



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: Oct 10, 2024 2.a. Candidate or Committee Name: CHARLES P. REED
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: Nov 5, 2024
 4. Campaign Address: 4693 CEDAR RIDGE DR
 City: MILLINGTON State: TN Zip Code: 38053 Phone: (901) 237-6353
 5. Candidate Home Address: 4693 CEDAR RIDGE DR
 City: MILLINGTON State: TN Zip Code: 38053 Phone: (901) 237-6353
 Candidate Email Address: CharlesP775@gmail.com

6. Office Sought: (include district number, if applicable) MILLINGTON ALDERMAN POSITION 7#
 7. Name of Political Treasurer (may be candidate): LOUISE MARIE JOHNSON-REED
 Political Treasurer Email Address: 4693 CEDAR RIDGE DR CNY LOUX LOUX45@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: 07/01/2024 End Date: 09/30/2024

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.

Charles P. Reed Oct 10, 2024 Louise Reed 10 Oct 2024
 Candidate Signature Date Political Treasurer Signature Date
Louise Reed 10 Oct 2024 Charles P. Reed Oct 10, 2024
 Witness Signature Date Witness Signature Date

12. Summary:
 a. Balance On Hand Last Report \$ N/A
 b. Total Receipts This Period \$ 436.63 SPR #1,020.00
 c. Total Disbursements This Period \$ 535.62
 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 436.63
 e. Total Loans Outstanding \$ 0.00
 f. Total Obligations Outstanding \$ 0.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Charles P. Reed
2. Reporting Period: Start Date: 07/01/2024 End Date: 09/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 535.52

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: Imagingology OR
First Name: Charles Middle Name: Purvis Last Name: Reed
Address: 506 N. Myrd City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: Campaign Signs/Info
Amount of Expenditure: \$ 407.43 Date of Expenditure: \$ Month of Sept 9/1/24 to 9/30

Business or Organization Name: Lowes OR
First Name: Charles Middle Name: Purvis Last Name: Reed
Address: 8490 Hwy 67 City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: Post
Amount of Expenditure: \$ 48.10 Date of Expenditure: \$ Month of Sept 09/01-9/30

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: \$ 535.52
(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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Charles P. Pugh
2. Reporting Period: Start Date: 07/01/2024 End Date: 09/30/2024
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 This Period	Payments This Period	Outstanding Balance (Period End)
\$ 4,000	\$ 0.00	\$ 0.00	\$ 4,000