

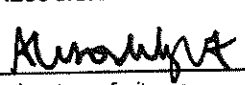
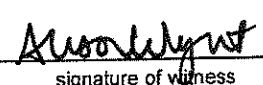


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

JAN 24 2023 4:01 PM

1. DATE OF REPORT 01/24/2023	2.a. NAME OF CANDIDATE OR COMMITTEE MICK WRIGHT			3. ELECTION DATE 8/4/2022	
2.b. IF COMMITTEE, NAME OF CANDIDATE					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 5730 Bartlett Woods Dr. Bartlett		City Bartlett	State TN	Zip Code 38134	Phone 901.213.6425
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) County Commission District 3			6. NAME OF POLITICAL TREASURER (may be candidate) MICK WRIGHT		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER		<input type="checkbox"/> SECOND QUARTER		<input type="checkbox"/> THIRD QUARTER	
<input checked="" 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 10/1/2022			8.b. ENDING DATE OF REPORTING PERIOD 1/15/2023		
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		1/24/23 date		 signature of political treasurer	
				1/24/23 date	
11. WITNESS SIGNATURE					
 signature of witness		1.24.2023 date		 signature of witness	
				1.24.2023 date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		\$ 18,943.28			
b. TOTAL RECEIPTS THIS PERIOD		\$ 0			
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 4,318.30			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 14,624.98			
e. TOTAL LOANS OUTSTANDING		\$ 0			
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) MICK WRIGHT	14. REPORT COVERING THE PERIOD FROM: 10/1/22 TO: 1/15/23
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>Ø</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>Ø</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>Ø</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>Ø</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>Ø</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>Ø</u>
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)	\$ <u>Ø</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>4318.30</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>4318.30</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>Ø</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>4318.30</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>Ø</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>Ø</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>Ø</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>Ø</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>Ø</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>Ø</u>



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MICK WRIGHT			2. REPORT COVERING THE PERIOD FROM: 10/1/22 TO: 1/15/23		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0		
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 School Seed Foundation		Charitable donations: • Operation Save Christmas • Community Survivors Fund	400.00		
Address 2670 Union Ext. Suite 1123					
City Memphis	State TN				Zip Code 38112
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name Burnin' Love Laser Engraving		Seasonal items/gifts	754.54		
Address 2965 N Germantown Pkwy Ste. 128					
City Bartlett	State TN				Zip Code 38133
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name Republican Party of Shelby County		Lincoln Day/membership	2,500.00		
Address 1779 Kirby Parkway #1-63					
City Memphis TN	State TN				Zip Code 38138
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name Zoom Video Communications Inc		Communication tool subscription	163.76		
Address 55 Almaden Blvd					
City San Jose	State CA				Zip Code 95113
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name Memphis Athletic Ministries		Charitable donation (winter storm damage)	500.00		
Address 6000 Briarcrest Ave.					
City Memphis	State TN				Zip Code 38120
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.)			4,318.30		