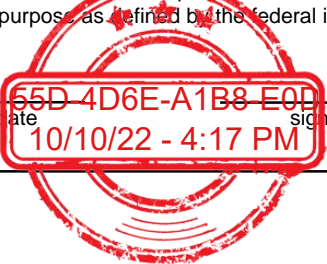


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/10/2022		2.a. NAME OF CANDIDATE OR COMMITTEE Michelle Mckissack					
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 2022-08-04				
4.a. CAMPAIGN ADDRESS AND PHONE							
Street or Rural Route 171 Harbor Village Drive	City Memphis	State TN	Zip Code 38103	Phone (901) 336-3787			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)							
Street or Rural Route 171 Harbor Village Drive	City Memphis	State TN	Zip Code 38103	Phone (901) 336-3787			
5. OFFICE SOUGHT (include district number, if applicable) County School Bd., Dist. 1			6. NAME OF POLITICAL TREASURER (may be candidate) John McKissack				
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 2022-07-26			8.b. ENDING DATE OF REPORTING PERIOD 2022-10-30				
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	
11. WITNESS SIGNATURE							
_____ signature of witness		_____ date		_____ signature of witness		_____ date	
12. SUMMARY							
a. BALANCE ON HAND LAST REPORT			\$	720.46			
b. TOTAL RECEIPTS THIS PERIOD			\$	1,675.00			
c. TOTAL DISBURSEMENTS THIS PERIOD			\$	1,795.00			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)			\$	600.46			
e. TOTAL LOANS OUTSTANDING			\$	0.00			
f. TOTAL OBLIGATIONS OUTSTANDING			\$	0.00			



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Michelle Mckissack			2. REPORT COVERING THE PERIOD FROM: 2022-07-26 TO: 2022-10-30		
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 Michelle		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	Amount of Contribution \$1,600.00
Last Name/Organization Name McKissack					
Address 171 Harbor Village Drive					
City Memphis		State TN	Zip Code 38103	Date of Contribution 2022-08-04	Aggregate This Election \$1,600.00
Occupation Self Employed					
Employer None					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name					
Address					
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name					
Address					
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name					
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.)				\$1,600.00	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Michelle Mckissack			2. REPORT COVERING THE PERIOD FROM: 2022-07-2 TO: 2022-10-30	
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 Prct	Middle Name	Purpose of Expenditure Poll Workers - Day of Election		Amount of Expenditure \$1,200.00
Last Name/Business Name Poll Workers Qty (8)				
Address Variers				
City Memphis	State TN	Zip Code 38103		
First Name John	Middle Name	Purpose of Expenditure Election Day Pole Worker Food, Candidate Party		Amount of Expenditure \$500.00
Last Name/Business Name McKissack				
Address 171 Harbor Village Drive				
City Memphis	State TN	Zip Code 38103		
First Name Mail Chimp	Middle Name	Purpose of Expenditure Email Campaign		Amount of Expenditure \$95.00
Last Name/Business Name MailChimp				
Address 675 Ponce de Leon Ave NE				
City Atlanta	State GA	Zip Code 30308		
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.)				\$1,795.00

