



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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ACCEPTED TCA 2-5-102

For State and Local Candidates For Single-Candidate Committees

1. Date: 7-1-24 2.a. Candidate or Committee Name: Friends of Amber Huett Garcia
 2.b. If Committee, Name of Candidate: Amber Huett Garcia 3. Election Date: Aug 2022
 4. Campaign Address: 4653 Chickasaw Rd
 City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115
 5. Candidate Home Address: 4653 Chickasaw Rd
 City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115
 Candidate Email Address: amberhuettgarcia@gmail.com
 6. Office Sought: (include district number, if applicable) MCS School Board District 8
 7. Name of Political Treasurer (may be candidate): Tate Wilson
 Political Treasurer Email Address: tatewilson@gmail.com
 8. Category or Report: (check one)
 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: 1/16/24 End Date: 6/30/24
 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.

[Signature] 7/1/24
 Candidate Signature Date

[Signature] 7/1/24
 Political Treasurer Signature Date

[Signature] 7/1/24
 Witness Signature Date

[Signature] 7/1/24
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>4123.91</u>
b. Total Receipts This Period	\$ <u>229.13</u>
c. Total Disbursements This Period	\$ <u>3288.20</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>1064.84</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Amber Huett Garcia

14. Reporting Period: Start Date: 1/16/24 End Date: 6/30/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(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) \$ 229.13
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 229.13

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 3288.20
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 3288.20

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

- 1. Candidate or Committee Name: Friends of Amber Huett Garcia
- 2. Reporting Period: Start Date: 1/16/24 End Date: 6/30/24
- 3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
 First Name: Amber Middle Name: _____ Last Name: Huett Garcia
 Address: 4603 Chickasaw Rd City: Memphis State: TN Zip Code: 38117
 Occupation: self-employed Employer: _____
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 229.¹³ Date of Contribution: _____ Aggregate This Election: \$ _____

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

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

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

Total Contributions: \$ 229.¹³

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

2024 APR 08 PM 2:43
Candidate or Committee Name: Friends of Amber Huzztt Garcia

2. Reporting Period: Start Date: 1/16/24 End Date: 6/30/24

3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Regions Bank OR

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

Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Bank fee

Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 1/31/24

Business or Organization Name: Tami Sawyer for Clerk OR

First Name: Tami Middle Name: _____ Last Name: Sawyer

Address: 140 Adams Ave Rm 106 City: Memphis State: TN Zip Code: 38103

Purpose of Expenditure: campaign donation

Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 2/12/24

Business or Organization Name: Soren Underdahl for City Council OR

First Name: Soren Middle Name: _____ Last Name: Underdahl

Address: 1300 SW Park Ave Apt 303 City: Portland State: OR Zip Code: 97201

Purpose of Expenditure: campaign donation

Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 2/26/24

Business or Organization Name: Page Carniveau for School Board OR

First Name: Page Middle Name: _____ Last Name: Carniveau

Address: 264 Falcon Ridge Dr City: Burlington State: WI Zip Code: 53105

Purpose of Expenditure: campaign donation

Amount of Expenditure: \$ 103.20 Date of Expenditure: \$ 3/4/24

Business or Organization Name: Regions Bank OR

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

Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Bank Fee

Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 3/29/24

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

- 1. Candidate or Committee Name: Friends of Amber Huett Garcia
- 2. Reporting Period: Start Date: 1/16/24 End Date: 6/30/24
- 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 867.20

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Bank fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: 7/30/24

Business or Organization Name: Friends to elect Stephanie Love OR
First Name: Stephanie Middle Name: _____ Last Name: Love
Address: 4405 Grand Cedar Ln City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Campaign donation
Amount of Expenditure: \$ 500.00 Date of Expenditure: 4/23/24

Business or Organization Name: Friends for Frank Johnson OR
First Name: Frank Middle Name: _____ Last Name: Johnson
Address: 1473 Compton Ave City: Memphis State: TN Zip Code: 38106
Purpose of Expenditure: Campaign donation
Amount of Expenditure: \$ 500.00 Date of Expenditure: 4/24/24

Business or Organization Name: Althea Greene for School Board OR
First Name: Althea Middle Name: _____ Last Name: Greene
Address: 924 Hawthorne St City: Memphis State: TN Zip Code: 38107
Purpose of Expenditure: Campaign donation
Amount of Expenditure: \$ 500.00 Date of Expenditure: 4/26/24

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Bank Fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: 5/30/24

Total Expenditures: \$ _____
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

- 1. Candidate or Committee Name: Friends of Amber Huett Garcia
- 2. Reporting Period: Start Date: 1/16/24 End Date: 6/30/24
- 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2381.20

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Friends of Calvo 901 OR
 First Name: Mauricio Middle Name: _____ Last Name: Calvo
 Address: 81665 Roundtree Pl City: Lordova State: TN Zip Code: 38016
 Purpose of Expenditure: Campaign donation
 Amount of Expenditure: \$ 500.00 Date of Expenditure: 6/4/24

Business or Organization Name: Committee to Elect Tamarques Porter OR
 First Name: Tamarques Middle Name: _____ Last Name: Porter
 Address: 7740 Wisbey Ct City: Memphis State: TN Zip Code: 38125
 Purpose of Expenditure: campaign donation
 Amount of Expenditure: \$ 200.00 Date of Expenditure: 6/17/24

Business or Organization Name: Committee to Elect Jason Sharif OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 4016 Hartz Dr City: Memphis State: TN Zip Code: 38116
 Purpose of Expenditure: campaign donation
 Amount of Expenditure: \$ 200.00 Date of Expenditure: 6/25/24

Business or Organization Name: Regions Bank OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117
 Purpose of Expenditure: Monthly Fee
 Amount of Expenditure: \$ 7.00 Date of Expenditure: 6/28/24

Business or Organization Name: _____ OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Expenditure: _____
 Amount of Expenditure: \$ _____ Date of Expenditure: _____

Total Expenditures: \$ 3288.20

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)