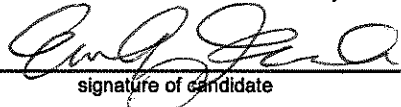
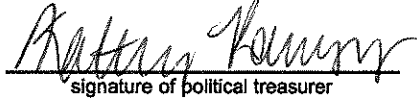

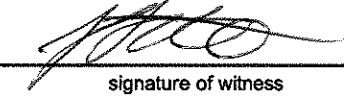


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

001 07 2022 1401:58

1. DATE OF REPORT 10/6/22		2.a. NAME OF CANDIDATE OR COMMITTEE Emily Fulmer		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 11/8/22	
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route 4515 Planters Trace Lane		City Collierville	State TN	Zip Code 38017
				Phone 901-517-3204
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) Collierville Alderman Position 4			6. NAME OF POLITICAL TREASURER (may be candidate) Kathryn Ramsey	
7. CATEGORY OR REPORT (Check one)				
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" 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 type="checkbox"/> YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD 7/26/22			8.b. ENDING DATE OF REPORTING PERIOD 9/30/22	
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		10/6/22 date	 signature of political treasurer	
			10/6/22 date	
11. WITNESS SIGNATURE				
 signature of witness		10/6/22 date	 signature of witness	
			10/6/22 date	
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$ 0		
b. TOTAL RECEIPTS THIS PERIOD		\$ 3825.00		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 1322.23		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 2502.77		
e. TOTAL LOANS OUTSTANDING		\$ 0		
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 100.00		



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Emily Fulmer				2. REPORT COVERING THE PERIOD FROM: 7/26/22 TO: 9/30/22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Tom		Middle Name		Contribution Received For:		Amount of Contribution \$1000.00
Last Name/Organization Name Carpenter				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 491 Indian Hollow Covee				<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election \$1000.00
City Collierville		State TN	Zip Code 38017	Date of Contribution 8/31/22		
Occupation Not employed						
Employer Not employed						
First Name Lynn		Middle Name		Contribution Received For:		Amount of Contribution \$500.00
Last Name/Organization Name Nelson				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 9780 Legends Drive				<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election \$500.00
City Germantown		State TN	Zip Code 38139	Date of Contribution 9/12/22		
Occupation Not employed						
Employer Not employed						
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$250.00
Last Name/Organization Name Lee Harris/TN Voter Project				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 1456 Carr Ave.				<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election \$250.00
City Memphis		State TN	Zip Code 38104	Date of Contribution 9/12/22		
Occupation PAC						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$250.00
Last Name/Organization Name Future901				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 1545 Union Ave.				<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election \$250.00
City Memphis		State TN	Zip Code 38104	Date of Contribution 9/23/22		
Occupation PAC						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (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.)					\$2000.00	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Emily Fulmer				2. REPORT COVERING THE PERIOD FROM: 7/26/22 TO: 9/30/22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$2000.00	
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 \$150.00
Last Name/Organization Name Future901				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 1545 Union Ave.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis		State TN	Zip Code 38104	Date of Contribution 9/29/22		Aggregate This Election \$400.00
Occupation PAC						
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						
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 (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.)					Amount \$2150.00	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Emily Fulmer				2. REPORT COVERING THE PERIOD FROM: 7/26/22 TO: 9/30/22			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of 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 item 22b. of summary.)					Amount \$0		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Emily Fulmer			2. REPORT COVERING THE PERIOD FROM: 7/26/22 TO: 9/30/22		
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
			Voter database		\$245.00
Last Name/Business Name TN Democratic Party					
Address 319 Plus Park Blvd, Suite 202					
City Nashville		State TN	Zip Code 37217		
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
			50 yard signs		\$334.74
Last Name/Business Name Signs on the Cheap					
Address 11525-B Stonehollow Dr. #220					
City Austin		State TX	Zip Code 78758		
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
			Campaign consulting services		\$400.00
Last Name/Business Name Comentum Strategies					
Address 2004 Walker Ave.					
City Memphis		State TN	Zip Code 38104		
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
			Campaign consulting services		\$160.00
Last Name/Business Name Comentum Strategies					
Address 2004 Walker 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		
5. TOTAL ITEMIZED EXPENDITURES				\$1139.74	
(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.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Emily Fulmer				2. REPORT COVERING THE PERIOD					
				FROM: 7/26/22		TO: 9/30/22			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
Last Name/Organization Name									
Address				Loan Received For:		Date of Loan			
City				State		Zip Code		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
								<input type="checkbox"/> Runoff (Local Elections Only)	
List All Endorsers or Guarantors for Above Loan (if more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State		City		State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State		City		State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State		City		State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State		City		State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
				\$0	\$0	\$0	\$0		



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Emily Fulmer			2. REPORT COVERING THE PERIOD			
			FROM: 7/26/22		TO: 9/30/22	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			\$0	\$0	\$0	\$0