

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7/27/2022		2.a. NAME OF CANDIDATE OR COMMITTEE Brandon Morrison			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 2022-08-04		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route 1661 Aaron Brenner Dr Ste 300	City Memphis	State TN	Zip Code 38120	Phone (901) 761-2720	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route 196 West Cherry Circle	City Memphis	State TN	Zip Code 38117	Phone (901) 246-8555	
5. OFFICE SOUGHT (include district number, if applicable) Shelby County Commissioner, Dist. 4			6. NAME OF POLITICAL TREASURER (may be candidate) Michael Keeney		
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 checked="" type="checkbox"/> PRE-GENERAL
			<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 2022-07-01			8.b. ENDING DATE OF REPORTING PERIOD 2022-07-25		
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>22,982.21</u>
b. TOTAL RECEIPTS THIS PERIOD				\$	<u>3,275.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD				\$	<u>16,850.42</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$	<u>9,406.79</u>
e. TOTAL LOANS OUTSTANDING				\$	<u>4,014.45</u>
f. TOTAL OBLIGATIONS OUTSTANDING				\$	<u>0.00</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Brandon Morrison	14. REPORT COVERING THE PERIOD FROM: 2022-07-01 TO: 2022-07-25
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>75.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>3,200.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>3,275.00</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ _____
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ _____
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>3,275.00</u>

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ _____
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>16,850.42</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>16,850.42</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ _____
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>16,850.42</u>

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ _____
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ _____
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ _____

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	\$ _____
b. Itemized Obligations Outstanding (Over \$100 each)	\$ _____
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Brandon Morrison				2. REPORT COVERING THE PERIOD FROM: 2022-07-01 TO: 2022-07-25		
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 Jane		Middle Name		Contribution Received For:		Amount of Contribution \$1,200.00
Last Name/Organization Name Harrell				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 2136 Halford Place				<input type="checkbox"/> Runoff (Local Elections Only)		
City Charlotte		State NC	Zip Code 28211	Date of Contribution 2022-07-10		Aggregate This Election \$1,600.00
Occupation Physician						
Employer H3 Healthcare						
First Name Michael		Middle Name		Contribution Received For:		Amount of Contribution \$800.00
Last Name/Organization Name Harrell				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 2136 Halford Place				<input type="checkbox"/> Runoff (Local Elections Only)		
City Charlotte		State NC	Zip Code 28211	Date of Contribution 2022-07-10		Aggregate This Election \$800.00
Occupation Beacons Partners						
Employer Real Estate Development						
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$200.00
Last Name/Organization Name SCRWC PAC				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 1661 Aaron Brenner Dr Ste 300				<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis		State TN	Zip Code 38120	Date of Contribution 2022-07-18		Aggregate This Election \$200.00
Occupation						
Employer						
First Name Brent		Middle Name		Contribution Received For:		Amount of Contribution \$1,000.00
Last Name/Organization Name Taylor				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address PO Box 810				<input type="checkbox"/> Runoff (Local Elections Only)		
City Hernando		State MS	Zip Code 38632	Date of Contribution 2022-07-22		Aggregate This Election \$1,000.00
Occupation Funeral Director						
Employer Self Employed						
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.)					\$3,200.00	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Brandon Morrison			2. REPORT COVERING THE PERIOD FROM: 2022-07-01 TO: 2022-07-25		
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 Caissa Public Strategy		Campaign Management		\$325.76	
Address 5100 Poplar Ave Ste 1720					
City Memphis	State TN				Zip Code 38137
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Caissa Public Strategy		Signs		\$2,694.09	
Address 5100 Poplar Ave Ste 1720					
City Memphis	State TN				Zip Code 38137
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Caissa Public Strategy		Voter Contact		\$13,709.97	
Address 5100 Poplar Ave Ste 1720					
City Memphis	State TN				Zip Code 38137
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Anedot		Service Fees		\$120.60	
Address 1340 Poydras St Ste 1770					
City New Orleans	State LA				Zip Code 70112
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
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.)				\$16,850.42	



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD				
Brandon Morrison				FROM:		TO:		
				2022-07-01		2022-07-25		
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)	
Brandon				\$4,014.45	\$0.00	\$0.00	\$4,014.45	
Last Name/Organization Name				\$4,014.45	\$0.00	\$0.00	\$4,014.45	
Morrison								
Address				Loan Received For:		Date of Loan		
196 West Cherry Circle				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		2022-07-01		
City		State	Zip Code					
Memphis		TN	38117					
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.)				\$4,014.45	\$0.00	\$0.00	\$4,014.45	

