



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7/5/24 2.a. Candidate or Committee Name: Dwight Barker
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/11/24
 4. Campaign Address: 5195 Summer Wind Lane
 City: Arlington State: TN Zip Code: 38002 Phone: _____
 5. Candidate Home Address: 5195 Summer Wind Lane
 City: Arlington State: TN Zip Code: 38002 Phone: _____
 Candidate Email Address: Dwightbarker2@gmail.com
 6. Office Sought: (include district number, if applicable) Alderman Position 2 - Arlington
 7. Name of Political Treasurer (may be candidate): Andre Alston
 Political Treasurer Email Address: nycoleandre@yahoo.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: 4/1/24 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.

<u>Dwight Barker</u>	<u>7/5/24</u>	<u>Andre Alston</u>	<u>7/5/2024</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Dwight Barker</u>	<u>7/5/24</u>	<u>Dwight Barker</u>	<u>7/5/24</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>0</u>
b. Total Receipts This Period	\$ <u>2605.00</u>
c. Total Disbursements This Period	\$ <u>2233.84</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>371.16</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Dwight Barker

14. Reporting Period: Start Date: 4/1/24 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) \$ 2605.⁰⁰
- 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.) \$ 2605.⁰⁰

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 2233.⁸⁴
(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.) \$ 2233.⁸⁴

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: Dwight Barber
2. Reporting Period: Start Date: 4/1/24 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: Scott Middle Name: _____ Last Name: Campbell
Address: 484 Stone Dales Cove City: Collierville State: TN Zip Code: 38017
Occupation: Attorney Employer: Travelers Insurance
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 6/3/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Torrence Middle Name: _____ Last Name: McKnight
Address: 5074 Dovecote Trail City: Suwanee State: GA Zip Code: 30024
Occupation: Insurance Agency Owner Employer: State Farm
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 6/3/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Damien Middle Name: _____ Last Name: Grey
Address: 1512 Lincoya Bay Dr City: Nashville State: TN Zip Code: 37214
Occupation: Service Company Owner Employer: DC Services
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 6/3/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Kenneth Middle Name: _____ Last Name: Atkins
Address: 5035 Stonecrest Dr City: Olive Branch State: MS Zip Code: 38654
Occupation: Operations Advisor Employer: FedEx
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 20 Date of Contribution: 6/4/24 Aggregate This Election: \$ _____

Total Contributions: \$ 270

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Dwight Barker
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 270

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Mac Auther Middle Name: _____ Last Name: Sharkey
Address: 1901 Brandon Circle City: Memphis State: TN Zip Code: 38114
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Brandon Middle Name: _____ Last Name: Barnes
Address: 2330 Shelburne Lane E City: Southaven State: MS Zip Code: 38672
Occupation: Acct Manager Employer: MileStone Equipment Leasing
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 75 Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: William Middle Name: _____ Last Name: James
Address: 6617 Waders Ridge Dr. City: Memphis State: TN Zip Code: 38141
Occupation: Program Mgmt Advisor Employer: FedEx
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Donny Middle Name: _____ Last Name: Askew
Address: 401 Pennington Ave SW City: Rome State: GA Zip Code: 30161
Occupation: City Commissioner Employer: City of Rome
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 545
(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Dwight Barker
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 545

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Terrill Middle Name: _____ Last Name: Hale
Address: 8959 Gavin Dr City: Olive Branch State: MS Zip Code: 38654
Occupation: Manager Customer Ops Employer: FedEx
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Aman Middle Name: _____ Last Name: Devi
Address: 576 W. Winding Wood Cir. City: Collierville State: TN Zip Code: 38017
Occupation: President Employer: Ran Mgmt
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,500 Date of Contribution: 6/7/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: JC Middle Name: _____ Last Name: Gains
Address: 5007 E. Laurel Lake Dr City: _____ State: _____ Zip Code: 38125
Occupation: Sr. Program Manager Employer: Amazon
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 300 Date of Contribution: 6/14/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Russell Middle Name: _____ Last Name: Wiseman
Address: 5417 Arlin Dr City: Arlington State: TN Zip Code: 38002
Occupation: COO Employer: City Leasing LLC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 6/21/24 Aggregate This Election: \$ _____

Total Contributions: \$ 2495

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Dwight Barker
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2495

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Dwight Middle Name: _____ Last Name: Barker
Address: 5195 Summer Wind Lane City: Arlington State: IN Zip Code: 38002
Occupation: Project Mgr Employer: Pen Management
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 110 Date of Contribution: 5/29/24 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: \$ 2605

(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

1. Candidate or Committee Name: Dwight Barber
2. Reporting Period: Start Date: 4/1/24 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: Just Yard Signs OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2235 Mercator Dr City: Orlando State: FL Zip Code: 32807
Purpose of Expenditure: Signs
Amount of Expenditure: \$ 394.05 Date of Expenditure: \$ 6/12/24

Business or Organization Name: Just Yard Signs OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2235 Mercator Dr City: Orlando State: FL Zip Code: 32807
Purpose of Expenditure: Signs
Amount of Expenditure: \$ 230.04 Date of Expenditure: \$ 6/14/24

Business or Organization Name: Just Yard Signs OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2235 Mercator Dr City: Orlando State: FL Zip Code: 32807
Purpose of Expenditure: Banners
Amount of Expenditure: \$ 394.05 Date of Expenditure: \$ 6/14/24

Business or Organization Name: Atomic Graphics OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5100 Poplar Ave City: Memphis State: TN Zip Code: 38137
Purpose of Expenditure: Signs
Amount of Expenditure: \$ 296.33 Date of Expenditure: \$ 6/13/24

Business or Organization Name: Atomic Graphics OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5100 Poplar Ave City: Memphis State: TN Zip Code: 38137
Purpose of Expenditure: Signs / Stakes
Amount of Expenditure: \$ 296.33 Date of Expenditure: \$ 6/17/24

Total Expenditures: \$ 1610.80

(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: Dwight W. Barker
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1610

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: Tracy Middle Name: _____ Last Name: Williams
Address: 7986 Oak Pebble Cv City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: Web Page Graphics
Amount of Expenditure: \$ 200 Date of Expenditure: \$ 6/17/24

Business or Organization Name: _____ OR
First Name: Roderick Middle Name: _____ Last Name: Head
Address: 7282 Nicholas Ln City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Web Page Setup
Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 6/20/24

Business or Organization Name: Donorbox OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1520 Belleview Blvd #4106 City: Alexandria State: VA Zip Code: 22307
Purpose of Expenditure: Fees for Donation Processing
Amount of Expenditure: \$ 123.04 Date of Expenditure: \$ 6/11/24

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: \$ _____

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: \$ 2233.84

(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.)