CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

RECEIVED APR 13 2023

For State and Local Candidates
For Single-Candidate Committees

1. Date: 04/13/23 2.a. Candidate or Committee Name: Committee to Elect JB Smiley Jr.

2.b. If Committee, Name of Candidate: 11 3. Election Date: 10/05/23

4. Campaign Address: 901 Mississippi Blvd

City: Memphis State: TN Zip Code: 38126 Phone: 901 352 0478

5. Candidate Home Address: 11

City: _____ State: _____ Zip Code: _____ Phone: 9013520478

Candidate Email Address: vote jbsmiley@gmail.com

6. Office Sought: (include district number, if applicable) City Council Super District 8-1

7. Name of Political Treasurer (may be candidate): Julian T. Bolton

Political Treasurer Email Address: vote jbsmiley@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

9. Reporting Period: Start Date: 01/16/23 End Date: 03/31/23

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.

Candidate Signature _____ Date _____

Witness Signature Vicki Collins 4-13-23 Date

Political Treasurer Signature _____ Date _____

Witness Signature Vicki Collins 4-13-23 Date

12. Summary:

a.	Balance On Hand Last Report	$ 398.27
b.	Total Receipts This Period	$ 18,435.66
c.	Total Disbursements This Period	$ 5,477.24
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 13,356.69
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

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13. Name of Candidate or Committee: Committee to Elect OD Smiley Jr.

14. Reporting Period: Start Date: 01/16/23 End Date: 03/31/23

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 1,955.00
(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) ..... $ 16,480.66

c. Loans Received This Reporting Period ..... $ Ø

d. Interest Received This Reporting Period ..... $ Ø

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 18,435.66

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 5,477.24
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ Ø

c. Total Obligation Payments Made This Period ..... $ Ø

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 5,477.24

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ Ø

b. Itemized In-Kind Contributions Received This Period ..... $ Ø

c. Total In-Kind Contributions Received This Period ..... $ Ø

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ Ø

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect JB Smiley, Jr
2. Reporting Period: Start Date: 01/16/23 End Date: 03/31/2022
3. Total campaign contributions from preceding page (enter $0 if first page) $ See attached

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: $______

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: $______

SEE ATTACHED

Total Contributions: $______
(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.)

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Donation Date	Net Amount	Anedot Fee	First Name	Last Name	Address Lir	City	State	Zip
3/17/2023	$191.70	$8.30	Rhonda	Treadwell	1780 Glenv	Memphis	TN	38114
3/8/2023	$250.00	$0.00	Joseph	Getz	4850 Cole I	Memphis	TN	38117
3/8/2023	$1,000.00	$0.00	Evans Petree	PAC	1000 Ridge	Memphis	TN	38120
3/3/2023	$1,727.70	$72.30	Chris	Farinas	6 Green Va	Secaucus	NJ	7094
3/3/2023	$1,727.70	$72.30	Keith	Dunn	19 Gloria S	Clark	NJ	7066
3/1/2023	$239.70	$10.30	Calvin	Anderson	4639 Perki	Memphis	TN	38117
2/24/2023	$300.00	$0.00	New Family	Denistry	3719 River	Memphis	TN	
2/27/2023	$200.00	$0.00	Jackie	Smiley	901 Missis	Memphis	TN	38126
2/24/2023	$479.70	$20.30	George	Boyington	1408 South	Memphis	TN	38106
2/24/2023	$239.70	$10.30	Alandas	Dobbins	3332, Wint	Memphis	TN	3811
2/24/2023	$143.70	$6.30	Sherica	Hymes	6025 Stage	Bartlett	TN	38134
2/24/2023	$479.70	$20.30	Kevin	Woods	7008 Forbu	Memphis	TN	38119
2/24/2023	$191.70	$8.30	Althea Dr.	Greene	924 Hawth	Memphis	TN	38107
2/24/2023	$96.66	$4.34	Allan	Creasy	4920 Marc	Memphis	TN	38122
2/24/2023	$1,727.70	$72.30	Michael	Keeney	6070 Wood	Memphis	TN	38120
2/22/2023	$1,727.70	$72.30	Chance	Carlisle	179 Tuckal	Memphis	TN	38117
2/21/2023	$479.70	$20.30	Andre	Dean	88 Union A	MEMPHIS	TN	38103
2/21/2023	$959.70	$40.30	Benjamin	Orgel	6176 Dove	Memphis	TN	38120
2/21/2023	$1,535.70	$64.30	William	Orgel	6415 Ronal	Memphis	TN	38120
2/19/2023	$239.70	$10.30	Gwendolyr	Williams	8507 Farley	Cordova	TN	38016
2/16/2023	$143.70	$6.30	Danielle	Inez	160 N Mair	Memphis	TN	38103
2/13/2023	$959.70	$40.30	Kevin	Adams	2724 Centr	Memphis	TN	38111
2/13/2023	$239.70	$10.30	Tamarques	Porter	9665 Wood	Cordova	TN	38108
2/2/2023	$239.70	$10.30	Telise	Turner	2770 Mahu	Memphis	TN	38127
1/21/2023	$959.70	$40.30	Jack	Sammons	208 Saint A	Memphis	TN	38111
	$16,480.66							

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect JD Smith Jr.

2. Reporting Period: Start Date: 01/16/23 End Date: 03/31/23

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: _____

NONE

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: $ _____

(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.)

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ITEMIZED STATEMENT OF EXPENDITURES – CANDIDATE

1. Candidate or Committee Name: Committee to Elect JD Smith Jr
2. Reporting Period: Start Date: 01/16/23 End Date: 03/31/23
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.

SEE ATTACHED

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: ____

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: $ 5,477.24
(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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DISBURSEMENTS

First Name	Laste Name	Date	Amount	Purpose
First Horizon		2/1/2023	$5.00	Service Fee
Whitney	Williams	2/24/2023	$350.00	Staff
Ernest	Dickson	2/24/2023	$350.00	Food
Whitney	Williams	2/28/2023	$300.00	Staff
Century House		2/24/2023	$325.00	Event Space
Crystal	Carpenter	2/24/2023	$300.00	Music
Facebook		3/1/2023	$210	Advertising
Bank of Americ		3/1/2023	$5.00	Service Fee
Restaurant		3/6/2023	$145.34	Food/Entertainment
Restaurant		3/10/2023	$124.44	Food/Entertainment
C10 Consulting		3/15/2023	$500.00	Constulting
Whitney	Williams	3/16/2023	$250	Staff
Restaurant		3/20/2023	$12.55	Food/Entertainment
DR and Associates		3/21/2023	$570.00	Marketing
Veracity		3/24/2023	$500.00	Marketing
Restaurant		3/27/2023	$50.11	Food/Entertainmnt
Restaurant		3/27/2023	$49.35	Food
Restaurant		3/27/2023	$362.95	Food/Entertainment
Marriot		3/27/2023	$70.42	Travel
		3/29/2023	$137.20	Travel
		3/29/2023	$239.45	Food/Entertainement
Farmers		03/30/2023 [redacted]	$140.67	Food/Entertainment
Lydia		3/30/2023	$166.14	Food/Entertainment
Marriot		3/31/2023	$318.62	Travel

$5,477.24

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect JB Smiley J.

2. Reporting Period: Start Date: 01/16/23 End Date: 03/31/23

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.)

NONE

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) .... $ ______

Loans Received .... $ ______

Loan Payments .... $ ______

Outstanding Loan (End) .... $ ______

RECEIVED APR 1 3 2023

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ______

2. Reporting Period: Start Date: ______ End Date: ______

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)
$	$	$	$

NONE

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)
$	$	$	$