



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 4/22/2025      2.a. Candidate or Committee Name: Mick Wright

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 8/4/2022

4. Campaign Address: 5730 Bartlett Woods Dr  
 City: Bartlett      State: TN      Zip Code: 38134      Phone: \_\_\_\_\_

5. Candidate Home Address: 5730 Bartlett Woods Dr  
 City: Bartlett      State: TN      Zip Code: 38134      Phone: 9012136425  
 Candidate Email Address: mick@wrightforshelby.com

6. Office Sought: (include district number, if applicable) Shelby County Commissioner, Dist. 3

7. Name of Political Treasurer (may be candidate): Mick Wright  
 Political Treasurer Email Address: mick@wrightforshelby.com

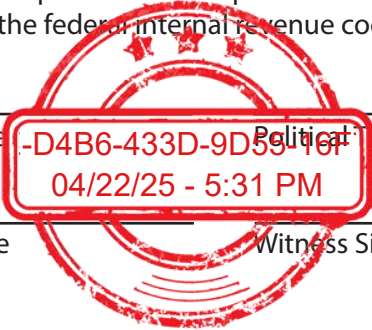
8. Category or Report: (check one)  
 First Quarter     Second Quarter     Third Quarter     Fourth Quarter     Pre-Primary     Pre-General  
 Mid-Year Supplemental     Year-End Supplemental     Runoff Election

9. Reporting Period:    Start Date: 1/16/2025      End Date: 6/30/2025

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.

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date



12. Summary:

a. Balance On Hand Last Report .....	\$ <u>\$4,383.19</u>
b. Total Receipts This Period .....	\$ <u>\$0.00</u>
c. Total Disbursements This Period .....	\$ <u>\$4,383.19</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>\$0.00</u>
e. Total Loans Outstanding .....	\$ <u>\$0.00</u>
f. Total Obligations Outstanding .....	\$ <u>\$0.00</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Mick Wright

14. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ \_\_\_\_\_  
(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) ..... \$ \_\_\_\_\_
- c. Loans Received This Reporting Period..... \$ \_\_\_\_\_
- d. Interest Received This Reporting Period ..... \$ \_\_\_\_\_
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ \_\_\_\_\_

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,383.19  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ \_\_\_\_\_
- c. Total Obligation Payments Made This Period..... \$ \_\_\_\_\_
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$4,383.19

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- b. Itemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- c. Total In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_

18. Obligations:

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

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Mick Wright
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: Bank of Bartlett **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 7984 US-64 City: Bartlett State: TN Zip Code: 38133

Purpose of Expenditure: Banking fees

Amount of Expenditure: \$ \$10.00 Date of Expenditure: \$ 1/31/2025

Business or Organization Name: Bank of Bartlett **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 7984 US-64 City: Bartlett State: TN Zip Code: 38133

Purpose of Expenditure: Banking fees

Amount of Expenditure: \$ \$10.00 Date of Expenditure: \$ 2/28/2025

Business or Organization Name: Bank of Bartlett **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 7984 US-64 City: Bartlett State: TN Zip Code: 38133

Purpose of Expenditure: Banking fees

Amount of Expenditure: \$ \$10.00 Date of Expenditure: \$ 3/31/2025

Business or Organization Name: Dreamhost **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: PMB #327, 417 Associated Road City: Brea State: CA Zip Code: 92821

Purpose of Expenditure: Web hosting

Amount of Expenditure: \$ \$155.88 Date of Expenditure: \$ 3/31/2025

Business or Organization Name: Republican Party of Shelby County **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1779 Kirby Pkwy #1-63 City: Memphis State: TN Zip Code: 38138

Purpose of Expenditure: Membership

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 4/7/2025

Total Expenditures: \$ \$435.88

(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: Mick Wright
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$435.88

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: Apple Store **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: One Apple Park Way City: Cupertino State: CA Zip Code: 95014

Purpose of Expenditure: Communications equipment

Amount of Expenditure: \$ \$2,553.88 Date of Expenditure: \$ 4/15/2025

Business or Organization Name: Amazon **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: P.O. Box 81226 City: Seattle State: WA Zip Code: 98108

Purpose of Expenditure: Communications equipment

Amount of Expenditure: \$ \$49.38 Date of Expenditure: \$ 4/15/2025

Business or Organization Name: Retail Solutions LLC **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 8 Thornton Rd City: Oakland State: NJ Zip Code: 07436

Purpose of Expenditure: Communications equipment

Amount of Expenditure: \$ \$1,343.34 Date of Expenditure: \$ 4/15/2025

Business or Organization Name: Firehouse Subs Public Safety Foundation **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 12735 Gran Bay Pkwy #150 City: Jacksonville State: FL Zip Code: 32258

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$0.71 Date of Expenditure: \$ 4/15/2025

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: \$ \$4,383.19

(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.)