



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT BE
REGISTERED TCA 2-5-102

1. Date: 1/17/26 2.a. Candidate or Committee Name: Megan for Memphis
 2.b. If Committee, Name of Candidate: Megan Kiel 3. Election Date: 10/5/23
 4. Campaign Address: N/A
 City: _____ State: _____ Zip Code: _____ Phone: _____
 5. Candidate Home Address: 1741 Autumn Ave
 City: Memphis State: TN Zip Code: 38112 Phone: 901-230-1519
 Candidate Email Address: megan.kiel@gmail.com
 6. Office Sought: (include district number, if applicable) Memphis City Council Dist. 5
 7. Name of Political Treasurer (may be candidate): Paul Morris
 Political Treasurer Email Address: paul.howard.morris@gmail.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: 1/16/2024 End Date: 6/30/2024

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.

<u>Megan Kiel</u> Candidate Signature	<u>1/17/26</u> Date	<u>Paul Morris</u> Political Treasurer Signature	<u>1/20/26</u> Date
<u>Paul Morris</u> Witness Signature	<u>1/20/26</u> Date	<u>Megan Kiel</u> Witness Signature	<u>1/20/26</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>1,209.20</u>
b. Total Receipts This Period	\$ <u>-0-</u>
c. Total Disbursements This Period	\$ <u>144.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>1,065.20</u>
e. Total Loans Outstanding	\$ <u>-0-</u>
f. Total Obligations Outstanding	\$ <u>-0-</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Meghan For Memphis

14. Reporting Period: Start Date: 1/10/24 End Date: 6/30/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(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) \$ 0
- 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.) \$ 0

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 144
(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.)..... \$ 144

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Meghan for Memphis
2. Reporting Period: Start Date: 1/10/24 End Date: 6/30/24
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: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2053 Union Ave City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Bank fees
Amount of Expenditure: \$ ~~100~~ ~~20~~ ~~10~~ \$24 Date of Expenditure: 1/31/24

Business or Organization Name: Ibid. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ ~~100~~ \$24 Date of Expenditure: 2/28/24

Business or Organization Name: Ibid. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ ~~100~~ 24 Date of Expenditure: 3/31/24

Business or Organization Name: Ibid. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ ~~100~~ 24 Date of Expenditure: 4/30/24

Business or Organization Name: Ibid. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ ~~100~~ 24 Date of Expenditure: 5/30/24

Total Expenditures: \$ ~~100~~ ~~20~~ ~~10~~ \$120

(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 EXPENDITURES - CANDIDATE

- 1. Candidate or Committee Name: Megyn for Memphis
- 2. Reporting Period: Start Date: 1/16/24 End Date: 6/30/24
- 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 120

Ⓞ
MK

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: Regions Bank OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 2053 Union Ave City: Memphis State: IN Zip Code: 38104
 Purpose of Expenditure: Bank fees
 Amount of Expenditure: \$ 24 Date of Expenditure: \$ 6/30/24

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: \$ 144⁰⁰

(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.)