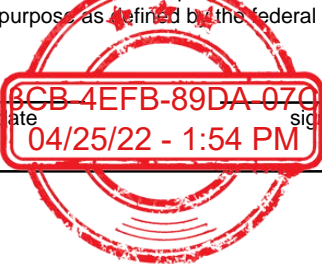


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <b>4/25/2022</b>		2.a. NAME OF CANDIDATE OR COMMITTEE <b>Regina Morrison Newman</b>			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE <b>2022-05-03</b>		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route <b>P.O. Box 40025</b>	City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38174</b>	Phone <b>(901) 287-1800</b>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route <b>532 S Rembert St</b>	City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38104</b>	Phone <b>(901) 287-1800</b>	
5. OFFICE SOUGHT (include district number, if applicable) <b>County Trustee</b>			6. NAME OF POLITICAL TREASURER (may be candidate) <b>AUBREY HOWARD</b>		
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 <b>2022-04-01</b>			8.b. ENDING DATE OF REPORTING PERIOD <b>2022-04-23</b>		
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		signature of political treasurer		date	
					
11. WITNESS SIGNATURE					
_____		_____		_____	
signature of witness		signature of witness		date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT .....				\$ <u>11,976.53</u>	
b. TOTAL RECEIPTS THIS PERIOD .....				\$ <u>550.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD .....				\$ <u>1,067.85</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....				\$ <u>11,458.68</u>	
e. TOTAL LOANS OUTSTANDING .....				\$ <u>48,666.82</u>	
f. TOTAL OBLIGATIONS OUTSTANDING .....				\$ <u>0.00</u>	





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Regina Morrison Newman</b>			2. REPORT COVERING THE PERIOD				
			FROM: 2022-04-01	TO: 2022-04-23			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>\$0.00</b>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name <b>JANIE</b>		Middle Name <b>M</b>		Contribution Received For:			
Last Name/Organization Name <b>EMERSON</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)			
Address <b>245 WINDOVER GROVE DR.</b>				Date of Contribution  <b>2022-04-16</b>			
City <b>MEMPHIS</b>		State <b>TN</b>	Zip Code <b>38111</b>			Aggregate This Election  <b>\$450.00</b>	
Occupation <b>RETIRED</b>							
Employer <b>NONE</b>							
First Name <b>ROBERT</b>		Middle Name		Contribution Received For:			
Last Name/Organization Name <b>MEYERS</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)			
Address <b>3213 SO SILVERWOOD COVE</b>				Date of Contribution  <b>2922-04-16</b>			
City <b>MEMPHIS</b>		State <b>TN</b>	Zip Code <b>38125</b>			Aggregate This Election  <b>\$250.00</b>	
Occupation <b>ATTORNEY</b>							
Employer <b>GLANKLER BROWN</b>							
First Name		Middle Name		Contribution Received For:			
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of Contribution			
City		State	Zip Code			Aggregate This Election	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:			
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of Contribution			
City		State	Zip Code			Aggregate This Election	
Occupation							
Employer							
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					<b>\$450.00</b>		



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Regina Morrison Newman</b>			2. REPORT COVERING THE PERIOD FROM: 2022-04-01 TO: 2022-04-23		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$0.00</b>	
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 <b>CONSTANT CONTACT</b>		<b>EMAIL SERVICES</b>		<b>\$137.19</b>	
Address <b>1601 TRAPELO RD,</b>					
City <b>WALTHAM</b>	State <b>MA</b>				Zip Code <b>02451</b>
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <b>AFRICA IN APRIL</b>		<b>ADVERTISING AND BANQUET TABLE</b>		<b>\$800.00</b>	
Address <b>1234 MISSISSIPPI BLVD</b>					
City <b>MEMPHIS</b>	State <b>TN</b>				Zip Code <b>38106</b>
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
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.)				<b>\$937.19</b>	



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD					
Regina Morrison Newman				FROM:		TO:			
				2022-04-01		2022-04-23			
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		MORRISON		\$48,666.82	\$0.00	\$0.00	\$48,666.82		
Last Name/Organization Name									
Newman				Loan Received For:	Date of Loan				
Address				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		2021-06-30			
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)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
(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.)				\$48,666.82	\$0.00	\$0.00	\$48,666.82		

