

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

ORIGINAL DOCUMENT  
PHOTOCOPY CANNOT BE  
ACCEPTED TCA 2-5-102

JUL 10 2023 405:42

1. DATE OF REPORT <u>6/30/2023</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>HAROLD BRAD KING</u>			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE <u>11/8/2022</u>		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route                      City                      State                      Zip Code                      Phone <u>4086 BILLY MAHER RD                      BARTLETT,                      TN                      38135                      901 483-5558</u>					
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route                      City                      State                      Zip Code                      Phone					
5. OFFICE SOUGHT (include district number, if applicable) <u>BARTLETT ALDERMAN POSITION 1</u>			6. NAME OF POLITICAL TREASURER (may be candidate) <u>Jimmy D. JACKSON</u>		
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 checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1/16/2023</u>			8.b. ENDING DATE OF REPORTING PERIOD <u>6/30/2023</u>		
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.					
<u>[Signature]</u> signature of candidate		<u>6/30/2023</u> date		<u>[Signature]</u> signature of political treasurer	
				<u>6/30/2023</u> date	
11. WITNESS SIGNATURE					
<u>[Signature]</u> signature of witness		<u>6-30-2023</u> date		<u>[Signature]</u> signature of witness	
				<u>6-30-2023</u> date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT .....		\$ <u>5,719.32</u>			
b. TOTAL RECEIPTS THIS PERIOD .....		\$ <u>0</u>			
c. TOTAL DISBURSEMENTS THIS PERIOD .....		\$ <u>950.00</u>			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....		\$ <u>4,769.32</u>			
e. TOTAL LOANS OUTSTANDING .....		\$ <u>0</u>			
f. TOTAL OBLIGATIONS OUTSTANDING .....		\$ <u>0</u>			



# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: \_\_\_\_\_

14. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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) ..... \$ \_\_\_\_\_
- 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.) ..... \$ 0

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 950.00  
(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.)..... \$ 950.00

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 ..... \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: FRIENDS TO ELECT HAROLD BRAD KING  
2. Reporting Period: Start Date: 1/16/2023 End Date: 6/30/2023  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0 ORIGINAL DOCUMENT

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. PHOTOCOPY CANNOT BE ACCEPTED AS A 102

Business or Organization Name: BHS BOYS SOCCER BOOSTERS OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 5688 WOODLAWN City: BARTLETT State: TN Zip Code: 38134  
Purpose of Expenditure: SIGN  
Amount of Expenditure: \$ 200.00 Date of Expenditure: 2/21/2023

Business or Organization Name: BARTLETT BASEBALL BOOSTERS OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 5688 WOODLAWN City: BARTLETT State: TN Zip Code: 38134  
Purpose of Expenditure: SIGN  
Amount of Expenditure: \$ 500.00 Date of Expenditure: 2/26/2023

Business or Organization Name: BHS GIRLS SOCCER BOOSTERS OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 5688 WOODLAWN City: BARTLETT State: TN Zip Code: 38134  
Purpose of Expenditure: SIGN  
Amount of Expenditure: \$ 250.00 Date of Expenditure: 6/9/2023

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: \_\_\_\_\_

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: \$ 950.00

(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.)

