

2025 MAY 28 AM 11:32
RCVD 2025 MAY 28



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

For State and Local Candidates For Single-Candidate Committees

1. Date: 05/27/25 2.a. Candidate or Committee Name: Edward Douglas for Memphis Campaign
 2.b. If Committee, Name of Candidate: Edward Douglas 3. Election Date: _____
 4. Campaign Address: 3854 Sybil St.
 City: Memphis State: TN Zip Code: 38127 Phone: 901-299-1395
 5. Candidate Home Address: 3854 Sybil St.
 City: Memphis State: TN Zip Code: 38127 Phone: 901-299-1395
 Candidate Email Address: edoug5@Icloud.com
 6. Office Sought: (include district number, if applicable) City Council District 7
 7. Name of Political Treasurer (may be candidate): DeWayne Jackson
 Political Treasurer Email Address: Dw Jackson.investments@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: 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.

<u>Edouy Sark</u> Candidate Signature	<u>05/28/25</u> Date	<u>DeWayne Jackson</u> Political Treasurer Signature	<u>05/28/25</u> Date
<u>[Signature]</u> Witness Signature	<u>05/28/25</u> Date	<u>Jamie R. Reid</u> Witness Signature	<u>05/28/25</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ 206.21 <u>206.21</u>
b. Total Receipts This Period	\$ <u>0</u>
c. Total Disbursements This Period	\$ <u>205.57</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>0.64</u> 206.21
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

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SUMMARY PAGE - CANDIDATE

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13. Name of Candidate or Committee: _____

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 \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ _____

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 \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- 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 \$ _____
- 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.) \$ _____

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

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1. Candidate or Committee Name: Edward Douglas
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

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.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

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

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

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- Candidate or Committee Name: Edward Douglas
- Reporting Period: Start Date: 10/1/23 End Date: 1/15/2024
- Total campaign expenditures from preceding page (enter \$0 if first page) \$ 205.57

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: Edward Douglas for Memphis Campaign OR
 First Name: Edward Middle Name: Valentine Last Name: Douglas
 Address: 3854 Sybil Street City: Memphis State: TN Zip Code: 38127
 Purpose of Expenditure: Food for workers
 Amount of Expenditure: \$ 205.57 Date of Expenditure: \$ 10/2/23

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 LOANS - CANDIDATE

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- 1. Candidate or Committee Name: _____
- 2. Reporting Period: Start Date: _____ End Date: _____
- 3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

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

Date of Loan: _____

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

ITEMIZED STATEMENT OF OBLIGATIONS CANDIDATE

1. Candidate or Committee Name: Edward Douglas for Memphis Campaign

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

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

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	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$



Regions Bank
 Raleigh Medical
 3954 Austin Peay Highway
 Memphis, TN 38128

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EDWARD DOUGLAS FOR MEMPHIS
 3854 SYBIL ST
 MEMPHIS TN 38127-4770

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ACCOUNT # 0338630540

Cycle 053
 Enclosures 26
 Page 0
 1 of 2

LIFEGREEN NOT FOR PROFIT CHECKING
 November 1, 2023 through November 30, 2023

SUMMARY

Beginning Balance	\$0.64	Minimum Daily Balance	\$0
Deposits & Credits	\$0.00 +	Average Monthly Statement Balance	\$0
Withdrawals	\$0.00 -		
Fees	\$0.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$0.64		

PRICING FOR CERTAIN TREASURY MANAGEMENT SERVICES AND ANALYZED DEPOSITORY PRODUCTS IS CHANGING EFFECTIVE JANUARY 1, 2024. CHANGES WILL BE REFLECTED BEGINNING WITH THE JANUARY ANALYSIS STATEMENT YOU WILL RECEIVE IN FEBRUARY. TO VIEW ALL CHANGES, VISIT REGIONS.COM/SPECIALMESSAGE. PLEASE CONTACT YOUR TREASURY MGMT. OFFICER WITH QUESTIONS SPECIFIC TO YOUR ACCOUNT.

For all your banking needs, please call 1-800-REGIONS (734-4667) or visit us on the Internet at www.regions.com. (TTY/TDD 1-800-374-5791)



Thank You For Banking With Regions!

2023 Regions Bank Member FDIC. All loans subject to credit approval.

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ORIGINAL DOCUMENT
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EDWARD DOUGLAS FOR MEMPHIS
 3854 SYBIL ST
 MEMPHIS TN 38127-4770

ACCOUNT # 0338630540

Cycle 053
 Enclosures 26
 Page 0
 1 of 2

LIFEGREEN NOT FOR PROFIT CHECKING
 September 30, 2023 through October 31, 2023

SUMMARY

Beginning Balance	\$206.21	Minimum Daily Balance	\$0
Deposits & Credits	\$0.00 +	Average Monthly Statement Balance	\$13
Withdrawals	\$205.57 -		
Fees	\$0.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$0.64		

WITHDRAWALS

10/02	Card Purchase Subway 582	5814 Memphis	TN 38127 5930	20.92
10/02	Card Purchase Little Caesars	5814 Memphis	TN 38127 5930	24.65
10/02	ATM Withdrawal Regions	Frayser Memphis	TN Rfc22248 5930	160.00
Total Withdrawals				\$205.57

DAILY BALANCE SUMMARY

Date	Balance
10/02	0.64

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS (734-4667) or visit us on the Internet at www.regions.com. (TTY/TDD 1-800-374-5791)



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