



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

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1. Date: 4.10.24 2.a. Candidate or Committee Name: Sable Otey
 2.b. If Committee, Name of Candidate: Sable Otey and Friends 3. Election Date: 8.1.24
 4. Campaign Address: 65 Germantown Ct Suite 200
 City: Cordova State: TN Zip Code: 38018 Phone: 901.337.3966
 5. Candidate Home Address: _____
 City: Cordova State: TN Zip Code: 38016 Phone: 901.337.3966
 Candidate Email Address: _____
 6. Office Sought: (include district number, if applicable) Shelby County School Board Division 5
 7. Name of Political Treasurer (may be candidate): Williams Brack
 Political Treasurer Email Address: williams.brack@buildbankable.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: Jan 16, 2024 End Date: March 31, 2024

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.

	<u>4/10/24</u>		<u>4/10/24</u>
Candidate Signature	Date	Political Treasurer Signature	Date
	<u>4/10/24</u>		<u>4/10/24</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>0</u>
b. Total Receipts This Period	\$ <u>7,095</u>
c. Total Disbursements This Period	\$ <u>0</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>7,095</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Sable Ofey

14. Reporting Period: Start Date: 1.16.24 End Date: 3.31.24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 2045
(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) \$ 5050
- 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.) \$ 7,095

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 0
(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.)..... \$ 0

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ ~~1,300~~ 0 *VB*
- b. Itemized In-Kind Contributions Received This Period \$ 1,300
- c. Total In-Kind Contributions Received This Period \$ 1,300

18. Obligations:

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

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First Name	Last Name	Address Line 1	City	State	Zip	Occupation	Employer	Election	Donation Amount	Donation Date	Aggregate
Shante	Avant	8570 Cordova	Cordova	TN	38016	President and CEO	Women's Foundation for a Greater Memphis	General	\$150.00	2024-03-25	\$150.00
Laura	Simmons	215 Misty Fields Road	Oakland	TN	38060	Collections	Methodist	General	\$200.00	2024-03-30	\$200.00
Will	Richardson	444 Island Drive	Memphis	TN	38103	President	WR Community Services, LLC	General	\$250.00	2024-03-29	\$250.00
Ebony L.	Battiste	5644 Middleton St	Huntington Park	CA	90255	Teacher	LAUSD	General	\$250.00	2024-03-28	\$250.00
Deldre	Malone	333 N Avalon St	Memphis	TN	38112-5103	President	The Carrier Malone Group	General	\$250.00	2024-03-25	\$250.00
Michaelyn	easter-thomas	1963 Edward Ave	Memphis	TN	38107	Memphis city council	City of Memphis	General	\$250.00	2024-03-25	\$250.00
Leanna	Mitchell	791 Cavalier Drive	Memphis	TN	38109	HEAVY WHEELED VEHICLE OPERATOR	Tennessee Army	General	\$250.00	2024-03-25	\$250.00
Latrivia	Weich	1516 Dexter Run	Cordova	TN	38016-8726	Government Relations	Tennessee Valley Authority	General	\$250.00	2024-03-21	\$250.00
Shelia	Burrell	5173 Waring Road	San Diego	CA	92120	unemployed	unemployed	General	\$250.00	2024-03-16	\$250.00
Antoinette	Woods	1379 Far Dr	Cordova	TN	38016-1695	Project Manager	Verista	General	\$250.00	2024-02-22	\$250.00
Mary	McConner	775 Melrose Street, Unit 309	Memphis	TN	38104	Founder and CEO	Inclusive Excellence Consulting, LLC	General	\$500.00	2024-03-28	\$500.00
London	Lamar	510 Haynes St	Memphis	TN	38111	Senator	Tennessee General Assembly	General	\$500.00	2024-03-26	\$500.00
Samuel	Nelson	3161 Glen Echo Drive	Memphis	TN	38115	Health Care	Message on the Go	General	\$500.00	2024-03-17	\$500.00
J Michael	Crawford	6150 Kimberly Elise Dr	Bartlett	TN	38135	Owner	Word Awakening Ministries	General	500	2024-03-12	500
Fentress	Group Inc	5510 Lake Branch Cv	Memphis	TN	38109	consultant	Fentress Group	General	\$500.00	2024-03-24	\$500.00
Cheryl	Delbrocco	1264 Massey RD	Memphis	TN	38120	retired	retired	General	\$200.00	2024-03-21	\$200.00
									\$5050.00		\$5050.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

- 1. Candidate or Committee Name: Soble oley
- 2. Reporting Period: Start Date: 1.16.24 End Date: 3.31.24
- 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: \$ 600 In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: Selfie Booth

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: \$ 500 In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: Food

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: \$ 200 In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: Decorations

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: \$ 1,300

(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

1. Candidate or Committee Name: Sable Okey ORIGINAL DOCUMENT
2. Reporting Period: Start Date: 1.16.24 End Date: 3.31.24 PHOTOCOPY CANNOT BE
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0 ACCEPTED TCA 2-5-102

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

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: \$ _____

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: \$ _____

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: \$ _____

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: \$ 0

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Sable Oley
2. Reporting Period: Start Date: 1.16.24 End Date: 3.31.24

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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: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Outstanding Loan Balance (Beginning) \$ _____
Loans Received \$ _____
Loan Payments \$ _____
Outstanding Loan (End)..... \$ _____
Loan Received For: Primary Election General Election Runoff (Local Elections Only)
Date of Loan: _____

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 \$ 0
Loan Payments \$ 0
Outstanding Loan (End)..... \$ 0

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Sadie Oley
2. Reporting Period: Start Date: 1.16.24 End Date: 3.31.24

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

Business Name: _____
First Name: _____ Middle Name: _____
Last Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
First Name: _____ Middle Name: _____
Last Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
First Name: _____ Middle Name: _____
Last Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
First Name: _____ Middle Name: _____
Last Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

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