



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 1/25/2024      2.a. Candidate or Committee Name: James Harvey

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 10/5/2023

4. Campaign Address: 1661 Aaron Brenner Dr Ste 300  
 City: Memphis      State: TN      Zip Code: 38120      Phone: (901) 761-2720

5. Candidate Home Address: 3642 Woodglade Lane  
 City: Memphis      State: TN      Zip Code: 38116      Phone: (901) 337-8404  
 Candidate Email Address: jmharveysr@gmail.com

6. Office Sought: (include district number, if applicable) Memphis Mayor

7. Name of Political Treasurer (may be candidate): Clarence Mann  
 Political Treasurer Email Address: jmharveysr@gmail.com

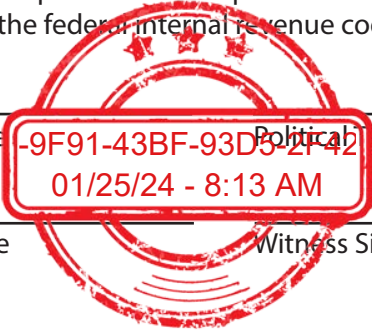
8. Category or Report: (check one)  
 First Quarter     Second Quarter     Third Quarter     Fourth Quarter     Pre-Primary     Pre-General  
 Mid-Year Supplemental     Year-End Supplemental     Runoff Election

9. Reporting Period:    Start Date: 10/1/2023      End Date: 1/15/2024

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	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date



12. Summary:

a. Balance On Hand Last Report .....	\$ <u>\$4,253.40</u>
b. Total Receipts This Period .....	\$ <u>\$575.00</u>
c. Total Disbursements This Period .....	\$ <u>\$4,828.40</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>\$0.00</u>
e. Total Loans Outstanding .....	\$ <u>\$0.00</u>
f. Total Obligations Outstanding .....	\$ <u>\$0.00</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: James Harvey

14. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024

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) ..... \$ \$575.00
- c. Loans Received This Reporting Period..... \$ \_\_\_\_\_
- d. Interest Received This Reporting Period ..... \$ \_\_\_\_\_
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ \$575.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,828.40  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ \_\_\_\_\_
- c. Total Obligation Payments Made This Period..... \$ \_\_\_\_\_
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$4,828.40

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- b. Itemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- c. Total In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ \_\_\_\_\_

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: James Harvey
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: John Middle Name: \_\_\_\_\_ Last Name: Ciocca  
Address: 4856 Kave Rd City: Memphis State: TN Zip Code: 38117  
Occupation: Phychologist Employer: Self Employed  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$100.00 Date of Contribution: 10/3/2023 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Osea Middle Name: \_\_\_\_\_ Last Name: Creggett  
Address: 955 Twinkletown Rd City: Memphis State: TN Zip Code: 38116  
Occupation: Music Teacher Employer: SCS  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$25.00 Date of Contribution: 10/2/2023 Aggregate This Election: \$ \$25.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Jimmy Middle Name: \_\_\_\_\_ Last Name: Warren  
Address: 3476 W Horn Lake Rd City: Memphis State: TN Zip Code: 38109  
Occupation: Ranger Employer: TO Fuller State Park  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$150.00 Date of Contribution: 10/4/2023 Aggregate This Election: \$ \$150.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Larry Middle Name: \_\_\_\_\_ Last Name: Young  
Address: 283 E Windsor Rd City: Memphis State: TN Zip Code: 38109  
Occupation: Asst Chief Employer: SCS  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$300.00 Date of Contribution: 10/3/2023 Aggregate This Election: \$ \$300.00

Total Contributions: \$ \$575.00

(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: James Harvey
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: Watkins Uiberall PLLC **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Accounting

Amount of Expenditure: \$ \$883.57 Date of Expenditure: \$ 11/14/2023

Business or Organization Name: Business ResQ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 3755 Sweet Tree Drive City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$401.21 Date of Expenditure: \$ 10/16/2023

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Jonathan Middle Name: \_\_\_\_\_ Last Name: White

Address: 421 West Park Street City: Duncan State: MS Zip Code: 38740

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$878.00 Date of Expenditure: \$ 10/3/2023

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Jonathan Middle Name: \_\_\_\_\_ Last Name: White

Address: 421 West Park Street City: Duncan State: MS Zip Code: 38740

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$1,200.00 Date of Expenditure: \$ 10/16/2023

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Brandon Middle Name: \_\_\_\_\_ Last Name: Mathis

Address: 8976 Country Circle North City: Olive Branch State: MS Zip Code: 38654

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$3,412.78

(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: James Harvey
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,412.78

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: \_\_\_\_\_ **OR**  
First Name: Lenora Middle Name: \_\_\_\_\_ Last Name: Mathis  
Address: 8976 Country Circle North City: Olive Branch State: MS Zip Code: 38654  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Kimberly Middle Name: \_\_\_\_\_ Last Name: Polk  
Address: 5752 Silvercreek Dr North City: Memphis State: TN Zip Code: 38134  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Verdine Middle Name: \_\_\_\_\_ Last Name: Triplett  
Address: 8976 Country Circle North City: Olive Branch State: MS Zip Code: 38654  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Margaret Middle Name: \_\_\_\_\_ Last Name: Tyler  
Address: 8976 Country Circle North City: Olive Branch State: MS Zip Code: 38654  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Shelia Middle Name: \_\_\_\_\_ Last Name: Williams  
Address: 4471 Hughes Meadows Dr City: Memphis State: TN Zip Code: 38125  
Purpose of Expenditure: Campaign Worker  
Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 10/6/2023

Total Expenditures: \$ \$3,662.78

(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: James Harvey
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,662.78

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: Business ResQ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 3755 Sweet Tree Drive City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$101.87 Date of Expenditure: \$ 10/16/2023

Business or Organization Name: Business ResQ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 3755 Sweet Tree Drive City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$147.15 Date of Expenditure: \$ 10/16/2023

Business or Organization Name: \_\_\_\_\_ OR

First Name: Tony Middle Name: \_\_\_\_\_ Last Name: Newsom

Address: 500 Loraine Rd City: Memphis State: TN Zip Code: 38109

Purpose of Expenditure: Signs

Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: Anedot OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$16.60 Date of Expenditure: \$ 10/3/2023

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: \$ \$4,828.40

(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.)