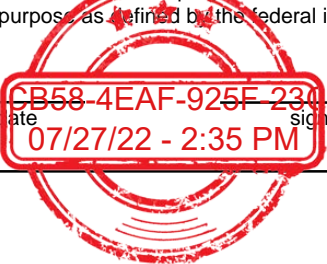


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7/27/2022		2.a. NAME OF CANDIDATE OR COMMITTEE Amber Mills			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 2022-08-04		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route PO Box 253	City Arlington	State TN	Zip Code 38002	Phone	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route 12903 Shane Hollow	City Arlington	State TN	Zip Code 38002	Phone	
5. OFFICE SOUGHT (include district number, if applicable) Shelby County Commissioner, Dist. 1			6. NAME OF POLITICAL TREASURER (may be candidate) Letitia McMahon		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER	<input checked="" type="checkbox"/> PRE-PRIMARY	<input type="checkbox"/> PRE-GENERAL
			<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 2022-07-01			8.b. ENDING DATE OF REPORTING PERIOD 2022-07-25		
9. (Check one)					
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)					
b. <input checked="" type="checkbox"/> 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.					
10. 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.					
_____ signature of candidate				_____ signature of political treasurer	
_____ date				_____ date	
11. WITNESS SIGNATURE					
_____ signature of witness		_____ date		_____ signature of witness	
				_____ date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				\$	<u>30,305.82</u>
b. TOTAL RECEIPTS THIS PERIOD				\$	<u>3,995.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD				\$	<u>10,239.30</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$	<u>24,061.52</u>
e. TOTAL LOANS OUTSTANDING				\$	<u>0.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING				\$	<u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Amber Mills				2. REPORT COVERING THE PERIOD FROM: 2022-07-01 TO: 2022-07-25		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Brent		Middle Name		Contribution Received For:		Amount of Contribution \$1,000.00
Last Name/Organization Name Taylor				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 10390 Graybourne Dr				<input type="checkbox"/> Runoff (Local Elections Only)		
City Eads		State TN	Zip Code 38028	Date of Contribution 2022-07-06		Aggregate This Election \$2,600.00
Occupation Owner				Employer Brent Taylor Funeral Directors		
First Name Farris		Middle Name		Contribution Received For:		Amount of Contribution \$400.00
Last Name/Organization Name Bobango				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 999 S. Shady Grove Rd STE 500				<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis		State TN	Zip Code 38120	Date of Contribution 2022-07-13		Aggregate This Election \$700.00
Occupation Lawyer				Employer Farris Bobango Attorneys at Law		
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$1,000.00
Last Name/Organization Name SCRWC PAC				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 1661 Aaron Brenner Dr STE 300				<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis		State TN	Zip Code 38120	Date of Contribution 2022-07-18		Aggregate This Election \$1,000.00
Occupation Rep. Party Advocates				Employer Shelby County Republican Women's Club		
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$1,000.00
Last Name/Organization Name Metropolitan Memphis Hotel & Lodging Associati				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 47 Union Ave				<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis		State TN	Zip Code 38103	Date of Contribution 2022-07-18		Aggregate This Election \$1,000.00
Occupation Political Advocate				Employer MMHLA		
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$3,400.00	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Amber Mills				2. REPORT COVERING THE PERIOD FROM: 2022-07-01 TO: 2022-07-25		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$3,400.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$500.00
Last Name/Organization Name Retirement Companies of America, LLC				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 6465 N. Quail Hollow Rd #400						
City Memphis		State TN	Zip Code 38120	Date of Contribution 2022-07-22		Aggregate This Election \$1,500.00
Occupation Business Management Consultant						
Employer Retirement Companies of America						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address						
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address						
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address						
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$3,900.00	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Amber Mills			2. REPORT COVERING THE PERIOD FROM: 2022-07-01 TO: 2022-07-25		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Anedot		fees		\$40.30	
Address 1340 Poydras Street Suite 1770					
City New Orleans	State LA				Zip Code 70112
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Margin of Victory Partners, LLC		Campaign Mailer X 2		\$10,194.00	
Address PO Box 196					
City Collierville	State TN				Zip Code 38027
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name First Citizens Bank		Counter Check Fee		\$5.00	
Address 5855 Airline Rd					
City Arlington	State TN				Zip Code 38002
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$10,239.30	

