



Amended x 2 (6/6/25)

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) MCS District 5- School Board
7. Name of Political Treasurer (may be candidate): Crystal Epps
 Political Treasurer Email Address: cdepps@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>Audrey Elicon</u>	<u>1/23/2025</u>	<u>[Signature]</u>	<u>1/22/2025</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Monica Easton</u>	<u>01/23/2025</u>	<u>Monica Easton</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. Andrew 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 \$ 543.53
- c. Total In-Kind Contributions Received This Period \$ 543.53

(u)

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 Darrell Jerry	K.	Mathews Thomas Parker	7353 Peppermill Ln PO BOX 161356 2535 Preakness Place		Memphis	TN	38125			General Election	\$100.00	7/26/24	
	Donna Sharon Renee		Crawford Williams	1490 Leland Street 1033 Bruce Street		Memphis	TN	38106	Business Owner	Consultant	General Election	\$250.00	7/29/24	
	Jeremy Joseph		Simpson Kyles	1779 Kirby Pkwy Bldg. 1 4106 Shirley Drive 126 Flicker St.		Memphis	TN	38104	Business Owner	Retired	General Election	\$400.00	7/29/24	
M-PACE		D.			Suite 205	Memphis	TN	38104	Boys and Girls Club	Owner	General Election	\$200.00	7/30/24	
Wholey Goods Store 111, Inc						Memphis	TN	38104	Systems Technologies	retired	General Election	\$300.00	7/31/24	
						Memphis	TN	38116			General Election	\$100.00	7/23/24	\$482.50
											Total Contributions:	\$1,972.00		

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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: Audrey Middle Name: _____ Last Name: Elion
 Address: 9997 Cameron Ridge Trail City: Cordova State: TN Zip Code: 38106
 Occupation: Entrepreneur Employer: Self-Employed
 In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 In-Kind Contribution Value: \$ 543.53 In-Kind Contribution Date: 7/31/24 Aggregate This Election: \$ _____
 Description of In-Kind Contribution: unreimbursed gas expense March-July 2024

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: \$ 0 543.53 (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 Elic
2. Reporting Period: Start Date: 7/23/24 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		Eilon	9997 Cameron Ridge Trl		Cordova	TN	38106	Annual Domain Fees	\$144.06	7/23/24	
	Audrey		Eilon	9997 Cameron Ridge Trl		Cordova	TN	38106	payment made to open bank account.	\$10.00	7/23/24	
	Audrey		Eilon	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		Eilon	9997 Cameron Ridge Trl		Cordova	TN	38106	payment made to open bank account. 500 5x7 Post Cards - Campaign Flyer - Advertising	(\$10.00)	7/23/24	
JJ Graphics				3874 Viscount	Suite 8	Memphis	TN	38118	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 Chlck				2200 N Germantown Pkwy		Cordova	TN	38106	related working events	\$25.56	7/29/24	
Robocent, Inc				2129 General Booth Blvd	Suite 103-277	Virginia Beach	VA	23454	Calling post subscription for 4,452	\$623.28	7/29/24	
RAH-Design				1705 Belvedere Ct		Memphis	TN	38104	Campaign Watch Party	\$800.00	7/31/24	
	Audrey		Eilon	9997 Cameron Ridge Trl		Cordova	TN	38106	Thumb Drive - Excel Detail	\$40.00	7/31/24	
	Christal		Edwards	1033 Bruce Street		Memphis	TN	38104	Gas reimbursement for traveling	\$70.08	7/18/24	
	Christal		Edwards	1033 Bruce Street		Memphis	TN	38104	related to the campaign.			
Anedot				1340 Poydras Street	Suite 1770	Orleans	LA	70112	Online Processing Fees	\$13.60	7/31/24	
Circle K				11495 Pine Hill Lane		Olive Branch	MS	38654	Campaign Watch Party - Florist	\$110.13	8/1/24	
Tropical Smoothie				1755 N Germantown Pkwy		Cordova	TN	38016	Gas for campaign	\$41.92	8/5/24	
	Christal		Edwards	765 N Germantown Pkwy		Cordova	TN	38018	Food for Campaign	\$26.52	8/2/24	
	Christal		Edwards	1033 Bruce Street		Memphis	TN	38104	Gas reimbursement for traveling	\$40.34	8/16/24	
	Christal		Edwards	1033 Bruce Street		Memphis	TN	38104	related to the campaign.			
Wal-Mart				9997 Cameron Ridge Trl		Cordova	TN	38106	Gas and Car Rental reimbursement	\$3,681.91	7/31/24	
	Audrey		Eilon	3681 Cherry Road		Memphis	TN	38118	Services Rendered	\$200.00	8/16/24	
	Chris		Leggins	1033 Bruce Street		Memphis	TN	38104	Services Rendered	\$200.00	8/16/24	
	Christal		Edwards	8400 US-64 W		Bartlett	TN	38133	Supplies for Campaign	\$45.70	8/7/24	
	Christal		Edwards	1033 Bruce Street		Memphis	TN	38104	Storage for Campaign Supplies Dec.	\$54.00	8/7/24	
Extra Storage Space				381 N Germantown Pkwy		Cordova	TN	38018	24 - Feb. 25			
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 Chlck				2200 N Germantown Pkwy		Cordova	TN	38106	Food for volunteers for campaign	\$40.62	8/12/24	
The Home Depot				800 Truse Pkwy		Memphis	TN	38117	related working events	\$49.29	8/12/24	
Enterprise Rental (EAN Holding, LLC)				9160 Highway 64		Lakeland	TN	38002	Supplies for Campaign	\$987.47	8/12/24	
	Yulonda			Gatewood 4599 Tulip Run dr		Memphis	TN	38135	Car rental for Audrey Eilon during Professional Services and Supplies for Campaign.	\$100.00	8/19/24	
	Kaitlyn			9240 East Holmes Road		Collierville	TN	38017	Professional Services and Supplies for Campaign.	\$200.00	8/19/24	
	Knight			1340 Poydras Street	Suite 1770	Orleans	LA	70112	Online Processing Fees	\$6.97	8/2/24	
Anedot									Online Processing Fees	\$7,756.87		

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Friends of Dr. Audrey Elicon
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