

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2/3/2020		2.a. NAME OF CANDIDATE OR COMMITTEE Regina M Newman			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 2018-08-02		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route P.O. Box 40025	City Memphis	State TN	Zip Code 38174	Phone (901) 287-1800	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route 532 S Rembert St	City Memphis	State TN	Zip Code 38104	Phone (901) 287-1800	
5. OFFICE SOUGHT (include district number, if applicable) County Trustee			6. NAME OF POLITICAL TREASURER (may be candidate) Robert Newman		
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 type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 2019-07-01			8.b. ENDING DATE OF REPORTING PERIOD 2020-01-15		
9. (Check one)					
a. <input 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 checked="" 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	
11. WITNESS SIGNATURE					
_____ signature of witness		_____ date		_____ signature of witness	
				_____ date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				\$ <u>287.87</u>	
b. TOTAL RECEIPTS THIS PERIOD				\$ <u>518.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ <u>704.12</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$ <u>101.75</u>	
e. TOTAL LOANS OUTSTANDING				\$ <u>45,497.82</u>	
f. TOTAL OBLIGATIONS OUTSTANDING				\$ <u>0.00</u>	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Regina M Newman			2. REPORT COVERING THE PERIOD FROM: 2019-07-01 TO: 2020-01-15	
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 CONSTANT CONTACT		EMAIL SERVICES		\$344.12
Address RESERVOIR PL, 1601 TRAPELO				
City WALTHAM	State MA			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name STORAGE SENSE		STORAGE		\$318.00
Address 1485 MADISON				
City MEMPHIS	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
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.)				\$662.12



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD					
Regina M Newman				FROM:		TO:			
				2019-07-01		2020-01-15			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
Regina		M		\$44,979.82	\$518.00	\$0.00	\$45,497.82		
Last Name/Organization Name									
Newman				Loan Received For:	Date of Loan				
Address				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		2019-11-02			
532 S Rembert St				<input type="checkbox"/> Runoff (Local Elections Only)					
City		State	Zip Code						
Memphis		TN	38104						
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
				\$44,979.82	\$518.00	\$0.00	\$45,497.82		

