



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: 6/23/2026 2.a. Candidate or Committee Name: Towanna murphy
2.b. If Committee, Name of Candidate: Friends of Towanna Murphy 3. Election Date: 8/1/2024
4. Campaign Address: 5321 Sunray Dr
City: Memphis State: TN Zip Code: 38118 Phone: 901-437-2717
5. Candidate Home Address: 5321 Sunray Dr
City: Memphis State: TN Zip Code: 38118 Phone: 901-437-2717
Candidate Email Address: electtowannamurphy4537@gmail.com
6. Office Sought: (include district number, if applicable) School Board District 7
7. Name of Political Treasurer (may be candidate): Towanna Murphy
Political Treasurer Email Address: TowannaMurphyMedia@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: 1/23/2024 End Date: 9/30/2024
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.
Candidate Signature [Signature] Date 6/23/2026 Political Treasurer Signature [Signature] Date 6/23/2026
Witness Signature Erma L. Carter Date 6-23-26 Witness Signature Erma L. Carter Date 6-23-2026
12. Summary:
a. Balance On Hand Last Report \$ 843.11
b. Total Receipts This Period \$ 0.00
c. Total Disbursements This Period \$ 800.00
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 43.11
e. Total Loans Outstanding \$ 1,100.00
f. Total Obligations Outstanding \$ 1924.87

Financial Debt

Repayment of Loan
School Board District 7

08/23/2025

George Summers

\$1,800.00

10/02/2025

George Summers

\$800.00

12/10/2025

George Summers

\$1,500.00

TOTAL

\$4,100.00

Tawanna Murphy
CandidateTawanna Murphy
Candidate

1/15/2025

George Summers

Paid

\$850.00

2/3/2025

Paid George
Summers

\$1,924.87

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

- Candidate or Committee Name: Jowanna Murphy
- Reporting Period: Start Date: 7/23/2023 End Date: 9/30/2024
- Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____
 First Name: George Middle Name: _____
 Last Name: Summers
 Address: 567 Wetzelman
 City: Memphis
 State: TN Zip Code: 38117

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$6,050.00	\$ 0	\$ 4,950.00	\$ 1,100.00

EXC
 JPM

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)
\$	\$	\$	\$