

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 01/19/23	2.a. NAME OF CANDIDATE OR COMMITTEE CHARLIE CASWELL JR.		
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE 8/4/2022		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 6025 STAGE RD. BARTLETT TN 38134 901-325-1732			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 3558 PARTRIDGE COVE MEMPHIS TN 38128 901-236-4604			
5. OFFICE SOUGHT (include district number, if applicable) COUNTY COMMISSION DISTRICT 6	6. NAME OF POLITICAL TREASURER (may be candidate) THOMAS MCGHEE		
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" 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 type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 07/01/22	8.b. ENDING DATE OF REPORTING PERIOD 09/30/22		
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.			
<u>Charlie Caswell Jr.</u> signature of candidate	01/19/23 date	<u>Thomas McGhee</u> signature of political treasurer	01/19/23 date
11. WITNESS SIGNATURE			
<u>Myra Charles</u> signature of witness	01/19/23 date	<u>Myra Charles</u> signature of witness	01/19/23 date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	\$	2,184.83	_____
b. TOTAL RECEIPTS THIS PERIOD	\$	1,450.00	_____
c. TOTAL DISBURSEMENTS THIS PERIOD	\$	2,416.41	_____
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$	1,218.42	_____
e. TOTAL LOANS OUTSTANDING	\$	0	_____
f. TOTAL OBLIGATIONS OUTSTANDING	\$	0	_____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAMPAIGN TO ELECT CHARLIE CASWELL JR.				2. REPORT COVERING THE PERIOD		
				FROM: 07/01/22	TO: 9/30/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Charlie		Middle Name		Contribution Received For:		Amount of Contribution \$300.00
Last Name/Organization Name Caswell Jr.				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis		State TN	Zip Code 38128	Date of Contribution 8/5/2022		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$250.00
Last Name/Organization Name Stand PAC of Tennessee				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 2121 S. W. Broadway, Suite 111				<input type="checkbox"/> Runoff (Local Elections Only)		
City Portland		State OR	Zip Code 97201	Date of Contribution 7/28/22		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$400.00
Last Name/Organization Name Farris Bobango PLC PAC				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 999 Shady Grove Cv				<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis		State TN	Zip Code 38120	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$500.00
Last Name/Organization Name Well PAC				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis		State TN	Zip Code	Date of Contribution 7/20/22		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.)					\$550.00	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAMPAIGN TO ELECT CHARLIE CASWELL JR.				2. REPORT COVERING THE PERIOD		
				FROM: 07/01/22	TO: 09/30/22	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					\$0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS						
(Carry forward to item 3. of 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 item 22b. of summary.)					\$0	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAMPAIGN TO ELECT CHARLIE CASWELL JR.			2. REPORT COVERING THE PERIOD				
			FROM: 07/01/22	TO: 09/30/22			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount		
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 Friends to Elect Shante Avant				Campaign Donation		\$500.00	
Address							
City Memphis		State TN	Zip Code				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name For The Kingdom				Facility Rental		\$400.00	
Address 4100 Raleigh Millington Rd.							
City Memphis		State TN	Zip Code 38128				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name For The Kingdom				National Night Out / Backpacks		\$1,500.00	
Address 4100 Raleigh Millington Rd.							
City Memphis		State TN	Zip Code 38128				
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.)							



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <p style="text-align: center;">CAMPAIGN TO ELECT CHARLIE CASWELL JR.</p>					2. REPORT COVERING THE PERIOD FROM: TO: <p style="text-align: center;">07/01/22 09/30/22</p>						
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)	
Last Name/Organization Name											
Address				Loan Received For:				Date of Loan			
City		State	Zip Code	<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)							
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							
4. Totals for all Loans (complete on last page of itemized loans) (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.)				Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)	
				-0-		-0-		-0-		-0-	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CAMPAIGN TO ELECT CHARLIE CASWELL JR.			2. REPORT COVERING THE PERIOD			
			FROM: 07/01/2022		TO: 09/30/22	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			-0-	-0-	-0-	-0-

