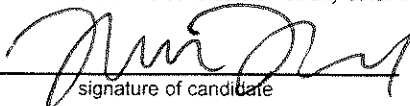
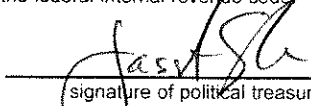

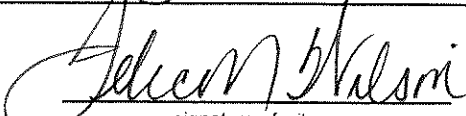


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

JUL 25 PM 12:46:45

1. DATE OF REPORT 7-25-18		2.a. NAME OF CANDIDATE OR COMMITTEE Mick Wright for Shelby County	
2.b. IF COMMITTEE, NAME OF CANDIDATE Mick Wright		3. ELECTION DATE Aug. 2, 2018	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route 5730 Bartlett Woods Dr.		City Bartlett	State TN
		Zip Code 38134	Phone 901-619-1340
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) Shelby County Commission, District 3		6. NAME OF POLITICAL TREASURER (may be candidate) JASON A. SYKES	
7. CATEGORY OF REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER
<input type="checkbox"/> PRE-PRIMARY		<input checked="" type="checkbox"/> PRE-GENERAL	<input type="checkbox"/> MID-YEAR SUPPLEMENTAL
			<input type="checkbox"/> YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 7-1-18		8.b. ENDING DATE OF REPORTING PERIOD 7-23-18	
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		 signature of political treasurer	
7/25/18 date		7.25.18 date	
11. WITNESS SIGNATURE  signature of witness		 signature of witness	
7/25/18 date		7/25/18 date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 2,380⁰⁰	
b. TOTAL RECEIPTS THIS PERIOD		\$ 2,300⁰⁰	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 648²¹	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 4,032⁰⁷	
e. TOTAL LOANS OUTSTANDING		\$ 1,000⁰⁰	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Mick Wright for Shelby County</i>		2. REPORT COVERING THE PERIOD FROM: <i>7-1-18</i> TO: <i>7-23-18</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <i>Nasar</i>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>\$101⁰⁰</i>
Last Name/Organization Name <i>Fazlillah</i>		Date of Contribution <i>7-2-18</i>	Aggregate This Election
Address <i>1950 Brigance Cove</i>			
City <i>Germantown</i>	State <i>TN</i>	Zip Code <i>38139</i>	
Occupation <i>Small Business Owner</i>			
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>\$1,000⁰⁰</i>
Last Name/Organization Name <i>Blue Cross Blue Shield PAC</i>		Date of Contribution <i>7-16-18</i>	Aggregate This Election
Address <i>3200 Westend Ave, Ste 102</i>			
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37203</i>	
Occupation			
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>\$1,000⁰⁰</i>
Last Name/Organization Name <i>TN Rea Hors PAC</i>		Date of Contribution <i>7-23-18</i>	Aggregate This Election
Address <i>901 19th Ave South</i>			
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37212</i>	
Occupation			
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
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.)			<i>\$2,101⁰⁰</i>



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Mick Wright for Shelby County</i>				2. REPORT COVERING THE PERIOD FROM: <i>7-1-18</i> TO: <i>7-23-18</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
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				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		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.)					<i>\$0</i>	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Mick Wright for Shelby County</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>7-1-18</i>	TO: <i>7-23-18</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name <i>MICK</i>		Middle Name		
Last Name/Business Name <i>Wright</i>		Purpose of Expenditure		
Address <i>5730 Bartlett Woods Dr</i>		<i>loan repayment</i>		
City <i>Bartlett</i>	State <i>TN</i>			Zip Code <i>38134</i>
Amount of Expenditure <i>\$644⁷¹</i>				
First Name		Middle Name		
Last Name/Business Name		Purpose of Expenditure		
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name		Purpose of Expenditure		
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name		Purpose of Expenditure		
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name		Purpose of Expenditure		
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name		Purpose of Expenditure		
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name		Purpose of Expenditure		
Address				
City	State			Zip Code
5. TOTAL ITEMIZED EXPENDITURES				<i>\$644⁷¹</i>
(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 OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD																	
Mick Wright for Shelby County			FROM: 7-1-18		TO: 7-23-18															
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)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First Name</td> <td style="width: 33%;">Middle Name</td> <td style="width: 34%;"></td> </tr> <tr> <td colspan="3">Last Name/Business Name</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="3">Description of Obligation</td> </tr> </table>	First Name	Middle Name		Last Name/Business Name			Address			City	State	Zip Code	Description of Obligation			\$0	\$0	0	\$0	
First Name	Middle Name																			
Last Name/Business Name																				
Address																				
City	State	Zip Code																		
Description of Obligation																				
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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																