



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 7/14/2023      2.a. Candidate or Committee Name: Shante Avant

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 8/5/2022

4. Campaign Address: 8570 Lurry Ln  
 City: Cordova      State: TN      Zip Code: 38016      Phone: (901) 219-7204

5. Candidate Home Address: 8570 Lurry Ln  
 City: Cordova      State: TN      Zip Code: 38016      Phone: (901) 219-7204  
 Candidate Email Address: SHANTEK14@GMAIL.COM

6. Office Sought: (include district number, if applicable) Shelby County Commissioner, Dist. 5

7. Name of Political Treasurer (may be candidate): Jamie Mister  
 Political Treasurer Email Address: VOTEAVANT5@GMAIL.COM

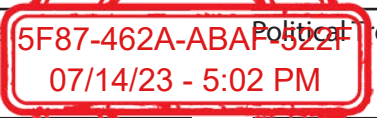
8. Category or Report: (check one)  
 First Quarter     Second Quarter     Third Quarter     Fourth Quarter     Pre-Primary     Pre-General  
 Mid-Year Supplemental     Year-End Supplemental

9. Reporting Period:    Start Date: 1/16/2023      End Date: 6/30/2023

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: 5F87-462A-ABAF-522F      Political Treasurer Signature      Date



\_\_\_\_\_  
 Witness Signature      Date      Witness Signature      Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>\$5,936.71</u>
b. Total Receipts This Period .....	\$ <u>\$0.00</u>
c. Total Disbursements This Period .....	\$ <u>\$4,703.50</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>\$1,233.21</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: Shante Avant

14. Reporting Period: Start Date: 1/16/2023 End Date: 6/30/2023

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)..... \$ \$4,703.50  
(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.)..... \$ \$4,703.50

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: Shante Avant
2. Reporting Period: Start Date: 1/16/2023 End Date: 6/30/2023
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: VANTIV E COMMECE OR

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

Address: ONLINE City: ONLINE State: TN Zip Code: 38016

Purpose of Expenditure: DIGITAL MEDIA

Amount of Expenditure: \$ \$1.87 Date of Expenditure: \$ 1/10/2023

Business or Organization Name: I POP OR

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

Address: 1605 N GERMANTOWN PARKW City: CORDOVA State: TN Zip Code: 38016

Purpose of Expenditure: SUPPLIES

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 1/18/2023

Business or Organization Name: ZOOM OR

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

Address: 55 AMSTERDAM BLVD City: SAN JOSE State: CA Zip Code: 95113

Purpose of Expenditure: DIGITAL MEDIA

Amount of Expenditure: \$ \$87.98 Date of Expenditure: \$ 2/6/2023

Business or Organization Name: ADD ANNEX US OR

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

Address: ONLINE City: ONLINE State: TN Zip Code: 38016

Purpose of Expenditure: DIGITAL MEDIA

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 2/6/2023

Business or Organization Name: VINTAGE 901 OR

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

Address: ONLINE City: MEMPHIS State: TN Zip Code: 38134

Purpose of Expenditure: DONATION

Amount of Expenditure: \$ \$434.00 Date of Expenditure: \$ 2/10/2023

Total Expenditures: \$ \$823.85

(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: Shante Avant
2. Reporting Period: Start Date: 1/16/2023 End Date: 6/30/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$823.85

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: GO DADDY OR

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

Address: 2150 E WARNER ROAD City: TEMPE State: AZ Zip Code: 85202

Purpose of Expenditure: DIGITAL MEDIA

Amount of Expenditure: \$ \$30.16 Date of Expenditure: \$ 3/6/2023

Business or Organization Name: AMERICAN HEART ASSOCIATION OR

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

Address: 2170 BUSINESS CENTER City: MEMPHIS State: TN Zip Code: 38134

Purpose of Expenditure: DONATION

Amount of Expenditure: \$ \$2,200.00 Date of Expenditure: \$ 3/29/2023

Business or Organization Name: BOBBI BROWN OR

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

Address: ONLINE City: ONLINE State: TN Zip Code: 38016

Purpose of Expenditure: CAMPAIGN SOCIAL MEDIA

Amount of Expenditure: \$ \$130.60 Date of Expenditure: \$ 4/27/2023

Business or Organization Name: PAUL YOUNG FOR MEMPHIS MAYOR OR

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

Address: 3476 PLAZA AVE STE 102 City: MEMPHIS State: TN Zip Code: 38111

Purpose of Expenditure: DONATION

Amount of Expenditure: \$ \$260.73 Date of Expenditure: \$ 4/24/2023

Business or Organization Name: B AND C OR

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

Address: 33 BEAL City: MEMPHIS State: TN Zip Code: 38103

Purpose of Expenditure: CAMPAIGN MEETING

Amount of Expenditure: \$ \$74.36 Date of Expenditure: \$ 5/22/2023

Total Expenditures: \$ \$3,519.70

(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.)

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Business or Organization Name: PARTY CITY **OR**

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

Address: 1250 N GERMANTOWN PWAY City: CORDOVA State: TN Zip Code: 38016

Purpose of Expenditure: COMMUNITY EVENT

Amount of Expenditure: \$ \$40.11 Date of Expenditure: \$ 5/1/2023

Business or Organization Name: TN WOMENS POLITICAL CAUCUS **OR**

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

Address: PO BIX 38953 City: GERMANTOWN State: TN Zip Code: 38183

Purpose of Expenditure: DONATION

Amount of Expenditure: \$ \$75.00 Date of Expenditure: \$ 5/15/2023

Business or Organization Name: VAN TURNER FOR MAYOR **OR**

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

Address: PO BOX 11350 City: MEMPHIS State: TN Zip Code: 38111

Purpose of Expenditure: DONATION

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 6/1/2023

Business or Organization Name: OSC SGARMENTIC **OR**

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

Address: ONLINE City: ONLINE State: TN Zip Code: 38016

Purpose of Expenditure: DIGITAL MEDIA

Amount of Expenditure: \$ \$108.52 Date of Expenditure: \$ 7/12/2023

Business or Organization Name: JW GIBSON FOR MAYOR **OR**

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

Address: 1661 AARON BRENNER DRIVE City: MEMPHIS State: TN Zip Code: 38120

Purpose of Expenditure: DONATION

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 7/11/2023

Total Expenditures: \$ \$4,243.33

(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: Shante Avant
2. Reporting Period: Start Date: 1/16/2023 End Date: 6/30/2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,243.33

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: MICHELLE MCKISSACK OR

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

Address: PO BOX 40113 City: MEMPHIS State: TN Zip Code: 38174

Purpose of Expenditure: DONATION

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 7/11/2023

Business or Organization Name: NATIONAL CIVIL RIGHTS MUSEUM OR

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

Address: 450 MULBERRY City: MEMPHIS State: TN Zip Code: 38103

Purpose of Expenditure: DONATION

Amount of Expenditure: \$ \$210.17 Date of Expenditure: \$ 7/11/2023

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: \$ \$4,703.50

(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.)