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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4-9-23 2.a. Candidate or Committee Name: Friends of Pearl Walker
2.b. If Committee, Name of Candidate: Pearl Eva Walker 3. Election Date: 10-5-23
4. Campaign Address: P.O. Box 161460
City: Memphis State: TN Zip Code: 38186 Phone: 901.574.7554
5. Candidate Home Address: 5378 Loch Lomond Rd
City: Memphis State: TN Zip Code: 38116 Phone: 901.289.6909
Candidate Email Address: pearlevalwalker@gmail.com
6. Office Sought: (include district number, if applicable) City Council Dis 3
7. Name of Political Treasurer (may be candidate): Nyne Walker
Political Treasurer Email Address: use pearlevalwalker@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

9. Reporting Period: Start Date: 1-1-23 End Date: 3-31-23

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.

Pearl Walker 6-1-23 Nyne Walker June 1, 2023
Candidate Signature Date Political Treasurer Signature Date
Danye Estimaw 6/1/23 Phil Walker June 1, 2023
Witness Signature Date Witness Signature Date

12. Summary:
a. Balance On Hand Last Report \$ 0
b. Total Receipts This Period \$ 0
c. Total Disbursements This Period \$ 515.00
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 0
e. Total Loans Outstanding \$ 1670.00
f. Total Obligations Outstanding \$ 0

SUMMARY PAGE - CANDIDATE

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13. Name of Candidate or Committee: Pearl Walker

14. Reporting Period: Start Date: 1-1-23 End Date: 3-31-23

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..... \$ 1670.00
- 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)..... \$ 515.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- 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 \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Pearl Walker
2. Reporting Period: Start Date: 1-1-23 End Date: 3-31-23
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Linda Middle Name: N. Last Name: Harris
Address: 1331 Union Ave City: Memphis State: TN Zip Code: 38104
Occupation: Attorney Employer: Self Nettles Harris Law Firm
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 3-28-23 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Nyne Middle Name: Ether Last Name: Walker
Address: 6610 Cedarbrook^{#3} City: Memphis State: TN Zip Code: 38134
Occupation: Mail Handler Employer: USPS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 3-28-23 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Norma Middle Name: _____ Last Name: Lester
Address: 3865 S. Lakewood Pr. City: Memphis State: TN Zip Code: 38128
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 3-28-23 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Pearl Walker Middle Name: Eva Last Name: Walker
Address: 5378 Loch Lomond Rd City: Memphis State: TN Zip Code: 38116
Occupation: Consultant Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 2-10-23 Aggregate This Election: \$ _____

Total Contributions: \$ 750.00
(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: Friends of Pearl Walker
2. Reporting Period: Start Date: 1-23 End Date: 3-31-23
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 750.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Bobbie Middle Name: _____ Last Name: Henderson
Address: 2935 N. Watkins St. City: Memphis State: TN Zip Code: 38127
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 3-28-23 Aggregate This Election: \$ _____

Business or Organization Name: ~~Aubrey D. Lightford Semien~~ OR
First Name: Aubrey Middle Name: D Last Name: Lightford-Semien
Address: 7597 October Rose Dr. City: Memphis State: TN Zip Code: 38119
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 30 Date of Contribution: 3-30-23 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Iris Middle Name: Love Last Name: Scott
Address: 586 S. Main St. City: Memphis State: TN Zip Code: 38105
Occupation: Teacher Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 3-31-23 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: \$ 750 + 150 = \$900

(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: Friends of Pearl Walker
2. Reporting Period: Start Date: 1-31-23 End Date: 3-31-23
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: First Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4180 Elvis Presley Blvd City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Monthly Service Charge
Amount of Expenditure: \$ 5.00 x 3 = 15.00 Date of Expenditure: Jan Feb March, 2023

Business or Organization Name: First Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4180 Elvis Presley Blvd City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Marketing Collateral + Printing
Amount of Expenditure: \$ 250.00 Date of Expenditure: 3-17-23

Business or Organization Name: First Horizon Bank OR
First Name: 4180 Elvis Presley Blvd Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Marketing Collateral + Printing
Amount of Expenditure: \$ 250.00 Date of Expenditure: 3-21-23

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: _____

Total Expenditures: \$ 265.00
(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 LOANS - CANDIDATE

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)..... \$ _____