

JUL 10 2019

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/10/19</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Committee to Elect Jerald Price</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>Oct 3, 2019</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>648 Poplar</u> <u>Memphis</u> <u>TN</u> <u>38104</u> <u>901-281-0100</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone	
5. OFFICE SOUGHT (include district number, if applicable) <u>Memphis City Council</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Charity Williams</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input checked="" 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 type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>4-1-19</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>6-30-19</u>
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. <u>Jerald Price</u> <u>7/10/19</u> <u>Charity Williams</u> <u>7/10/19</u> signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE <u>Raven Jensen</u> <u>7/10/19</u> <u>[Signature]</u> <u>7/10/19</u> signature of witness date signature of witness date	
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ <u>1,019.95</u> b. TOTAL RECEIPTS THIS PERIOD \$ <u>4,929.49</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>3,016.17</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>4,929.49</u> e. TOTAL LOANS OUTSTANDING \$ <u>0</u> f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Committee to Elect Jerred Price</u>	14. REPORT COVERING THE PERIOD FROM: <u>4/1</u> TO: <u>6/30</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>5,553</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>2,525</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>8,078</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ _____
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)	
<u>Processing fees</u>	\$ <u>253.00</u>
<u>Campaign Swag</u>	\$ <u>993.90</u>
<u>Food</u>	\$ <u>62.43</u>
<u>Victory Fund</u>	\$ <u>1,707.84</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>602.43</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>2,953.74</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>0</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>3,016.17</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>0</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>5,700.00</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>5,700.00</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>0</u>



SEE ATTACHMENT <

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
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.)						

Name	Method	Amount
Larry Ferguson	Paypal	250
Bernard Faber	Paypal	250
Christian James	Paypal	250
Roger McMullin	Paypal	250
Justin Hamlett	Cashapp	250
Tim Tanner	Venmo	250
Melissa Durham	Venmo	250
Jimmy Armstrong	Credit	125
David Richardson	Check	125
Brandon Leslie	Check	250
Parham Tullos	Check	150
Tom Jones	Credit	125

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <i>Cmtt to elect Jesse White James Price</i>		2. REPORT COVERING PERIOD	
		FROM: <i>4/1</i>	TO: <i>6/30</i>
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
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 <i>Lutner</i>		Middle Name	
Last Name/Organization Name <i>Parker</i>		Description of In-Kind Contribution <i>House party Food wine stuff</i>	
Address <i>139 Huber Dodge Lane ST</i>		Value of In-Kind Contribution <i>\$1000</i>	
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38103</i>	Date of In-Kind Contribution <i>6/27</i>
Occupation			
Employer			
First Name <i>Jesse</i>		Middle Name	
Last Name/Organization Name <i>James</i>		Description of In-Kind Contribution <i>Food House Party Alcohol stuff</i>	
Address <i>245 Looney Ave</i>		Value of In-Kind Contribution <i>\$800</i>	
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38107</i>	Date of In-Kind Contribution <i>6/26</i>
Occupation			
Employer			
First Name <i>Joe</i>		Middle Name	
Last Name/Organization Name <i>Ozment</i>		Description of In-Kind Contribution <i>House Party Food Alcohol</i>	
Address <i>31 Belleair Dr</i>		Value of In-Kind Contribution <i>\$1200</i>	
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38104</i>	Date of In-Kind Contribution <i>6/20</i>
Occupation			
Employer			
First Name <i>Stephanie</i>		Middle Name	
Last Name/Organization Name <i>Wilbanks</i>		Description of In-Kind Contribution <i>Venue stuff performers</i>	
Address <i>600 Marshall Ave</i>		Value of In-Kind Contribution <i>\$2700</i>	
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38103</i>	Date of In-Kind Contribution <i>6/29</i>
Occupation			
Employer			
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS			<i>\$5,700</i>
(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 20.b. of summary.)			



ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:	TO:		
					Amount		
3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)							
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). Please remember to include the purpose of the expenditure (e.g. postage, printing) and the name of the candidate supported or opposed.							
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure	
City		State	Zip Code			Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure	
City		State	Zip Code			Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	
5 (a) Itemized Independent Expenditures				\$ _____			
(b) Unitemized Independent Expenditures				\$ _____			
(c) Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be shown in item 17c. of summary page.)					\$ _____		

ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:	TO:		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							



ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)							

