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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 02/01/24 2.a. Candidate or Committee Name: Committee to Elect JB Smiley

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 10/05/23

4. Campaign Address: 254 Court Ave. Ste 108

City: Memphis State: TN Zip Code: 38103 Phone: 901 352 0478

5. Candidate Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Candidate Email Address: vote4jbsmiley@gmail.com

6. Office Sought: (include district number, if applicable) Memphis City Council Super District 8

7. Name of Political Treasurer (may be candidate): _____

Political Treasurer Email Address: _____

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: 9/26/23 End Date: 01/15/24

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.

Candidate Signature	Date	Political Treasurer Signature	Date
	02/01/24		2/5/24

Witness Signature	Date	Witness Signature	Date
	02/04/24		02/09/24

12. Summary:

a.	Balance On Hand Last Report	$ 28,778.45
b.	Total Receipts This Period	$ 5,578.10
c.	Total Disbursements This Period	$ 7,988.01
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 26,368.54
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Committee to Elect JB Smiley

14. Reporting Period: Start Date: 09/26/23 End Date: 01/15/24

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 390.70
(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) ..... $ 5,187.40

c. Loans Received This Reporting Period ..... $ Ø

d. Interest Received This Reporting Period ..... $ Ø

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 5,578.10

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 7,988.01
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ Ø

c. Total Obligation Payments Made This Period ..... $ Ø

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 7,988.01

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ Ø

b. Itemized In-Kind Contributions Received This Period ..... $ Ø

c. Total In-Kind Contributions Received This Period ..... $ Ø

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ Ø

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ______

2. Reporting Period: Start Date: ______ End Date: ______

3. Total campaign contributions from preceding page (enter $0 if first page) $ ______

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ______ OR
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Occupation: ______ Employer: ______
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

Business or Organization Name: ______ OR
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Occupation: ______ Employer: ______
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

Business or Organization Name: ______ OR
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Occupation: ______ Employer: ______
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

Business or Organization Name: ______ OR
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Occupation: ______ Employer: ______
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

SEE ATTACHED

Total Contributions: $ ______
(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

Checks / Donations

10/23/2023	$1,000.00	BUILD PAC	505 Halle Park Dr	Collierville	TN	38017
10/23/2023	$250	Evan Scott Fleming	5418 N Angela Rd	Memphis	TN	38120
10/23/2023	$250.00	Barner LLC	5859 Ridge Bend Road, Suite 4	Memphis	TN	38120
10/25/2023	$500.00	Aaron Patrick Architects	435 Grey Hill Dr	Cordova	TN	38018

Total: **$2,000.00**

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Anedot Donations

Donation Date	Donation Amount	Net Amount	Anedot Fee	First Name	Last Name	Address Line 1	City	Sta
1/12/2024	$250.00	$250.00	$10.73	LaTecia	Nash	6300 Cardinal Street	Pine Bluff	AR
1/10/2024	$250.00	$250.00	$10.73	Rhond	Treadwell	1780 Glenview Avenue	Memphis	TN
1/10/2024	$100.00	$100.00	$4.48	Albert	Morris	5093 Whitworth Road	Memphis	TN
1/10/2024	$20.00	$18.90	$1.10	F	Ellison	33 Timmy Cv	Jackson	TN
1/10/2024	$50.00	$47.70	$2.30	Deborah	Alexander	567 Buck Trail Cove	Cordova	TN
10/9/2023	$1,800.00	$1,727.70	$72.30	Colton	Cathey	160 West Mallory Avenue	Memphis	TN
10/4/2023	$50.00	$47.70	$2.30	Daqavise	Winston	125 W South St #2700	Indianapolis	IN
10/4/2023	$1,000.00	$959.70	$40.30	Jason	Wexler	485 Tennessee Street	Memphis	TN
10/3/2023	$10.00	$9.30	$0.70	Flora	Ellison	33 Timmy Cove	Jackson	TN
9/29/2023	$100.00	$95.70	$4.30	Jenae	Scott-Robinson	29 East Parkway South	Memphis	TN
9/29/2023	$25.00	$23.70	$1.30	Lorraine	Carter	6807 Abelia Hill cove	Bartlett	TN
9/29/2023	$50.00	$47.70	$2.30	Jennifer	Taylor	907 Hall Station Drive	Bowie	MD

$3,578.10

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ____________________

2. Reporting Period: Start Date: __________ End Date: __________

3. Total in-kind contributions from preceding page (enter $0 if first page) $ ____________________

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: ____________________ OR
First Name: __________ Middle Name: __________ Last Name: __________
Address: __________ City: __________ State: ____ Zip Code: __________
Occupation: __________ Employer: __________
In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________
Description of In-Kind Contribution: ____________________

Business or Organization Name: ____________________ OR
First Name: __________ Middle Name: __________ Last Name: __________
Address: __________ City: __________ State: ____ Zip Code: __________
Occupation: __________ Employer: __________
In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________
Description of In-Kind Contribution: ____________________

Business or Organization Name: ____________________ OR
First Name: __________ Middle Name: __________ Last Name: __________
Address: __________ City: __________ State: ____ Zip Code: __________
Occupation: __________ Employer: __________
In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________
Description of In-Kind Contribution: ____________________

Business or Organization Name: ____________________ OR
First Name: __________ Middle Name: __________ Last Name: __________
Address: __________ City: __________ State: ____ Zip Code: __________
Occupation: __________ Employer: __________
In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________
Description of In-Kind Contribution: ____________________

Total In-Kind Contributions: $ ____________________
(Carry forward to the 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 the summary on first page.)

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

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1. Candidate or Committee Name: ______

2. Reporting Period: Start Date: ______ End Date: ______

3. Total campaign expenditures from preceding page (enter $0 if first page) $ ______

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.

SEE ATTACHED

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: $ ______

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: $ ______
(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.)

Expenses

Name	Date(s)	Amount	Purpose
Dorse and Associates	9/27/2023	$150.00	Consulting
SWAY	9/27/2023	$4,000.00	Marketting/Advertising/Editing
Restaurant	9/27/2023	$75.64	Food/Entertainment
Kathryn Winsley	9/28/2023	$125.00	Reimbursement
Active Campaign	9/29/2023	$635.11	Email/Text Messages
Facebook	10/2/2023	$116.58	Advertising
Kathryn Winsley	10/2/2023	$200.00	Staff
First Horizon	10/2/2023	$5.00	Fee
Westhaven Elementary	10/3/2023	$150.00	Donation
H T Lockard	10/3/2023	$250.00	Donation
Restaurant	10/6/2023	$4.12	Food/Entertainment
Restaurant	10/19/2023	$230.88	Food/Entertainment
Gas Station	10/23/2023	$79.41	Travel/Food/Gas
MBA	10/24/2023	$275.00	Donation
Dorse and Associates	10/27/2023	$150.00	Consulting
Facebook	11/1/2023	$71.14	Advertising
First Horizon	11/1/2023	$5.00	Service Fee
sse Huseth	11/3/2023	$150.00	Donation
Restaurant	11/21/2023	$16.44	Food/Entertainment
Kathryn Winsley	11/27/2023	$120.00	Staff
First Horizon	12/1/2023	$5.00	Service Fee
Bartlett Basketball	12/15/2023	$500.00	Donation
Parking	12/18/2023	$0.75	Parking
toskr, Inc	12/26/2023	$279.43	Advertising
JB Smiley Jr.	12/26/2023	$140.00	Reimbursement
First Horizon	1/2/2024	$5.00	Service Fee
Whitney Williams	1/10/2024	$150.00	Staff
Restaurant	1/10/2024	$98.51	Food/Entertainment
		$7,988.01	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Outstanding Loan Balance (Beginning) .... $ ______________

Loans Received .... $ ______________

Loan Payments .... $ ______________

Outstanding Loan (End) .... $ ______________

Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: ______________

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $______________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $______________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $______________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $______________

N/A

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) .... $ ______________

Loans Received .... $ ______________

Loan Payments .... $ ______________

Outstanding Loan (End) .... $ ______________

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ______________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______________________
First Name: __________ Middle Name: __________
Last Name: ______________________
Address: ______________________
City: ______________________
State: ______ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________
First Name: __________ Middle Name: __________
Last Name: ______________________
Address: ______________________
City: ______________________
State: ______ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________
First Name: __________ Middle Name: __________
Last Name: ______________________
Address: ______________________
City: ______________________
State: ______ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________
First Name: __________ Middle Name: __________
Last Name: ______________________
Address: ______________________
City: ______________________
State: ______ Zip Code: ______________

Description of Obligation:			
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)
$	$	$	$