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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 6-11-2025 2.a. Candidate or Committee Name: Committee To Re-Elect Deborah Henderson

2.b. If Committee, Name of Candidate: Deborah Means Henderson 3. Election Date: 8-4-2022

4. Campaign Address: 4674 Barkley Estates Drive
City: Collierville State: TN Zip Code: 38017 Phone: 901-219-8286

5. Candidate Home Address: 4674 Barkley Estates Drive
City: Collierville State: TN Zip Code: 38017 Phone: 901-757-9201
Candidate Email Address: qthydebe@bellsouth.net

6. Office Sought: (include district number, if applicable) Judge, General Sessions Court DIV 4

7. Name of Political Treasurer (may be candidate): Tamara T. Henderson
Political Treasurer Email Address: Thenderson04@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: 4-25-2022 End Date: 6-30-2022

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: Deborah M. Henderson Date: 6-11-2025
Political Treasurer Signature: Tamara Henderson Date: 6/11/25
Witness Signature: Christine McLean Date: 6-11-25
Witness Signature: Justin McLean Date: 6-11-25

12. Summary:

a. Balance On Hand Last Report	\$	<u>0</u>
b. Total Receipts This Period	\$	<u>4500.00</u>
c. Total Disbursements This Period	\$	<u>3323.29</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>1176.71</u>
e. Total Loans Outstanding	\$	<u>0</u>
f. Total Obligations Outstanding	\$	<u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee:

Committee To Re-Elect Deborah Henderson

14. Reporting Period:

Start Date:

4-25-2022

End Date:

6-30-2022

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ 4500
- 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.) \$ 4500

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 3323.29
(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.) \$ 3323.29

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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee To ReElect Deborah Henderson
2. Reporting Period: Start Date: 4-25-2022 End Date: 6-30-2022
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: \$ 0

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee To Re Elect Deborah Henderson
2. Reporting Period: Start Date: 4-25-2022 End Date: June 30, 2022
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2350.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: A and A Bonding Company OR
First Name: Willie Middle Name: _____ Last Name: Harper
Address: 211 N Lauderdale City: Memphis State: TN Zip Code: 38105
Occupation: Business Owner Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 5-31-2022 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Joan Middle Name: _____ Last Name: Harvey
Address: 3069 Holly Heath City: German town State: TN Zip Code: 38138
Occupation: Retired Teacher Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 5-31-2022 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: Myrtle Middle Name: _____ Last Name: Johnson
Address: 4785 Plantation Forest City: Collierville State: TN Zip Code: 38017
Occupation: Retired Teacher Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 5-31-2022 Aggregate This Election: \$ 100.00

Business or Organization Name: Law Office of Alan Pritchard OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5384 Poplar Ave City: Memphis State: TN Zip Code: 38119
Occupation: Attorney Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 6-13-2022 Aggregate This Election: \$ 200.00

Total Contributions: \$ 3100.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee To Re-Elect Deborah Henderson
2. Reporting Period: Start Date: 4-25-2022 End Date: 6-30-2022
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3100.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Friends of A.C. Wharton OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1575 Madison City: Memphis State: TN Zip Code: 38104
Occupation: Campaign Committee Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 6-13-22 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Ruby Middle Name: _____ Last Name: Wharton
Address: 1575 Madison City: Memphis State: TN Zip Code: 38104
Occupation: Attorney Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 6-13-2022 Aggregate This Election: \$ 200.00

Business or Organization Name: Wharton Law Firm OR
First Name: Alex and Andrea Middle Name: _____ Last Name: Wharton
Address: 1575 Madison City: Memphis State: TN Zip Code: 38104
Occupation: Attorneys Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 6-13-2022 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Alma Middle Name: _____ Last Name: Anderson
Address: 4651 Honeysuckle Ln City: Memphis State: TN Zip Code: 38109
Occupation: Retired Teacher Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 6-13-22 Aggregate This Election: \$ 100.00

Total Contributions: \$ 3900.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee To ReElect Deborah Henderson
2. Reporting Period: Start Date: 4-25-2022 End Date: 6-30-2022
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3900.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Rence Middle Name: _____ Last Name: Walker
Address: 140 Adams Ave City: Memphis State: TN Zip Code: 38103
Occupation: Administrator Employer: Shelby County Government
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 6-27-2022 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Linda Middle Name: _____ Last Name: Mathis
Address: 6389 N. Quail Hollow City: Memphis State: TN Zip Code: 38120
Occupation: Attorney Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 6-27-2022 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: Lee Ann Middle Name: _____ Last Name: Dobson
Address: 1150 Forest Wood City: Collierville State: TN Zip Code: 38017
Occupation: Municipal Judge Employer: City of Collierville, TN
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: 6-28-2022 Aggregate This Election: \$ 150

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: \$ 4500.00

(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: Committee To Re-Elect Deborah Henderson
2. Reporting Period: Start Date: 4-25-2022 End Date: 6-30-2022
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: Brunner Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4695 Winchester City: Memphis State: TN Zip Code: 38118
Purpose of Expenditure: Push Cards Printing
Amount of Expenditure: \$ 466.44 Date of Expenditure: \$ 5-23-2022

Business or Organization Name: Brunner Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4695 Winchester City: Memphis State: TN Zip Code: 38118
Purpose of Expenditure: Wire stakes for signs
Amount of Expenditure: \$ 54.88 Date of Expenditure: \$ 6-3-2022

Business or Organization Name: Washington Graphics Design OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2059 Bartlett Rd City: Memphis State: TN Zip Code: 38134
Purpose of Expenditure: Signs
Amount of Expenditure: \$ 1500.00 Date of Expenditure: \$ 6-7-2022

Business or Organization Name: Coalition of 100 Black Women OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: Advertising in Booklet
Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 6-13-2022

Business or Organization Name: Brunner Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4695 Winchester City: Memphis State: TN Zip Code: 38118
Purpose of Expenditure: Printing Push Cards
Amount of Expenditure: \$ 781.97 Date of Expenditure: \$ 6-21-2022

Total Expenditures: \$ 3103.29

(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: Committee To Re-Elect Deborah Henderson
2. Reporting Period: Start Date: 4-25-2022 End Date: 6-30-2022
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 3103.29

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: Military Veterans OR
First Name: Lewis Middle Name: _____ Last Name: Moore
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Sponsorship for Advertising
Amount of Expenditure: \$ 200.⁰⁰ Date of Expenditure: \$ 6-28-2022

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3577 Hacks Cross City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Cashier's Check Fee
Amount of Expenditure: \$ 10.⁰⁰ Date of Expenditure: \$ 6-13-2022

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3577 Hacks Cross City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Cashier's Check Fee
Amount of Expenditure: \$ 10.⁰⁰ Date of Expenditure: \$ 6-7-2022

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: \$ 3323.29

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Committee To Re-Elect Deborah Henderson
2. Reporting Period: Start Date: 4-25-2022 End Date: 6-30-2022
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) \$ 00
Loans Received \$ 00
Loan Payments \$ 00
Outstanding Loan (End) \$ 00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Committee To Re-Elect Deborah Henderson

2. Reporting Period: Start Date: 4-25-2022 End Date: 6-30-2022

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)
\$ 0	\$ 0	\$ 0	\$ 0