

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/10/2023		2.a. NAME OF CANDIDATE OR COMMITTEE Meggan for Memphis		
2.b. IF COMMITTEE, NAME OF CANDIDATE Meggan Kiel			3. ELECTION DATE 10/5/2023	
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route 1910 Madison Ave, #34		City Memphis	State TN	Zip Code 38104
Phone 901-410-0211				
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)				
Street or Rural Route 1741 Autumn Ave		City Memphis	State TN	Zip Code 38112
Phone 901-230-1519				
5. OFFICE SOUGHT (include district number, if applicable) Memphis City Council, District 5			6. NAME OF POLITICAL TREASURER (may be candidate) Paul Morris	
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 9/26/2023			8.b. ENDING DATE OF REPORTING PERIOD 9/30/2023	
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.				
<i>Meggan Kiel</i> signature of candidate		10/10/23 date	<i>Paul Morris</i> signature of political treasurer	
			10/10/23 date	
11. WITNESS SIGNATURE				
<i>Joseph W...</i> signature of witness		10/10/23 date	<i>Joseph W...</i> signature of witness	
			10/10/23 date	
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$ <u>17,881.23</u>		
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>7,415.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2,740.30</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>22,555.93</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) Meggan for Memphis	14. REPORT COVERING THE PERIOD FROM 9/26/2023 TO 9/30/2023
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 965.00
b. Itemized Contributions (over \$100 from each source this period)	\$ 6,450.00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15 a. and 15 b.)	\$ 7,415.00
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 0
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 0
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 7,415.00
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)	
Anedot Fees (contribution platfor)	\$ 40.30
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
Total of Expenditures (\$100 or less each payee)	\$ 40.30
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 2,700.00
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a and 19.b.)	\$ 2,740.30
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 0
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 2,740.30
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ 0
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 0
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22 a. and 22 b.)	\$ 0
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ 0
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 0
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a and 23 b.) (must be shown in item 12.f.)	\$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Meggan for Memphis				2. REPORT COVERING THE PERIOD FROM 9/26/2023 TO 9/30/2023	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name SEE ATTACHMENT		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(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 15L of summary.)</small>					\$6,450.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - MEGGAN KIEL
 MEGGAN FOR MEMPHIS

All Contributions are for the General Election
 Report Period: 9/26/2023 - 9/30/2023

Total Itemized Campaign Contributions from Preceding Page (enter \$0 if first itemized page)

\$6,450

Amount this Quarter	Total Amount	Title	First Name
1 \$130.00	\$650.00		Phyllis
2 \$5,000.00	\$5,000.00		AFSCME
3 \$1,000.00	\$1,200.00		Crosby
4 \$150.00	\$150.00		Young
5 \$150.00	\$150.00		Ann
	\$6,450.00	TOTAL RECEIPTS	9/26/2023 - 9/30/2023

Last/Organization Name	Address	City	State	Zip	Received	Occupation	Employer
Jacobson	6047 Rup Beaumont Dr	Memphis	TN	38120-3100	9/26/2023	Executive Director	Treasure Foundation
AFSCME	485 Beale St	Memphis	TN	38103	9/27/2023	Lawyer	AFSCME
Crosby	1661 Aaron Brenner Drive	Memphis	TN	38120	9/27/2023	Exec Director	Burch, Perce and Johnson
Young	689 Magnolia Manor Circle	Memphis	TN	38117	9/28/2023	retired	Alstil Foundation
Ann	3723 Wayoka Avenue	Memphis	TN	38111	9/29/2023		retired

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Meggan for Memphis				2. REPORT COVERING THE PERIOD FROM 9/26/2023 TO 9/30/2023			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0		
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 type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City			State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer				Description of In-Kind Contribution	
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				<input type="checkbox"/> Runoff (Local Elections Only)			
City			State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer				Description of In-Kind Contribution	
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				<input type="checkbox"/> Runoff (Local Elections Only)			
City			State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer				Description of In-Kind Contribution	
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				<input type="checkbox"/> Runoff (Local Elections Only)			
City			State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer				Description of In-Kind Contribution	
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				<input type="checkbox"/> Runoff (Local Elections Only)			
City			State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer				Description of In-Kind Contribution	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS							
(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.)							\$0

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Meggan for Memphis			2. REPORT COVERING THE PERIOD FROM 9/26/2023 TO 9/30/2023		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$0		
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			Social Media Services		\$2,700.00
Address 1 Hacker Way					
City Menlo Park	State CA	Zip Code 94025			
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			
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			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES <small>(Carry forward to Item 3 of next page if additional pages of this form are used.) <small>(If this is the last page of expenditures, this amount must be shown in Item 19b of summary.)</small></small>			\$2,700.00		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD				
Meggan for Memphis					FROM: 9/26/2023		TO: 9/30/2023		
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)	
Last Name/Organization Name				Address		Loan Received For:		Date of Loan	
City		State	Zip Code	<input type="checkbox"/> Primary Election		<input type="checkbox"/> General Election			
				<input type="checkbox"/> Runoff (Local Elections Only)					
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					
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 on front page.)					\$0	\$0	\$0	\$0	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Meggan for Memphis			FROM 9/26/2023		TO 9/30/2023	
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 23b. on summary page.)			\$0	\$0	\$0	\$0