



Amended
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 1/22/2025 2.a. Candidate or Committee Name: Friends of Dr. Audrey Elicon

2.b. If Committee, Name of Candidate: _____ 3. Election Date: August 1, 2024

4. Campaign Address: 9997 Cameron Ridge Trail
 City: Cordova State: TN Zip Code: 38106 Phone: 901-292-2672

5. Candidate Home Address: 9997 Cameron Ridge Trail
 City: Cordova State: TN Zip Code: 38106 Phone: 901-292-2672
 Candidate Email Address: friends@draudreyelicon.com

6. Office Sought: (include district number, if applicable) MSCS District 5- School Board

7. Name of Political Treasurer (may be candidate): Crystal Epps
 Political Treasurer Email Address: cepps@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

9. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024

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>1/23/2025</u> | | <u>1/22/2025</u> |
| Candidate Signature | Date | Political Treasurer Signature | Date |
| | <u>01/23/2025</u> | | <u>01/23/2025</u> |
| Witness Signature | Date | Witness Signature | Date |

12. Summary:

| | |
|---|--------------------|
| a. Balance On Hand Last Report | \$ <u>5,726.76</u> |
| b. Total Receipts This Period | \$ <u>2343.11</u> |
| c. Total Disbursements This Period | \$ <u>7,756.87</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>313.00</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 Dr. Audrey Elin

14. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 371.11
(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) \$ 1,972.00
- 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.) \$ 2,343.11

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 7,756.87
(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.)..... \$ 7,756.87

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 Dr. Audrey Elier
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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: _____ 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: \$ _____

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: \$ 1,972.00

(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.)

** See attached Spreadsheet **

Itemized Statement of Contributions

| Business or Organization Name | First Name | Middle Initial | Last Name | Address Line 1 | Address Line 2 | City | State | Zip | Employer | Occupation | Contribution Received For | Amount of Contribution | Date of Contribution | Aggregate This Election |
|-------------------------------|--------------|----------------|-----------|-------------------------|----------------|---------|-------|-------|----------------------|------------|-----------------------------|------------------------|----------------------|-------------------------|
| | Carlise | | Mathews | 7353 Peppermill Ln | | Memphis | TN | 38125 | | | General Election | \$100.00 | 7/26/24 | |
| | Darrell | K. | Thomas | PO BOX 161356 | | Memphis | TN | 38186 | Business Owner | Consultant | General Election | \$250.00 | 7/29/24 | |
| | Jerry | | Parker | 2535 Preakness Place | | Eads | TN | 38028 | Business Owner | Consultant | General Election | \$400.00 | 7/29/24 | |
| | Donna | | Crawford | 1490 Leland Street | | Memphis | TN | 38106 | Retired | Retired | General Election | \$200.00 | 7/30/24 | |
| | Sharon Renee | | Williams | 1033 Bruce Street | | Memphis | TN | 38104 | Boys and Girls Club | Owner | General Election | \$125.00 | 7/30/24 | |
| | Jeremy | | Simpson | 1779 Kirby Pkwy Bldg. 1 | Suite 205 | Memphis | TN | 38138 | Systems Technologies | retired | General Election | \$300.00 | 7/31/24 | |
| | Joseph | D. | Kyles | 4106 Shirley Drive | | Memphis | TN | 38109 | Retired | retired | General Election | \$100.00 | 7/31/24 | |
| M-PACE | | | | 126 Flicker St. | | | | 38104 | | | General Election | \$300.00 | 7/23/24 | |
| Wholey Goods | | | | | | Memphis | TN | 38116 | | | General Election | \$197.00 | 8/15/24 | \$482.50 |
| Store 111, Inc | | | | | | | | | | | Total Contributions: | \$1,972.00 | | |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Dr. Audrey Elion
2. Reporting Period: Start Date: 7/28/24 End Date: 9/30/2024
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

1. Candidate or Committee Name: Friends of Dr. Audrey Elicu
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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: _____ 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: \$ 7,756.87

(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.)

** See attached details **

Itemized Statement of Expenditures - Candidate

| Business or Organization Name | First Name | Middle Initial | Last Name | Address Line 1 | Address Line 2 | City | State | Zip | Purpose of Expenditure | Amount of Expenditure | Date of Expenditure | Comments |
|--|------------|----------------|-----------|---|----------------|----------------|-------|-------|--|-----------------------|---------------------|--|
| | Audrey | | Ellon | 9997 Cameron Ridge Trl | | Cordova | TN | 38106 | Annual Domain Fees | \$144.06 | 7/23/24 | |
| | Audrey | | Ellon | 9997 Cameron Ridge Trl | | Cordova | TN | 38106 | payment made to open bank account. | \$10.00 | 7/23/24 | |
| | Audrey | | Ellon | 9997 Cameron Ridge Trl | | Cordova | TN | 38106 | Annual Domain Fees | (\$124.06) | 7/23/24 | Reimbursement was combined with check cut on 7/23 but reported on Q3 in error. It was originally reported in the Q1 report overstating expenses reported in Q3 by \$134.06 |
| | Audrey | | Ellon | 9997 Cameron Ridge Trl | | Cordova | TN | 38106 | payment made to open bank account. | (\$10.00) | 7/23/24 | |
| JJ Graphics | | | | 3874 Viscount | Suite 8 | Memphis | TN | 38118 | Advertising Invoice# 202241 | \$8.75 | 7/23/24 | |
| Anedot | | | | 1340 Poydras Street | Suite 1770 | Orleans | LA | 70112 | Online Processing Fees | \$71.73 | 7/25/24 | |
| Waldos Chick | | | | 2200 N Germantown Pkwy | | Cordova | TN | 38106 | Food for volunteers for campign related working events | \$25.56 | 7/29/24 | |
| Robocent, Inc RAPHDesign | Audrey | | Ellon | 2129 General Booth Blvd 1705 Belvedere Ct 9997 Cameron Ridge Trl | Suite 103-277 | Virginia Beach | VA | 23454 | Calling post subscription for 4,452 Campaign Watch Party | \$623.28 | 7/29/24 | |
| | Christal | | Edwards | 1033 Bruce Street | | Memphis | TN | 38104 | Campaign Watch Party | \$800.00 | 7/31/24 | |
| | | | | | | | | | Excels Detail | \$40.00 | 7/31/24 | |
| | | | | | | | | | Gas reimbursement for traveling related to the campaign. | \$70.08 | 7/18/24 | |
| Anedot | Lori | | Skahan | 11495 Pine Hill Lane 1755 N Germantown Pkwy 765 N Germantown Pkwy | Suite 1770 | Orleans | LA | 70112 | Online Processing Fees | \$13.60 | 7/31/24 | |
| Circle K Tropical Smoothie | Christal | | Edwards | 1033 Bruce Street | | Memphis | TN | 38104 | related to the campaign. | \$40.34 | 8/16/24 | |
| Wal-Mart | Audrey | Chris | Ellon | 9997 Cameron Ridge Trl 3681 Cherry Road 1033 Bruce Street 8400 US-64 W | | Cordova | TN | 38106 | Gas and Car Rental reimbursement | \$3,681.91 | 7/31/24 | |
| | Christal | | Edwards | 1033 Bruce Street | | Memphis | TN | 38104 | Services Rendered | \$200.00 | 8/16/24 | |
| | | | | | | | | | Services Rendered | \$200.00 | 8/16/24 | |
| | | | | | | | | | Supplies for Campaign | \$45.70 | 8/7/24 | |
| Extra Storage Space | | | | 381 N Germantown Pkwy | | Cordova | TN | 38018 | Storage for Campaign Supplies Dec. | \$54.00 | 8/7/24 | |
| Extra Storage Space | | | | 381 N Germantown Pkwy | | Cordova | TN | 38018 | Storage for Campaign Supplies Aug. 24- Dec. 24 | \$137.00 | 8/7/24 | |
| Extra Storage Space | | | | 381 N Germantown Pkwy | | Cordova | TN | 38018 | Storage for Campaign Supplies Feb. 25 - Aug. 25 | \$162.00 | 8/7/24 | |
| Waldos Chick The Home Depot Enterprise Rental (EAN Holding, LLC) | Yulonda | | Gatewood | 4599 Tulip Run dr | | Memphis | TN | 38135 | Food for volunteers for campign related working events | \$40.62 | 8/12/24 | |
| | Kaitlyn | | Knight | 9240 East Holmes Road | | Collerville | TN | 38017 | Supplies for Campaign | \$49.29 | 8/12/24 | |
| | | | | | | | | | Car rental for Audrey Ellon during campaign | \$987.47 | 8/12/24 | |
| | | | | | | | | | Professional Services and Supplies for Campaign. | \$100.00 | 8/19/24 | |
| | | | | | | | | | Professional Services and Supplies for Campaign. | \$200.00 | 8/19/24 | |
| Anedot | | | | 1340 Poydras Street | Suite 1770 | Orleans | LA | 70112 | Online Processing Fees | \$6.97 | 8/22/24 | |
| | | | | | | | | | Total Expenditures | \$7,756.87 | | |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Friends of Dr. Audrey Elion
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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