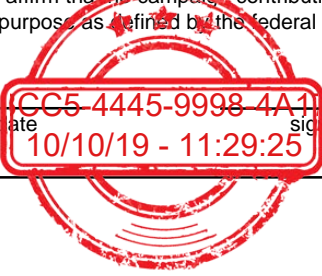


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/10/2019		2.a. NAME OF CANDIDATE OR COMMITTEE Mauricio Calvo			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 2019-10-03		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route 8665 Rountree PL	City Cordova	State TN	Zip Code 38016	Phone (901) 859-4233	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route 8665 Rountree PL	City Memphis	State TN	Zip Code 38016	Phone (901) 859-4233	
5. OFFICE SOUGHT (include district number, if applicable) Memphis City Council, Dist. 9, Pos. 2			6. NAME OF POLITICAL TREASURER (may be candidate) Reggie Davis		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input checked="" 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 type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 2019-09-24			8.b. ENDING DATE OF REPORTING PERIOD 2019-09-30		
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				\$	\$4,081.19
b. TOTAL RECEIPTS THIS PERIOD				\$	\$1,300.00
c. TOTAL DISBURSEMENTS THIS PERIOD				\$	\$488.18
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$	\$4,893.01
e. TOTAL LOANS OUTSTANDING				\$	\$0.00
f. TOTAL OBLIGATIONS OUTSTANDING				\$	\$0.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mauricio Calvo			2. REPORT COVERING THE PERIOD FROM: 2019-09-24 TO: 2019-09-30		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Steve		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution \$500.00
Last Name/Organization Name Mulroy					
Address 1035 Perkins Terrace					
City Memphis		State TN	Zip Code 38117	Date of Contribution 2019-09-26	Aggregate This Election \$500.00
Occupation Attorney					
Employer UofM					
First Name Gail		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution \$200.00
Last Name/Organization Name Schledwitz					
Address 427 Tennessee St.					
City Memphis		State TN	Zip Code 38103	Date of Contribution 2019-09-16	Aggregate This Election \$200.00
Occupation n/a					
Employer n/a					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City		State	Zip Code	Date of Contribution	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.)					\$700.00



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mauricio Calvo				2. REPORT COVERING THE PERIOD FROM: 2019-09-2 TO: 2019-09-3		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					\$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$500.00
Address				Date of In-Kind Contribution		Aggregate this Election
PO Box 770869				2019-09-29		\$500.00
City	State	Zip Code		Description of In-Kind Contribution		
Memphis	TN	38177				
Occupation	Employer		1/4 page ads on Spanish newspaper			
Newspaper	Mendelson & Associates					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					\$500.00	
(Carry forward to item 3. of 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 item 22b. of summary.)						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mauricio Calvo			2. REPORT COVERING THE PERIOD FROM: 2019-09-2 TO: 2019-09-30	
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 Facebook		Marketing & Promotion		\$425.00
Address 1 Hacker Way				
City Menlo Park	State CA			
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			
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.)				\$425.00

