

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

ORIGINAL DOCUMENT
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 ACCEPTED TCA 2-5-102

For State and Local Candidates For Single-Candidate Committees

RECEIVED OCT 17 2023

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1. DATE OF REPORT <u>7/28/22</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Friends of Britney Thornton</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Britney Thornton</u>	3. ELECTION DATE <u>8/4/22</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route: <u>1521 Cella</u> City: <u>Memphis</u> State: <u>TN</u> Zip Code: <u>38114</u> Phone: <u>901-300-6022</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>Shelby County Commission, D10</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Cynthia Moore</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7/01/22</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>7/25/22</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>Bridget Smith</u> <u>7/28/22</u> <u>Cynthia Moore</u> <u>7/28/22</u> signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE <u>[Signature]</u> <u>7/28/22</u> <u>[Signature]</u> <u>7/28/22</u> signature of witness date signature of witness date	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>5271.99</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>8774.95</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>6.55</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>14,040.39</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>Ø</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>Ø</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Britney Thornton				2. REPORT COVERING THE PERIOD FROM: 7/1/22 TO: 7/25/22		
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 Kyle		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Ferari				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$474.95
Address 23 Los Pande, lion				<input type="checkbox"/> Runoff (Local Elections Only)		
City San Antonio		State TX	Zip Code 78212	Date of Contribution 7/25/22		Aggregate This Election
Occupation DONOR						
Employer Democracy Engine						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Leadership for Educational				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$8300
Address 25 Broadway				<input type="checkbox"/> Runoff (Local Elections Only)		
City New York		State NY	Zip Code 10004	Date of Contribution 7/11/22		Aggregate This Election
Occupation PAC						
Employer LIE						
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.)					\$8774.95	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Britney Thornton				2. REPORT COVERING THE PERIOD FROM: 7/1/22 TO: 7/25/22			
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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 <i>Friends of Britney Thornton</i>			2. REPORT COVERING THE PERIOD FROM: <i>7/1/22</i> TO: <i>7/25/22</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount: <i>0</i>
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				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				<i>0</i>

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Britney Thornton	2. REPORT COVERING THE PERIOD FROM: 7/1/22 TO: 7/25/22
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	
		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City	State	Zip Code	<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
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
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
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
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) (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.e. on front page.)	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
	0			0



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
<div style="font-size: 2em; font-family: cursive;">Friends of Britney Tronator</div>			FROM: 7/1/22		TO: 7/25/22	
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		0			0
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