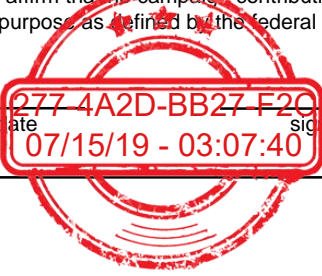


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7/15/2019		2.a. NAME OF CANDIDATE OR COMMITTEE Friends of Michael Whaley					
2.b. IF COMMITTEE, NAME OF CANDIDATE Michael Whaley			3. ELECTION DATE 8/2/2018				
4.a. CAMPAIGN ADDRESS AND PHONE							
Street or Rural Route 103 Eastland Dr	City Memphis	State TN	Zip Code 38111	Phone () -			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)							
Street or Rural Route 103 Eastland Dr	City Memphis	State TN	Zip Code 38111	Phone () -			
5. OFFICE SOUGHT (include district number, if applicable) Shelby County Commissioner, Dist. 5			6. NAME OF POLITICAL TREASURER (may be candidate) Perrin Crews				
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 1/16/2019			8.b. ENDING DATE OF REPORTING PERIOD 6/30/2019				
9. (Check one)							
a. <input checked="" 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 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.							
_____ signature of candidate		_____ date		_____ signature of political treasurer		_____ date	
							
11. WITNESS SIGNATURE							
_____ signature of witness		_____ date		_____ signature of witness		_____ date	
12. SUMMARY							
a. BALANCE ON HAND LAST REPORT				\$ <u>4,712.50</u>			
b. TOTAL RECEIPTS THIS PERIOD				\$ <u>0.00</u>			
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ <u>843.60</u>			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$ <u>3,868.90</u>			
e. TOTAL LOANS OUTSTANDING				\$ <u>0.00</u>			
f. TOTAL OBLIGATIONS OUTSTANDING				\$ <u>0.00</u>			



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Michael Whaley			2. REPORT COVERING THE PERIOD		
			FROM: 1/16/2019	TO: 6/30/2019	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Young Elected Officials Network (YEO)		Professional Development		\$350.00	
Address 1101 15th Street, NW, Suite 600					
City Washington	State DC				Zip Code 20005
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name American Airlines		YEO Conference Travel		\$493.60	
Address 333 Amon Carter Blvd					
City Fort Worth	State TX				Zip Code 76155
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$843.60	

