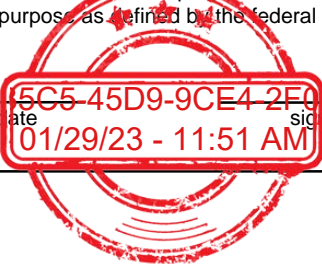


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1/29/2023	2.a. NAME OF CANDIDATE OR COMMITTEE Chase Carlisle
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE 2023-10-05
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 1661 Aaron Brenner Dr Ste 300 Memphis TN 38120 (901) 761-2720	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 4303 Gwynne Road Memphis TN 38117 (901) 761-2720	
5. OFFICE SOUGHT (include district number, if applicable) Memphis City Council, Dist. 9, Pos. 1	6. NAME OF POLITICAL TREASURER (may be candidate) Bill Morrison
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 type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 2022-07-01	8.b. ENDING DATE OF REPORTING PERIOD 2023-01-15
9. (Check one) a. <input checked="" 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 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
	
11. WITNESS SIGNATURE	
_____ signature of witness	_____ signature of witness
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>3,480.98</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>0.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>0.00</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>3,480.98</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>15,000.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Chase Carlisle	14. REPORT COVERING THE PERIOD FROM: 2022-07-01 TO: 2023-01-15
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)
- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
 - b. Itemized Contributions (over \$100 from each source this period) \$ _____
 - c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ _____
16. LOANS RECEIVED THIS REPORTING PERIOD \$ _____
17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ _____

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)
- a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)
- | | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
- Total of Expenditures (\$100 or less each payee) \$ _____
- b. Itemized Expenditures (Over \$100 each payee this period) \$ _____
- c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ _____
20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ _____

22. IN-KIND CONTRIBUTIONS

- a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____
- b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____
- c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____

23. OBLIGATIONS

- a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____
- b. Itemized Obligations Outstanding (Over \$100 each) \$ _____
- c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ _____



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD				
Chase Carlisle				FROM:		TO:		
				2022-07-01		2023-01-15		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)								
Complete the Following for the Source of the Loan								
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Chase				\$15,000.00	\$0.00	\$0.00	\$15,000.00	
Last Name/Organization Name				\$15,000.00	\$0.00	\$0.00	\$15,000.00	
Carlisle								
Address				Loan Received For:		Date of Loan		
4303 Gwynne Road				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		2022-07-01		
City		State	Zip Code					
Memphis		TN	38117					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)								
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code		City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code		City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code		City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code		City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code		City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				\$15,000.00	\$0.00	\$0.00	\$15,000.00	

