. Name of Political Treasurer (may be candidate): Jack Sammons
Political Treasurer Email Address: jack@amprogel.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: 10/1/2023 End Date: 1/15/2024
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

-8596-4A1F-A089-8F94

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|-----------------------|
| a. Balance On Hand Last Report | \$ <u>\$22,792.34</u> |
| b. Total Receipts This Period | \$ <u>\$9,650.00</u> |
| c. Total Disbursements This Period | \$ <u>\$15,135.78</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$17,306.56</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: Ford Canale

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

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) \$ \$9,650.00
- 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.) \$ \$9,650.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$15,135.78
(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.)..... \$ \$15,135.78

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: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
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: Victoria Middle Name: G. Last Name: Bennett
Address: 3879 Saint Andrews Green City: Memphis State: TN Zip Code: 38111
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 10/3/2023 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Stephen Middle Name: W. Last Name: Bowie
Address: 2108 Sunset Rd City: Germantown State: TN Zip Code: 38138
Occupation: Principal Employer: Cor Mundi Investments Inc
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 10/2/2023 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Dedrick Middle Name: _____ Last Name: Brittenum Jr.
Address: 1161 East Parkway South City: Memphis State: TN Zip Code: 38114
Occupation: Founder Employer: Brittenum Law PLLC
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 10/16/2023 Aggregate This Election: \$ \$200.00

Business or Organization Name: BuildPAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 505 Halle Park Dr City: Collierville State: TN Zip Code: 38017
Occupation: NA Employer: NA
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 10/16/2023 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$1,700.00
(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,700.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Mark Middle Name: J. Last Name: Halperin
Address: 1370 W. Massey Rd. City: Memphis State: TN Zip Code: 38120
Occupation: Executive VP Employer: Boyle Investment Co
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: Lauren Middle Name: _____ Last Name: Malone
Address: 181 E Goodwyn St City: Memphis State: TN Zip Code: 38111
Occupation: Artist Employer: Self Employed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 10/5/2023 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**
First Name: Henry Middle Name: _____ Last Name: Morgan
Address: PO Box 17800 City: Memphis State: TN Zip Code: 38187
Occupation: Executive VP Employer: Boyle Investment Co
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,600.00 Date of Contribution: 10/2/2023 Aggregate This Election: \$ \$1,600.00

Business or Organization Name: _____ **OR**
First Name: Patrick Middle Name: _____ Last Name: Sala
Address: 134 E Goodwyn Street City: Memphis State: TN Zip Code: 38111
Occupation: Lender Employer: Guaranty Bank
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 10/3/2023 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$4,150.00
(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$4,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Amy Middle Name: E. Last Name: Shinebarger

Address: 3470 Kel Creek Cv City: Memphis State: TN Zip Code: 38122

Occupation: Speech Pathologist Employer: Self Employed

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 10/16/2023 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**

First Name: Walker Middle Name: M. Last Name: Taylor IV

Address: 2290 Germantown Rd S City: Germantown State: TN Zip Code: 38138

Occupation: Owner Employer: Germantown Commissary

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 10/30/2023 Aggregate This Election: \$ \$500.00

Business or Organization Name: The Court Company **OR**

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

Address: 3059 Forest Hill Irene Rd City: Germantown State: TN Zip Code: 38138

Occupation: NA Employer: NA

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 12/11/2023 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Andrew Middle Name: _____ Last Name: Ticer

Address: 4871 Walnut Grove Rd City: Memphis State: TN Zip Code: 38117

Occupation: Restaurateur Employer: Self Employed

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

Total Contributions: \$ \$7,150.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$7,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: West TN Ch. Assoc. Builder&Contract PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1995 Nonconnah Blvd City: Memphis State: TN Zip Code: 38132
Occupation: NA Employer: NA
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 10/2/2023 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Jason Middle Name: S. Last Name: Wexler
Address: 1595 Massey Pointe Lane City: Memphis State: TN Zip Code: 38120
Occupation: President Employer: Memphis Grizzlies
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: BCBS of TN **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3200 West End Ave Ste 102 City: Nashville State: TN Zip Code: 37203
Occupation: _____ Employer: _____
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 10/2/2023 Aggregate This Election: \$ \$1,000.00

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: \$ \$9,650.00
(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: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
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: Watkins Uiberall PLLC **OR**

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

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Accounting

Amount of Expenditure: \$ \$1,870.00 Date of Expenditure: \$ 11/14/2023

Business or Organization Name: Grind City Designs **OR**

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

Address: 5010 Summer Ave City: Memphis State: TN Zip Code: 38122

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$225.00 Date of Expenditure: \$ 12/6/2023

Business or Organization Name: Resurrection Media Group **OR**

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

Address: 2682 Country Green Rd City: Memphis State: TN Zip Code: 38133

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 11/15/2023

Business or Organization Name: Harland Clarke **OR**

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

Address: 15955 La Cantera Pkwy City: San Antonio State: TX Zip Code: 78256

Purpose of Expenditure: Bank Service Charges

Amount of Expenditure: \$ \$92.21 Date of Expenditure: \$ 10/2/2023

Business or Organization Name: _____ **OR**

First Name: Kevon Middle Name: _____ Last Name: Ferguson

Address: 3080 Bannockburn City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Total Expenditures: \$ \$3,887.21

(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: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,887.21

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: Keith Middle Name: _____ Last Name: Ferguson Jr
Address: 290 Turley St City: Memphis State: TN Zip Code: 38126
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Lee Middle Name: _____ Last Name: Robinson
Address: 5204 Shelbourne City: Memphsi State: TN Zip Code: 38128
Purpose of Expenditure: Campaigh Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Jayton Middle Name: _____ Last Name: Smith
Address: 4701 Fallins Oaks City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Campaigh Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Roscoe Middle Name: _____ Last Name: Perry Jr
Address: 399 North Holmes City: Memphis State: TN Zip Code: 38122
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Devon Middle Name: _____ Last Name: Thomas
Address: 3871 Brookemeade City: Memphis State: TN Zip Code: 38127
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Total Expenditures: \$ \$4,887.21

(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: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,887.21

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: James Middle Name: _____ Last Name: Taylor
Address: 734 Tampa Ave City: Memphis State: TN Zip Code: 38106
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Dave Middle Name: _____ Last Name: McKinney
Address: 721 Tampa Ave City: Memphis State: TN Zip Code: 38106
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Earnest Middle Name: _____ Last Name: Holliman
Address: 1984 Danberry City: Memphis State: TN Zip Code: 38106
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Jerry Middle Name: _____ Last Name: Davis
Address: 1982 Danberry City: Memphis State: TN Zip Code: 38106
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Ted Middle Name: _____ Last Name: Johnson
Address: 2918 Brewer City: Memphis State: TN Zip Code: 38141
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Total Expenditures: \$ \$5,887.21

(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: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$5,887.21

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: Thomas Middle Name: _____ Last Name: Carter Jr
Address: 1992 Danberry City: Memphis State: TN Zip Code: 38106
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Kevin Middle Name: _____ Last Name: Carter
Address: 1992 Danberry City: Memphis State: TN Zip Code: 38106
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: _____ **OR**
First Name: Kevin Middle Name: _____ Last Name: Carter
Address: 738 Tampa Dr City: Memphis State: TN Zip Code: 38106
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$700.00 Date of Expenditure: \$ 10/2/2023

Business or Organization Name: _____ **OR**
First Name: Lee Middle Name: O. Last Name: Head
Address: 5626 Riverhead Ave City: Memphis State: TN Zip Code: 38135
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 10/27/2023

Business or Organization Name: Campaign to Elect James Kirkwood **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3574 Hermitage Dr City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 10/27/2023

Total Expenditures: \$ \$7,737.21

(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: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$7,737.21

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: Shelby County GOP **OR**

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

Address: 2941 Kate Bond Rd City: Memphis State: TN Zip Code: 38133

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$4,000.00 Date of Expenditure: \$ 10/19/2023

Business or Organization Name: Vote Scott McCormick **OR**

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

Address: 1356 Rainsong Cove S City: Cordova State: TN Zip Code: 38016

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$1,800.00 Date of Expenditure: \$ 10/24/2023

Business or Organization Name: Cheffies **OR**

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

Address: 483 High Point Terrace City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Food & Beverage

Amount of Expenditure: \$ \$1,246.47 Date of Expenditure: \$ 10/2/2023

Business or Organization Name: Lynn Doyle Flowers **OR**

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

Address: 6225 Poplar Pike City: Memphis State: TN Zip Code: 38119

Purpose of Expenditure: Gifts

Amount of Expenditure: \$ \$198.60 Date of Expenditure: \$ 10/2/2023

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$30.60 Date of Expenditure: \$ 10/3/2023

Total Expenditures: \$ \$15,012.88

(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: Ford Canale
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$15,012.88

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: Anedot OR

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$6.30 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: Anedot OR

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$80.60 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: Pinnacle Bank OR

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

Address: 949 S Shady Grove Rd City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$36.00 Date of Expenditure: \$ 11/15/2023

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: \$ _____

Total Expenditures: \$ \$15,135.78

(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.)