CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/31/23 2.a. Candidate or Committee Name: AMELIA PARKER

2.b. If Committee, Name of Candidate: 3. Election Date: 11/7/23

4. Campaign Address: P.O. Box 6132

City: Knoxville State: TN Zip Code: 37914 Phone: 865 851 8561

5. Candidate Home Address: 5917 Holston View Lane

City: Knoxville State: TN Zip Code: 37914 Phone: 865 851 8561

Candidate Email Address: info @ REELECTAMELIA.com

6. Office Sought: (include district number, if applicable) City Council At Large Seat C

7. Name of Political Treasurer (may be candidate): DAVETT JONES

Political Treasurer Email Address: DAVETTJONES @ 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: 10/1/23 End Date: 10/28/23

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
	10/31/23		10/31/23
Witness Signature	Date	Witness Signature	Date
	10-31-2023		10-31-2023

12. Summary:

a.	Balance On Hand Last Report	$ 7661.98
b.	Total Receipts This Period	$ 6477.23
c.	Total Disbursements This Period	$ 10356.75
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 3782.46
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SS-1109 (Rev. 1/2023)

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: AMELIA PARKER

14. Reporting Period: Start Date: 10/1/23 End Date: 10/28/23

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 1977.23
(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) ..... $ 4500

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.) ..... $ 6477.23

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 10356.75
(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.) ..... $ 10356.75

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

b. Itemized In-Kind Contributions Received This Period ..... $ 0

c. Total In-Kind Contributions Received This Period ..... $ 0

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: AMELIA PARKER

2. Reporting Period: Start Date: 10/1/23 End Date: 10/28/23

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: LISA Middle Name: _____ Last Name: HOFF

Address: 2615 TEEPLE ST City: KNOX State: TN Zip Code: 37917

Occupation: ECOLOGIST Employer: STATE OF TN

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

Amount of Contribution: $ 100 Date of Contribution: 9/29/23 Aggregate This Election: $ 100

Business or Organization Name: _____ OR

First Name: STEPHANIE Middle Name: _____ Last Name: HALL

Address: 560 RIVERFRONT WAY City: KNOX State: TN Zip Code: 37915

Occupation: PHYSICIAN Employer: SELF

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

Amount of Contribution: $ 100 Date of Contribution: 9/30/23 Aggregate This Election: $ 100

Business or Organization Name: _____ OR

First Name: ROBERT Middle Name: _____ Last Name: FRENCH

Address: 3742 IVY AVE City: KNOX State: TN Zip Code: 37914

Occupation: SOFTWARE ENGINEER Employer: CISCO

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

Amount of Contribution: $ 200 Date of Contribution: 10/6/23 Aggregate This Election: $ 400

Business or Organization Name: _____ OR

First Name: PHILLIP LAWSON Middle Name: _____ Last Name: _____

Address: 755 KENESAW AVE City: KNOX State: TN Zip Code: 37919

Occupation: REAL ESTATE DEVELOPER Employer: LHP CAPITAL LLC

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

Amount of Contribution: $ 1800 Date of Contribution: 10/12/23 Aggregate This Election: $ 1800

Total Contributions: $ 2200

(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: AMELIA PARKER

2. Reporting Period: Start Date: 10/1/23 End Date: 10/28/23

3. Total campaign contributions from preceding page (enter $0 if first page) $ 2200

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: JACQUELINE Middle Name: _____ Last Name: WHITESIDE

Address: 2108 River Sound Dr City: Knox State: TN Zip Code: 37922

Occupation: PRESIDENT & CEO Employer: MPI BUSINESS

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

Amount of Contribution: $ 1800 Date of Contribution: 10/17/23 Aggregate This Election: $ 1800

Business or Organization Name: DRIVE COMMITTEE FEC ID# C00032979 OR

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

Address: 25 Louisiana Ave NW City: WASHINGTON State: DC Zip Code: 20001

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 500 Date of Contribution: 10/17/23 Aggregate This Election: $ 500

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: $ 4500

(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: AMELIA PARKER

2. Reporting Period: Start Date: 10/1/23 End Date: 10/28/23

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: TNDP/NGP VAN OR

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: CAMPAIGN TOOLS/VAN

Amount of Expenditure: $ 163.88 Date of Expenditure: 10/2/23

Business or Organization Name: ACTBLUE.COM OR

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: FUNDRAISING FEES

Amount of Expenditure: $ 80.21 Date of Expenditure: 10/5/23

Business or Organization Name: REACH. VOTE OR

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: CAMPAIGN TOOLS

Amount of Expenditure: $ 200 Date of Expenditure: 10/22/23

Business or Organization Name: WJBE OR

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: RADIO AD

Amount of Expenditure: $ 200 Date of Expenditure: 10/22/23

Business or Organization Name: SOUTH COAST PIZZA OR

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: CAMPAIGN FOOD

Amount of Expenditure: $ 83.88 Date of Expenditure: 10/24/23

Total Expenditures: $ 727.97

(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: AMELIA PARKER
2. Reporting Period: Start Date: 10/1/23 End Date: 10/28/23
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 727.97

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: DIRECT MAIL SERVICES OR
First Name: ____ Middle Name: ____ Last Name: ____
Address: ____ City: ____ State: ____ Zip Code: ____
Purpose of Expenditure: CAMPAIGN MAILER
Amount of Expenditure: $ 9628.78 Date of Expenditure: 10/25/23

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: $ 10,356.75
(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.)