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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/5/2023 2.a. Candidate or Committee Name: Edmund Ford, Sr.
- 2.b. If Committee, Name of Candidate: Edmund Ford, Sr. 3. Election Date: 10/5/2023
4. Campaign Address: 3390 Elvis Presley Blvd
City: Memphis State: TN Zip Code: 38116 Phone: (901) 345-9558
5. Candidate Home Address: 917 Summer Shade Lane
City: Memphis State: TN Zip Code: 38116 Phone: (901) 396-1555
Candidate Email Address: edhford@aol.com
6. Office Sought: (include district number, if applicable) Memphis City Council, District 6
7. Name of Political Treasurer (may be candidate): Myrna O. Ford
Political Treasurer Email Address: edhford@aol.com
8. Category or Report: (check one) Third Quarter
☐ First Quarter ☐ Second Quarter ☒ Third Quarter ☐ Fourth Quarter ☒ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election
9. Reporting Period: Start Date: 9/26/2023 End Date: 9/30/2023
10. Detailed Disclosure: (Check one)
☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
☒ 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.
11. 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.

Edmund Ford Sr 10-5-23
Candidate Signature Date

Myrna O Ford 10-5-23
Witness Signature Date

Myrna O Ford 10-5-2023
Political Treasurer Signature Date

William Ford 10-5-2023
Witness Signature Date

12. Summary:

- a. Balance On Hand Last Report \$ 2,856.73
- b. Total Receipts This Period \$ 1,250.00
- c. Total Disbursements This Period \$ 4,631.00
- d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ -524.27
- e. Total Loans Outstanding \$ 3,000.00
- f. Total Obligations Outstanding \$ 0.00

SUMMARY PAGE - CANDIDATE

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13. Name of Candidate or Committee: Edmund Ford, Sr.

14. Reporting Period: Start Date: 9/26/2023 End Date: 9/30/2023

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 250.00
(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) \$ 1,000.00
- c. Loans Received This Reporting Period..... \$ 3,000.00
- d. Interest Received This Reporting Period \$ 0.00
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 4,250.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 4,631.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0.00
- c. Total Obligation Payments Made This Period..... \$ 0.00
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 4,631.00

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

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

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Edmund Ford, Sr.

[illegible]

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Edmund Ford, Sr
2. Reporting Period: Start Date: 9/26/2023 End Date: 9/30/2023
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ 0

(Carry forward to the 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 the summary on first page.)

Itemized Statement of Expenditures - Candidate Edmund Ford, Sr.

Third Quarter Report Beginning 9/26/2023 Ending 9/30/2023

[illegible]

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Edmund Ford, Sr.

2. Reporting Period: Start Date: 9/26/2023 End Date: 9/30/2023

3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Ed Ford Sr. Middle Name: _____ Last Name: _____

Address: 917 Summer Shade Lane City: Memphis State: TN Zip Code: 38116

Outstanding Loan Balance (Beginning) \$ 0

Loans Received \$ 3,000.00

Loan Payments \$ 0

Outstanding Loan (End)..... \$ 3,000.00

Loan Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Date of Loan: 9/27/2023

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ 0

Loans Received \$ 3,000.00

Loan Payments \$ 0

Outstanding Loan (End)..... \$ 3,000.00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Edmund Ford, Sr.

2. Reporting Period: Start Date: 9/26/2023 End Date: 9/30/2023

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____				
City: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: _____ Zip Code: _____	\$ 0	\$ 0	\$ 0	\$ 0

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____				
City: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: _____ Zip Code: _____	\$	\$	\$	\$

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____				
City: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: _____ Zip Code: _____	\$ 0	\$	\$	\$

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____				
City: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: _____ Zip Code: _____	\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 0	\$ 0	\$ 0