



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

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

1. Date: 6-30-23 2.a. Candidate or Committee Name: Friends of Amber Huett Garcia  
 2.b. If Committee, Name of Candidate: Amber Huett Garcia 3. Election Date: Aug 2022  
 4. Campaign Address: 4653 Chickasaw Rd  
 City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115  
 5. Candidate Home Address: 4653 Chickasaw Rd  
 City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115  
 Candidate Email Address: amberhuettgarcia@gmail.com  
 6. Office Sought: (include district number, if applicable) MSCS School Board District 8  
 7. Name of Political Treasurer (may be candidate): Tate Wilson  
 Political Treasurer Email Address: tateswilson@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: 1/16/23 End Date: 6/30/23

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.

	<u>6/30/23</u>		<u>4/30/28</u>
Candidate Signature	Date	Political Treasurer Signature	Date
	<u>6/30/23</u>		<u>6/30/23</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>7029.<sup>57</sup></u>
b. Total Receipts This Period .....	\$ <u>500.<sup>00</sup></u>
c. Total Disbursements This Period .....	\$ <u>11035.<sup>00</sup></u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>5894.<sup>57</sup></u>
e. Total Loans Outstanding .....	\$ <u>0</u>
f. Total Obligations Outstanding .....	\$ <u>0</u>

## SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Amber Huett Garcia

14. Reporting Period: Start Date: 1/16/23 End Date: 6/30/23

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) ..... \$ 500.00
- 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.) ..... \$ 500.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) ..... \$ 1635.00  
(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.)..... \$ 1635.00

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Amber Huett Garcia
2. Reporting Period: Start Date: 1/16/23 End Date: 6/30/23
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Amber Middle Name: \_\_\_\_\_ Last Name: Huett Garcia  
Address: 4653 Chickasaw Rd City: Memphis State: TN Zip Code: 38117  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500<sup>.00</sup> Date of Contribution: 5/12/23 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: \$ \_\_\_\_\_

Total Contributions: \$ 500<sup>.00</sup>

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Amber Huett Garcia
2. Reporting Period: Start Date: 1/16/23 End Date: 6/30/23
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: Kincannon for Mayor OR  
First Name: Indya Middle Name: \_\_\_\_\_ Last Name: Kincannon  
Address: 400 Main Street Rm 691 City: Knoxville State: TN Zip Code: 37902  
Purpose of Expenditure: Campaign donation  
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 1/17/23

Business or Organization Name: Regions Bank OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117  
Purpose of Expenditure: Bank fee  
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 1/31/23

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Ashlynn Middle Name: \_\_\_\_\_ Last Name: Sparks  
Address: 1818 N PKWY Apt 3 City: Memphis State: TN Zip Code: 38112  
Purpose of Expenditure: Campaign Support, policy research / review  
Amount of Expenditure: \$ 750.00 Date of Expenditure: \$ 1/23/23

Business or Organization Name: Regions Bank OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117  
Purpose of Expenditure: Bank fee  
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 2/28/23

Business or Organization Name: Regions Bank OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117  
Purpose of Expenditure: Bank fee  
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 3/31/23

Total Expenditures: \$ 871.00

(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

- Candidate or Committee Name: Friends of Amber Huettt Garcia
- Reporting Period: Start Date: 1/16/23 End Date: 6/30/23
- Total campaign expenditures from preceding page (enter \$0 if first page) \$ 871.00

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: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117  
 Purpose of Expenditure: Bank Fee  
 Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 4/28/23

Business or Organization Name: Committee to Elect Justin J. Pearson OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: J  
 Address: 425 Rep John Lewis Hwy Ste 512 City: Nashville State: TN Zip Code: 37243  
 Purpose of Expenditure: Campaign donation  
 Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 5/12/23

Business or Organization Name: Regions Bank OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117  
 Purpose of Expenditure: Monthly Fee  
 Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 5/31/23

Business or Organization Name: Shelby Co Democratic Party OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 5116 Raleigh Lagrange Rd City: Memphis State: TN Zip Code: 38134  
 Purpose of Expenditure: \_\_\_\_\_  
 Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 6/5/23

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: \$ 1635.00  
 (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.)

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# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Friends of Amber Huett Garcia

2. Reporting Period: Start Date: 1/16/23 End Date: 6/30/23

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: \$ \_\_\_\_\_

**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) ..... \$ 0

Loans Received ..... \$ 0

Loan Payments ..... \$ 0

Outstanding Loan (End)..... \$ 0

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Amber Huet Garcia

2. Reporting Period: Start Date: 1/16/23 End Date: 4/30/23

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

Business Name: _____	Description of Obligation:		
First Name: _____ Middle Name: _____			
Last Name: _____	Outstanding Balance (Period Beginning)		
Address: _____			
City: _____	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: _____ Zip Code: _____	\$	\$	\$

Business Name: _____	Description of Obligation:		
First Name: _____ Middle Name: _____			
Last Name: _____	Outstanding Balance (Period Beginning)		
Address: _____			
City: _____	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: _____ Zip Code: _____	\$	\$	\$

Business Name: _____	Description of Obligation:		
First Name: _____ Middle Name: _____			
Last Name: _____	Outstanding Balance (Period Beginning)		
Address: _____			
City: _____	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: _____ Zip Code: _____	\$	\$	\$

Business Name: _____	Description of Obligation:		
First Name: _____ Middle Name: _____			
Last Name: _____	Outstanding Balance (Period Beginning)		
Address: _____			
City: _____	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: _____ Zip Code: _____	\$	\$	\$

**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 This Period	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 0	\$ 0	\$ 0

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