



OFFICIAL DOCUMENT
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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 12-4-23 2.a. Candidate or Committee Name: Friends of Towanna Murphy
 2.b. If Committee, Name of Candidate: Towanna Murphy 3. Election Date: October 5, 2023
 4. Campaign Address: 567 Weizman
 City: Memphis State: TN Zip Code: 38117 Phone: 901-335-9785
 5. Candidate Home Address: 3321 Burgess Dr
 City: Memphis State: TN Zip Code: 38118 Phone: 901-437-2717
 Candidate Email Address: VoteMurphydistrict3@gmail.com
 6. Office Sought: (include district number, if applicable) City Council District 3
 7. Name of Political Treasurer (may be candidate): George D. Summers
 Political Treasurer Email Address: dempys@hotmail.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: 9-26-23 End Date: 9-30-23

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.

[Signature] 12-4-2023 George D Summers 12-4-23
 Candidate Signature Date Political Treasurer Signature Date
[Signature] 12-4-23 [Signature] 12-4-23
 Witness Signature Date Witness Signature Date

12. Summary:
 a. Balance On Hand Last Report \$ 160.70
 b. Total Receipts This Period \$ 5,000.00
 c. Total Disbursements This Period \$ 7.00
 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 5,153.70
 e. Total Loans Outstanding \$ _____
 f. Total Obligations Outstanding \$ 1,401.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Towanna Murphy

14. Reporting Period: Start Date: 9-26-2023 End Date: 9-30-2023

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) \$ 5,000.00
- 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.) \$ 5,000.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 7.00
(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.)..... \$ 7.00

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.) \$ 1,401.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Towanna Murphy
2. Reporting Period: Start Date: 9-26-2023 End Date: 9-30-2023
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: American Federation of State, County + Municipal Employees OR
First Name: AFSCME Middle Name: _____ Last Name: _____
Address: 1625 L Street NW City: Washington State: DC Zip Code: 20036
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 5,000 Date of Contribution: 9-27-23 Aggregate This Election: \$ 5,000

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: \$ 5,000.00

(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: Friends of Towanna Murphy
2. Reporting Period: Start Date: 9-26-23 End Date: 9-30-23
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: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3471 Elvis Presley City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Monthly Checking Acct Fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: 9-29-23

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: \$ 7.00

(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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Towanna Murphy
2. Reporting Period: Start Date: 9-26-23 End Date: 9-30-23
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____ First Name: <u>George</u> Middle Name: <u>D</u> Last Name: <u>Summers</u> Address: <u>567 Weizman</u> City: <u>Memphis</u> State: <u>TN</u> Zip Code: <u>38117</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"><u>9-26-23 CK# 9999</u> <u>Diamond Printing</u> <u>Push Cards</u></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: right;"><u>\$ 1,220</u></td> <td style="text-align: right;"><u>\$ 181</u></td> <td style="text-align: right;"><u>\$ 0</u></td> <td style="text-align: right;"><u>\$ 181</u></td> </tr> </table>	Description of Obligation:	<u>9-26-23 CK# 9999</u> <u>Diamond Printing</u> <u>Push Cards</u>			Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	<u>\$ 1,220</u>	<u>\$ 181</u>	<u>\$ 0</u>	<u>\$ 181</u>
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Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"> </td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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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)
<u>\$ 1,220</u>	<u>\$ 181</u>	<u>\$</u>	<u>\$ 1,401</u>