



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

### For Single-Candidate Committees

1. Date: 1/3/2024 2.a. Candidate or Committee Name: Teri Dickery  
 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 10/5/23  
 4. Campaign Address: 1527 Westlawn Drive  
 City: Memphis State: TN Zip Code: 38114 Phone: 901-604-7227  
 5. Candidate Home Address: 1527 Westlawn Drive  
 City: Memphis State: TN Zip Code: 38114 Phone: 901-604-7227  
 Candidate Email Address: teridckery@yahoo.com  
 6. Office Sought: (include district number, if applicable) District 4  
 7. Name of Political Treasurer (may be candidate): Maudie R. Washington  
 Political Treasurer Email Address: teridckery@yahoo.com

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: 7/1/23 End Date: 9/25/23

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.

[Signature] 1/3/2024 [Signature] 1/3/24  
 Candidate Signature Date Political Treasurer Signature Date  
Ronnie Faulkner 1/3/24 Ronnie Faulkner 1/3/24  
 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report .....	\$	<u>8570<sup>00</sup></u>
b. Total Receipts This Period .....	\$	<u>          </u>
c. Total Disbursements This Period .....	\$	<u>8,570<sup>00</sup></u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$	<u>0</u>
e. Total Loans Outstanding .....	\$	<u>0</u>
f. Total Obligations Outstanding .....	\$	<u>0</u>

## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Jeri N. Dockery  
 2. Reporting Period: Start Date: 7/1/23 End Date: 9/25/23  
 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: Balton Printing  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: 3508 Tuhulahoma Rd  
 City: Memphis  
 State: TN Zip Code: 38118

Description of Obligation: <u>campus printing</u>	<u>All Printing Paid in Full</u>		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
<del>\$5,168.00</del> <u>\$8,570.00</u>	<del>\$0</del>	<del>\$5,168.00</del>	<del>\$0</del>

Business Name: Hurt Consulting IT  
 First Name: Rachelle Middle Name: \_\_\_\_\_  
 Last Name: Hurt  
 Address: 5185 Mills  
 City: Arlington  
 State: TN Zip Code: 38002

Description of Obligation: <u>IT Consulting</u>	<u>Paid in Full</u>		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
<del>\$2,888.00</del>	<del>\$0</del>	<del>\$1,000.00</del>	<del>\$0</del>

Business Name: Friends to Elect Jeri Dockery  
 First Name: Dekemisti Middle Name: \_\_\_\_\_  
 Last Name: Smith  
 Address: 816 Rockys  
 City: Marion  
 State: Ark Zip Code: 72810

Description of Obligation: <u>Gas Food Carwashing</u>	<u>Paid in Full</u>		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
<del>\$1,888.00</del>	<del>\$0</del>	<del>\$1,888.00</del>	<del>\$0</del>

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation: <u>N/A</u>			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

**TOTALS**

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

*[Signature]* 1/3/2023