RECEIVED MAR 16 2023

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Judicial Single - Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE
3/10/2023	John Cameron

2.b. NAME OF CANDIDATE'S COMMITTEE	3. ELECTION DATE
Committee to Elect John Cameron	Nov. 8, 2022

4.a. CAMPAIGN ADDRESS AND PHONE

Street or Rural Route	City	State	Zip Code	Phone
363 Fairfield Circle	Memphis	TN	38117	901 857-2097

4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)

Street or Rural Route	City	State	Zip Code	Phone

5. JUDICIAL OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER
City Court Division 2	Elizabeth Cameron

7. CATEGORY OR REPORT (Check one)

☐ FIRST QUARTER ☐ SECOND QUARTER ☐ THIRD QUARTER ☑ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☐ MID-YEAR SUPPLEMENTAL ☐ YEAR-END SUPPLEMENTAL

8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD
11/1/22	12/31/22

9. (Check one)

a. ☐ 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 12d., 12e. and 12f.)

b. ☑ 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. SIGNATURE OF CANDIDATE

JC
Signature of Candidate — Date

Lisa Hamilcaiman 3/15/23
Signature of Witness — Date

11. SIGNATURE OF POLITICAL TREASURER

I do solemnly swear or affirm that the information contained in thiscampaign financial disclosure report is true and accurate. Additionally, I 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.

Elizabeth Cameron 3/15/23
Signature of Political Treasurer — Date

Lisa Hamilcaiman 3/15/23
Signature of Witness — Date

12. SUMMARY

a.	BALANCE ON HAND LAST REPORT	$ 2884.02
b.	TOTAL RECEIPTS THIS PERIOD	$ 1450
c.	TOTAL DISBURSEMENTS THIS PERIOD	$ 3499.18
d.	BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	$ 834.84
e.	TOTAL LOANS OUTSTANDING	$ 0
f.	TOTAL OBLIGATIONS OUTSTANDING	$ 0

RECEIVED MAR 1 6 2023

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: John Cameron

14. Reporting Period: Start Date: 11/1/22 End Date: 12/31/22

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0
(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) ..... $ 1450

c. Loans Received This Reporting Period ..... $ 0

d. Interest Received This Reporting Period ..... $ 0

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 1450

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 3499.18
(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.) ..... $

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.) ..... $

RECEIVED MAR 1 6 2023

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John Cameron

2. Reporting Period: Start Date: 11/1/2022 End Date: 12/31

3. Total campaign contributions from preceding page (enter $0 if first page) $ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Barlow and Schaffzin **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 6786 Eastridge Cv City: Memphis State: TN Zip Code: 38120

Occupation: Law Firm Employer: _____

Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 200 Date of Contribution: 11/7/2022 Aggregate This Election: $ 200

Business or Organization Name: _____ **OR**

First Name: Cary Middle Name: _____ Last Name: Vaughn

Address: 8880 N. Gragg City: Millington State: TN Zip Code: 38053

Occupation: CEO Employer: Love Worth Finding Ministries

Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 250 Date of Contribution: 11/8/2022 Aggregate This Election: $ 750

Business or Organization Name: _____ **OR**

First Name: Nancy Middle Name: _____ Last Name: Ryan

Address: 7553 Hollow Fork City: Germantown State: TN Zip Code: 38138

Occupation: Flight Services Employer: International Paper

Contribution Received For: ☐ Primary Election ☑ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 1000 Date of Contribution: 11/16/22 Aggregate This Election: $ 1000

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: $ 1450

(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.)

RECEIVED MAR 1 6 2023

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ____________________

2. Reporting Period: Start Date: __________ End Date: __________

3. Total in-kind contributions from preceding page (enter $0 if first page) $ __________

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: ____________________ OR

First Name: __________ Middle Name: __________ Last Name: __________

Address: ____________________ City: __________ State: ____ Zip Code: __________

Occupation: ____________________ Employer: ____________________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ____________________

Business or Organization Name: ____________________ OR

First Name: __________ Middle Name: __________ Last Name: __________

Address: ____________________ City: __________ State: ____ Zip Code: __________

Occupation: ____________________ Employer: ____________________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ____________________

Business or Organization Name: ____________________ OR

First Name: __________ Middle Name: __________ Last Name: __________

Address: ____________________ City: __________ State: ____ Zip Code: __________

Occupation: ____________________ Employer: ____________________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ____________________

Business or Organization Name: ____________________ OR

First Name: __________ Middle Name: __________ Last Name: __________

Address: ____________________ City: __________ State: ____ Zip Code: __________

Occupation: ____________________ Employer: ____________________

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ____________________

Total In-Kind Contributions: $ ____________________

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

RECEIVED MAR 1 6 2023

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John Cameron

2. Reporting Period: Start Date: 11/1/22 End Date: 12/31/22

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 0

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: Case Consulting **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 3355 Poplar Suite 201 City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Campaign Work

Amount of Expenditure: $ 2000 Date of Expenditure: 11/2/2022

Business or Organization Name: Direct FX **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 601 N Third City: Memphis State: TN Zip Code: 38107

Purpose of Expenditure: Push Cards

Amount of Expenditure: $ 407.17 Date of Expenditure: 11/2/2022

Business or Organization Name: Direct FX **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 601 N Third City: Memphis State: TN Zip Code: 38107

Purpose of Expenditure: Pushcards

Amount of Expenditure: $ ~~407.17~~ 1092.01 Date of Expenditure: 11/28

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: $ 3499.18

(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.)

RECEIVED MAR 1 6 2023

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) .... $ ______

RECEIVED MAR 1 6 2023

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ______

2. Reporting Period: Start Date: ______ End Date: ______

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______

First Name: ______ Middle Name: ______

Last Name: ______

Address: ______

City: ______

State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______

First Name: ______ Middle Name: ______

Last Name: ______

Address: ______

City: ______

State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______

First Name: ______ Middle Name: ______

Last Name: ______

Address: ______

City: ______

State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______

First Name: ______ Middle Name: ______

Last Name: ______

Address: ______

City: ______

State: ______ Zip Code: ______

Description of Obligation:			
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)
$	$	$	$