

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1/29/2020	2.a. NAME OF CANDIDATE OR COMMITTEE Michael Whaley
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE 2022-05-03
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 103 Eastland Dr Memphis TN 38111	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 103 Eastland Dr Memphis TN 38111	
5. OFFICE SOUGHT (include district number, if applicable) Shelby County Commissioner, Dist. 5	6. NAME OF POLITICAL TREASURER (may be candidate) Perrin Crews
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 type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 2019-07-01	8.b. ENDING DATE OF REPORTING PERIOD 2020-01-15
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.	
_____ signature of candidate	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> SOB0-4176-B88D-BD 01/29/20 - 05:30:13 </div> _____ signature of political treasurer
11. WITNESS SIGNATURE _____ signature of witness date _____ signature of witness date	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>4,712.50</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>500.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>250.00</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>4,962.50</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Michael Whaley	14. REPORT COVERING THE PERIOD FROM: 2019-07-01 TO: 2020-01-15
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ _____

b. Itemized Contributions (over \$100 from each source this period) \$ \$500.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ \$500.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ _____

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ \$500.00

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) \$ _____

b. Itemized Expenditures (Over \$100 each payee this period) \$ \$250.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ \$250.00

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ \$250.00

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____

b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Michael Whaley			2. REPORT COVERING THE PERIOD FROM: 2019-07-01 TO: 2020-01-15		
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		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	\$500.00
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Aggregate This Election
Nashville		TN	37203	2019-09-19	\$500.00
Occupation					
N/A					
Employer					
N/A					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS				\$500.00	
<small>(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.)</small>					



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Michael Whaley			2. REPORT COVERING THE PERIOD FROM: 2019-07-01 TO: 2020-01-15		
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	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Memphis Labor Council		Contribution		\$250.00	
Address 1870 Madison Ave					
City Memphis	State TN				Zip Code 38104
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
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.)				\$250.00	

