



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/9/2024 2.a. Candidate or Committee Name: Sherrie Hicks
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/1/2024
4. Campaign Address: 1661 Aaron Brenner Drive Ste 300
City: Memphis State: TN Zip Code: 38120 Phone: 9017612720
5. Candidate Home Address: 2040 Spring Hollow Lane
City: Germantown State: TN Zip Code: 38139 Phone: 9014899095
Candidate Email Address: hicks@hicks4germantown.com
6. Office Sought: (include district number, if applicable) Germantown Alderman, Pos. 3
7. Name of Political Treasurer (may be candidate): Larry Scroggs
Political Treasurer Email Address: lkscroggs@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 ☐ Runoff Election
9. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
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.

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

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$20,408.44</u>
b. Total Receipts This Period	\$ <u>\$5,175.00</u>
c. Total Disbursements This Period	\$ <u>\$2,186.34</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$23,397.10</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: Sherrie Hicks

14. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$100.00
(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) \$ \$5,075.00
- 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.) \$ \$5,175.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$2,186.34
(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.)..... \$ \$2,186.34

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sherrie Hicks
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Alyce Middle Name: J Last Name: Burr

Address: 1630 Shadowmoss Lane #36 City: Germantown State: TN Zip Code: 38138

Occupation: Retired Employer: Retired

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$1 800 0 Date of Contribution: 4/17/2024 Aggregate This Election: \$ \$1.800 0

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Johnson

Address: 9446 South Spring Hollow Lane City: Germantown State: TN Zip Code: 38139

Occupation: Executive Employer: Cattlco, LLC

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$1 000 0 Date of Contribution: 4/16/2024 Aggregate This Election: \$ \$1.000 0

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: McCaskill

Address: 8348 Westfair Circle North City: Germantown State: TN Zip Code: 38139

Occupation: Engineer Employer: McCaskill & Associates Inc

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$500.00 Date of Contribution: 4/20/2024 Aggregate This Election: \$ \$500 00

Business or Organization Name: _____ **OR**

First Name: Brian Middle Name: _____ Last Name: Carney

Address: 7351 Claiborne Dr City: Germantown State: TN Zip Code: 38138

Occupation: Retired Employer: Retired

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$400.00 Date of Contribution: 5/19/2024 Aggregate This Election: \$ \$400 00

Total Contributions: \$ \$3,700.00

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sherrie Hicks
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,700.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Diane Middle Name: _____ Last Name: Heyman

Address: 2208 Dogwood Oaks Dr City: Germantown State: TN Zip Code: 38139

Occupation: Human Resources Employer: St Jude

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$300.00 Date of Contribution: 6/10/2024 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**

First Name: Mark Middle Name: _____ Last Name: White

Address: 6820 Talisman Cove City: Memphis State: TN Zip Code: 38119

Occupation: State Representative Employer: State of TN

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/13/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Kristina Middle Name: _____ Last Name: Garner

Address: 2411 Forest Hill Irene Rd City: Germantown State: TN Zip Code: 38139

Occupation: Media Employer: Garner Graphics Media

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$50.00 Date of Contribution: 6/27/2024 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Annah Middle Name: _____ Last Name: Marshall

Address: 667 Confederate Ridge Rd City: Lake Cormorant State: MS Zip Code: 38641

Occupation: Nursing Assistant Employer: Baptist Healthcare

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$25.00 Date of Contribution: 6/21/2024 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$4,575.00

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sherrie Hicks
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$4,575.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jennifer Middle Name: _____ Last Name: Sisson

Address: 9331 Groveway Cove City: Germantown State: TN Zip Code: 38139

Occupation: Homemaker Employer: None

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/24/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Brent Middle Name: _____ Last Name: Taylor

Address: 385 Pisgah Road North City: Eads State: TN Zip Code: 38028

Occupation: Senator Employer: State of TN

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/27/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Barbara Middle Name: _____ Last Name: Trautman

Address: 3089 Oakleigh Lane City: Germantown State: TN Zip Code: 38138

Occupation: Retired Employer: Retired

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$200.00 Date of Contribution: 6/24/2024 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Richard Middle Name: _____ Last Name: Towne

Address: 1953 Arden Landing Cv S City: Germantown State: TN Zip Code: 38139

Occupation: Sales Employer: POP Solutions Group

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/29/2024 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$5,075.00

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Sherrie Hicks
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
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: Vanellis Deli LLC OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 7873 Farmington Blvd City: Germantown State: TN Zip Code: 38138

Purpose of Expenditure: Food and Beverage

Amount of Expenditure: \$ \$132.68 Date of Expenditure: \$ 4/26/2024

Business or Organization Name: Anedot OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$40.30 Date of Expenditure: \$ 4/18/2024

Business or Organization Name: Anedot OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$20.30 Date of Expenditure: \$ 4/24/2024

Business or Organization Name: Watkins Uiberall PLLC OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Accounting

Amount of Expenditure: \$ \$600.00 Date of Expenditure: \$ 5/28/2024

Business or Organization Name: Anedot OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$16.30 Date of Expenditure: \$ 5/21/2024

Total Expenditures: \$ \$809.58

(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: Sherrie Hicks
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$809.58

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: Anedot **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$12.30 Date of Expenditure: \$ 6/13/2024

Business or Organization Name: My 901 Media **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 4230 Lark Hill Cove City: Bartlett State: TN Zip Code: 38135

Purpose of Expenditure: Media Marketing

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 6/27/2024

Business or Organization Name: Anedot **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Charges

Amount of Expenditure: \$ \$1.30 Date of Expenditure: \$ 6/25/2024

Business or Organization Name: Anedot **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$12.60 Date of Expenditure: \$ 6/27/2024

Business or Organization Name: Anedot **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$6.60 Date of Expenditure: \$ 6/28/2024

Total Expenditures: \$ \$1,842.38

(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: Sherrie Hicks
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,842.38

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: Anedot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 6/30/2024

Business or Organization Name: Vanellis Deli LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7873 Farmington Blvd City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Food and Beverage
Amount of Expenditure: \$ \$100.24 Date of Expenditure: \$ 6/5/2024

Business or Organization Name: Metro Graphics **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2277 West St Suite 100 City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Printing
Amount of Expenditure: \$ \$219.70 Date of Expenditure: \$ 6/5/2024

Business or Organization Name: FedEx Office **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6641 Poplar Ae Ste 104 City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Postage
Amount of Expenditure: \$ \$4.37 Date of Expenditure: \$ 6/20/2024

Business or Organization Name: FedEx Office **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6641 Poplar Ae Ste 104 City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Postage
Amount of Expenditure: \$ \$15.35 Date of Expenditure: \$ 6/21/2024

Total Expenditures: \$ \$2,186.34

(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.)