



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 2.3.2025 2.a. Candidate or Committee Name: Committee to Elect Henri E. Brooks
 2.b. If Committee, Name of Candidate: Henri E. Brooks 3. Election Date: 8.4.2022
 4. Campaign Address: 2412 Autumn Avenue
 City: Memphis State: TN Zip Code: 38112 Phone: 901-857-6443
 5. Candidate Home Address: Same
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: hebrooks1949@att.net
 6. Office Sought: (include district number, if applicable) Shelby County Commissioner D. 7
 7. Name of Political Treasurer (may be candidate): Henri E. Brooks
 Political Treasurer Email Address: hebrooks1949@att.net

8. Category or Report: (check one)

- First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 7.01.2024 End Date: 1.15.2025

10. Detailed Disclosure: (Check one)

- 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 12.d., 12.e., and 12.f.)
 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.

11. 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.

Henri E. Brooks 2-4-2025

Candidate Signature _____ Date 2-6-25
 Witness Signature _____ Date _____

Henri E. Brooks 2-4-2025

Political Treasurer Signature _____ Date 2-6-25
 Witness Signature _____ Date _____

12. Summary:

a. Balance On Hand Last Report	\$ <u>3,177.61</u>
b. Total Receipts This Period	\$ <u>8,000.00</u>
c. Total Disbursements This Period	\$ <u>0</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>11,177.61</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Committee to Elect Henri E. Brooks

14. Reporting Period: Start Date: 7.1.2024 End Date: 1-15-2025

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 200.00
(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) \$ 7,800.00
- 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.) \$ 8,000.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 0
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 0

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 7-1-2024 End Date: 1-15-2025
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: Dean and Associates OR
First Name: Andre Middle Name: _____ Last Name: Dean
Address: 119 S. Main Suite 600 City: Memphis State: TN Zip Code: 38103
Occupation: Self-Emp Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11-7-2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Van Middle Name: _____ Last Name: Turner
Address: 2650 Thousand Oaks Blvd City: Memphis State: TN Zip Code: 38118
Occupation: Atty. Employer: Self-Emp
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.00 Date of Contribution: 11-7-2024 Aggregate This Election: \$ 1000.00

Business or Organization Name: _____ OR
First Name: Dedrick Middle Name: _____ Last Name: Brittenum, Jr
Address: 1161 E Parkway South City: Memphis State: TN Zip Code: 38114
Occupation: Atty. Employer: Self-Emp
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 11-7-2024 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Mabra Middle Name: _____ Last Name: Hokelyfield
Address: 200 Wagner Pl #1403 City: Memphis State: TN Zip Code: 38103
Occupation: Retired Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 11-7-2024 Aggregate This Election: \$ 150.00

Total Contributions: \$ 1500.00

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 7-1-2024 End Date: 1-15-2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Capital City Residential Healthcare OR

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

Address: 5100 Poplar Avenue City: Memphis State: TN Zip Code: 38137

Occupation: _____ Employer: _____

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

Amount of Contribution: \$ 1,800.00 Date of Contribution: 11-12-2024 Aggregate This Election: \$ 1,800.00

Business or Organization Name: _____ OR

First Name: Mickell Middle Name: K. Last Name: Lowery

Address: 761 Harbor Isle Ct E City: Memphis State: TN Zip Code: 38103

Occupation: Account Executive Employer: Federal Express

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

Amount of Contribution: \$ 250.00 Date of Contribution: _____ Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR

First Name: JB Middle Name: _____ Last Name: Smiley

Address: 5116 Raleigh La Grange Rd #31 City: Memphis State: TN Zip Code: 38134

Occupation: Attorney Employer: _____

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

Amount of Contribution: \$ 200.00 Date of Contribution: 11-11-2024 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR

First Name: Katrina Middle Name: R. Last Name: Thompson

Address: 4576 Biddleson Ln City: Memphis State: TN Zip Code: 38125

Occupation: Gov. Emp. Employer: Shelby County Sheriff's Dept

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

Amount of Contribution: \$ 100.00 Date of Contribution: 11-8-2024 Aggregate This Election: \$ 100.00

Total Contributions: \$ 3,850.00

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 7.1.2024 End Date: 1-15-2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3,850.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ACOT Construction Management OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8326 Macon Rd #104 City: Memphis State: TN Zip Code: 38018
Occupation: Business Owner Employer: Self-Emp
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Kevin Middle Name: D. Last Name: Woods
Address: 7008 Forbury Cove City: Memphis State: TN Zip Code: 38119
Occupation: Business Employer: Self-Emp
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Barry Middle Name: _____ Last Name: Myers
Address: 7520 Forrest Shadow Ln City: Bartlett State: TN Zip Code: 38134
Occupation: Self-Emp Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Mary Middle Name: _____ Last Name: Tak Lee
Address: 262 Beckham Cir City: Collierville State: TN Zip Code: 38017
Occupation: Consultant Employer: Self-Emp
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 250.00

Total Contributions: \$ 4,850.00

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 7-1-2024 End Date: 1-15-2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4,850.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Phillip Middle Name: TR. Last Name: Northercross
Address: 1215 Poplar City: Memphis State: TN Zip Code: 38104
Occupation: Physician Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11-7-2024 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Janice Middle Name: _____ Last Name: Banks
Address: 99 N. Main street City: Memphis State: TN Zip Code: 38103
Occupation: Consultant Employer: Self - Emp.
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11-7-2024 Aggregate This Election: \$ 250.00

Business or Organization Name: The Conservatorship of Harold Whalum, Jr. OR
First Name: Tarix Middle Name: _____ Last Name: Sugarman
Address: 616 Adams City: Memphis State: TN Zip Code: 38105
Occupation: Judge Employer: Shelby County Government
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11-7-2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Darrell Middle Name: K. Last Name: Thomas
Address: P.O. BOX 161356 City: Memphis State: TN Zip Code: 38186
Occupation: Business Employer: Self Emp.
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 10-31-24 Aggregate This Election: \$ 250.00

Total Contributions: \$ 5,850.00

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 7.1.2024 End Date: 1.15.2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 5,850.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Philanda Middle Name: _____ Last Name: Britton
Address: 3093 N. Watkins City: Memphis State: TN Zip Code: 38107
Occupation: Health Care Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Willie Middle Name: W. Last Name: Herenton
Address: 885 Barton Street City: Memphis State: TN Zip Code: 38106
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Simmie Middle Name: E. Last Name: Tucker
Address: 11634 N. Parkway City: Memphis State: TN Zip Code: 38112
Occupation: Architect Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Leticia Middle Name: W. Last Name: Towns
Address: 326 Lancaster Sq #1 City: Memphis State: TN Zip Code: 38117
Occupation: Health Care Employer: Regional One Health
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 150.00

Total Contributions: \$ 6,750.00
(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 7.1.2024 End Date: 1-15-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 6,750.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Lonnie Middle Name: _____ Last Name: Yates
Address: P.O. Box 16007 City: Memphis State: TN Zip Code: 38186
Occupation: Business Employer: Self Emp
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Christy Middle Name: _____ Last Name: Davidson
Address: 578 Marrell Street City: Memphis State: TN Zip Code: 38117
Occupation: Health care Employer: Self Emp
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11.7.2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Anthony Middle Name: _____ Last Name: Tate
Address: 5100 Poplar Ave #726 City: Memphis State: TN Zip Code: 38137
Occupation: Business Employer: Self Emp
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 11-7-2024 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Ruthie Middle Name: Stout Last Name: Gray
Address: 1802 Meadowhill Cr. City: Memphis State: TN Zip Code: 38106
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 11.4.2024 Aggregate This Election: \$ 200.00

Total Contributions: \$ 7,700.00

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committed to Elect Henri E. Brooks
2. Reporting Period: Start Date: 7-1-2024 End Date: 1-15-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 7,700.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Yvonne Middle Name: B. Last Name: Acey
Address: 5340 Norma Dr. City: Memphis State: TN Zip Code: 38109
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 300.00 Date of Contribution: 12-5-2024 Aggregate This Election: \$ 300.00

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: \$ _____

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: \$ _____

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: \$ 8000.00

(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.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 7-1-2024 End Date: 1-15-2025
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: \$ 0

(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.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks

2. Reporting Period: Start Date: 7-1-2024 End Date: 1-15-2025

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) \$ 0

Loans Received \$ 0

Loan Payments \$ 0

Outstanding Loan (End) \$ 0

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 7-1-2024 End Date: 1-15-2025
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: _____ 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: \$ _____

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: \$ _____

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: \$ _____

(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.)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks

2. Reporting Period: Start Date: 7-1-2024 End Date: 1-15-2025

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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="height: 80px; vertical-align: top;">Description of Obligation:</td> </tr> <tr> <td style="width: 25%;">Outstanding Balance (Period Beginning)</td> <td style="width: 25%;">Debt Incurred This Period</td> <td style="width: 25%;">Payments This Period</td> <td style="width: 25%;">Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="height: 80px; vertical-align: top;">Description of Obligation:</td> </tr> <tr> <td style="width: 25%;">Outstanding Balance (Period Beginning)</td> <td style="width: 25%;">Debt Incurred This Period</td> <td style="width: 25%;">Payments This Period</td> <td style="width: 25%;">Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="height: 80px; vertical-align: top;">Description of Obligation:</td> </tr> <tr> <td style="width: 25%;">Outstanding Balance (Period Beginning)</td> <td style="width: 25%;">Debt Incurred This Period</td> <td style="width: 25%;">Payments This Period</td> <td style="width: 25%;">Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="height: 80px; vertical-align: top;">Description of Obligation:</td> </tr> <tr> <td style="width: 25%;">Outstanding Balance (Period Beginning)</td> <td style="width: 25%;">Debt Incurred This Period</td> <td style="width: 25%;">Payments This Period</td> <td style="width: 25%;">Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:													
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$	\$	\$	\$										

TOTALS ⓪

(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 This Period	Payments This Period	Outstanding Balance (Period End)
\$ <u>⓪</u>	\$ <u>⓪</u>	\$ <u>⓪</u>	\$ <u>⓪</u>

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: _____

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

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

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: _____ 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: \$ _____

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: \$ _____

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: \$ _____

(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.)