



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

### For Single-Candidate Committees

75 APR 13 11:28:07

1. Date: 4/10/25 2.a. Candidate or Committee Name: Friends for Carla Stotts  
 2.b. If Committee, Name of Candidate: Carla Stotts 3. Election Date: \_\_\_\_\_  
 4. Campaign Address: 773 Southern Home Rd  
 City: Collierville State: TN Zip Code: 38017 Phone: 901-326-0529  
 5. Candidate Home Address: [Signature]  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Candidate Email Address: Csh2011@aol.com  
 6. Office Sought: (include district number, if applicable) Criminal Court Clerk  
 7. Name of Political Treasurer (may be candidate): Johnson Saulsberry  
 Political Treasurer Email Address: jsaulsberry@aol.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: 1/14/26 End Date: 3/31/26

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.

|                     |                |                               |                  |
|---------------------|----------------|-------------------------------|------------------|
| <u>[Signature]</u>  | <u>4/10/26</u> | <u>[Signature]</u>            | <u>4-10-26</u>   |
| Candidate Signature | Date           | Political Treasurer Signature | Date             |
| <u>[Signature]</u>  | <u>4/10/26</u> | <u>[Signature]</u>            | <u>4/10/2026</u> |
| Witness Signature   | Date           | Witness Signature             | Date             |

12. Summary:

|  |    |                                   |
|--|----|-----------------------------------|
| a. Balance On Hand Last Report.....                    | \$ | <u>771.50</u>                     |
| b. Total Receipts This Period.....                     | \$ | <u>4265.00</u>                    |
| c. Total Disbursements This Period.....                | \$ | <u>3425.28</u>                    |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.)..... | \$ | <u><del>1611.22</del> 1611.22</u> |
| e. Total Loans Outstanding.....                        | \$ | _____                             |
| f. Total Obligations Outstanding.....                  | \$ | _____                             |

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends for Carla Stotts

14. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26

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) ..... \$ 4265.00
- 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.) ..... \$ 4265.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 3425.28  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ —
- c. Total Obligation Payments Made This Period..... \$ 3425.28
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ —

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: Friends for Carla Stotts  
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26  
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: Bruck Middle Name: \_\_\_\_\_ Last Name: Henderson  
Address: 1210 Mary Jane Ave City: Nephs State: TN Zip Code: 38118  
Occupation: \_\_\_\_\_ Employer: UTM  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 2/24/26 Aggregate This Election: \$ \_\_\_\_\_  
Transaction fee: 23.48

Business or Organization Name: \_\_\_\_\_ OR  
First Name: George Middle Name: \_\_\_\_\_ Last Name: Cooper  
Address: 1906 S. Hamlin City: Chicago State: IL Zip Code: 60623  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 25.00 Date of Contribution: 3/24/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Harriett Middle Name: \_\_\_\_\_ Last Name: Halmon  
Address: 3673 Shady Hollow Ln City: Nephs State: TN Zip Code: 38116  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 2/24/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Karen Middle Name:  Last Name: Ovenstreet  
Address: 24725 Hilltop Dr City: Beachwood State: OH Zip Code: 44122  
Occupation: Educator Employer: Retired  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 3/24/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 325.00

(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: Friends for Carla Scotts  
2. Reporting Period: Start Date: 1/15/26 End Date: 3/31/26  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 325.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Zebelum Middle Name: \_\_\_\_\_ Last Name: Rushing  
Address: 1385 Secretariat Lane City: Concord State: TN Zip Code: 38106  
Occupation: Entrepreneur Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 2/24/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Lawanda Middle Name: \_\_\_\_\_ Last Name: Tate  
Address: 1255 Grant Park Ln City: Collierville State: TN Zip Code: 38017  
Occupation: Pharmacist Employer: Memphis Health Center  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 20.00 Date of Contribution: 2/24/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Lawrence Middle Name: \_\_\_\_\_ Last Name: Hamilton  
Address: 9719 Sago Point Dr City: Seminole State: Fla Zip Code: 33777  
Occupation: Healthcare Exec Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500.00 Date of Contribution: 2/24/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Rodney Middle Name: \_\_\_\_\_ Last Name: Jeffres  
Address: 110 Wildleaf City: Memphis State: TN Zip Code: 38116  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 2/25/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 770.00

(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: Friends for Carla Stotts  
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 770.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Drake Middle Name: \_\_\_\_\_ Last Name: Dudley  
Address: 2424 Batavia City: Nashville State: TN Zip Code: 37208  
Occupation: Dentist Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 3/1/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Constance Middle Name: \_\_\_\_\_ Last Name: Allen  
Address: 155 New Castle Ln City: Tyrone State: GA Zip Code: 30290  
Occupation: Homemaker Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 25.00 Date of Contribution: 3/3/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Erika Middle Name: \_\_\_\_\_ Last Name: Hubbard  
Address: 5402 Reynier Ave City: Los Angeles State: CA Zip Code: 90056  
Occupation: An Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 3/4/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Cheryl Middle Name: \_\_\_\_\_ Last Name: Williams  
Address: 1422 Hamilton Hill Dr City: Cordova State: TN Zip Code: 38016  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 75.00 Date of Contribution: 3/6/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 400.00

(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: Friends for Carla Stotts  
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 400.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Lester Middle Name: \_\_\_\_\_ Last Name: Pace  
Address: 505 Andelle Ave City: Savannah State: GA Zip Code: 30024  
Occupation: Record Executive Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 3/8/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Edward Middle Name: Rudolph Last Name: Hills, Sr  
Address: 156 Lela Wood Cr City: Nashville State: TN Zip Code: 37209  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 350.00 Date of Contribution: 3/11/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Mamie Middle Name: \_\_\_\_\_ Last Name: Hubbard  
Address: 5803 Holt Ave City: Los Angeles State: CA Zip Code: 90056  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 3/12/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Martha F Middle Name: Perine Last Name: Beard  
Address: 1505 Tern Post Ct City: Concord State: TN Zip Code: 38016  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 3/13/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 750.00

(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: Friends for Carla Stotts  
2. Reporting Period: Start Date: 1/14/26 End Date: 3/31/26  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1750.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Sharon Middle Name: Devine Last Name: Harris  
Address: 3859 So. Galloway Rd City: Memphis State: TN Zip Code: 38111  
Occupation: HR Executive Employer: Baptist-Germantown  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 3/14/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Brunetta Middle Name: \_\_\_\_\_ Last Name: Garner  
Address: 9480 Bolton Estates Rd City: Millington State: TN Zip Code: 38053  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 20.00 Date of Contribution: 3/17/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Ella Middle Name: \_\_\_\_\_ Last Name: Horton  
Address: 4780 Magnolia Park Circle E City: Collierville State: TN Zip Code: 38017  
Occupation: Pharmacist Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 3/20/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Janas Middle Name: \_\_\_\_\_ Last Name: Jackson  
Address: 874 Linwood Ecl City: Memphis State: TN Zip Code: 38116  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 3/24/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 220.00

(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: Friends for Carla Stotts  
2. Reporting Period: Start Date: 1/15/24 End Date: 3/31/26  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 220.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Lashell Middle Name: \_\_\_\_\_ Last Name: Vaughn  
Address: 1255 Pine Acres City: Earls State: TN Zip Code: 38028  
Occupation: VP IT Employer: MLGW  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 3/22/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Ann Marie Middle Name: Watkin Last Name: Wallace  
Address: 10 N Plantation Oaks Dr City: Cordova State: TN Zip Code: 38018  
Occupation: \_\_\_\_\_ Employer: Breitbart  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 3/23/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Shelia Middle Name: \_\_\_\_\_ Last Name: Ervin  
Address: 9585 Mallard Lake Rd City: Collierville State: TN Zip Code: 38017  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 3/25/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jacquelyn Middle Name: \_\_\_\_\_ Last Name: Atbari  
Address: 1116 Haverhill Dr City: Brentwood State: TN Zip Code: 37027  
Occupation: Business/Mdtr Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150.00 Date of Contribution: 3/27/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 450.00  
(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: Friends for Carla Stotts  
2. Reporting Period: Start Date: 1/15/26 End Date: 3/31/26  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Paula Middle Name: \_\_\_\_\_ Last Name: Echols  
Address: 1001 Pinemont Dr City: Houston State: TX Zip Code: 77018  
Occupation: Oil Accountant Employer: Unemployed  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 3/28/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jane Middle Name: Venson Last Name: Tafford  
Address: 2014 Meadowview Ln City: Memphis State: TN Zip Code: 38116  
Occupation: HR Executive Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.00 Date of Contribution: 3/31/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Dana Middle Name: \_\_\_\_\_ Last Name: Pointer  
Address: 1103 Center Ridge City: Collierville State: TN Zip Code: 38017  
Occupation: CEO Employer: Preserve Partners  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150.00 Date of Contribution: 3/30/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Levitus Middle Name: \_\_\_\_\_ Last Name: Pointer  
Address: 1103 Center Ridge City: Collierville State: TN Zip Code: 38017  
Occupation: Education Employer: AMS CS  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150.00 Date of Contribution: 3/30/25 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 600.00

(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: Friends for Carla Scotts  
 2. Reporting Period: Start Date: 1/14/24 End Date: 3/31/24  
 3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 600.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Beverly Middle Name: C Last Name: Robinson  
 Address: 970 Tranquillin City: Memphis State: TN Zip Code: 38116  
 Occupation: Marketing Executive Employer: Self  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 500.00 Date of Contribution: 3/29/24 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Velvieve Stafford Middle Name: M Last Name: Stafford  
 Address: 3664 Lakeview City: Memphis State: TN Zip Code: 38116  
 Occupation: Retired Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 100.00 Date of Contribution: 3/29/24 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Freda Middle Name: M Last Name: Walker  
 Address: P.O. Box 4918 City: Portland State: OR Zip Code: 97208  
 Occupation: Chief Compliance Officer Employer: Self Enhancement Inc  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 100.00 Date of Contribution: 2/16/24 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Detonya Middle Name: \_\_\_\_\_ Last Name: Houser  
 Address: 826 Painted Oak City: Memphis State: TN Zip Code: 38116  
 Occupation: Educator Employer: MSCS  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 50.00 Date of Contribution: 2/6/24 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 750.00

(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: Friends for Carly Stotts  
2. Reporting Period: Start Date: 1/15/24 End Date: 3/31/24  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1750.00

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: Pinnacle Bank OR  
First Name: P Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Service Charge  
Amount of Expenditure: \$ 8.00 Date of Expenditure: \$ 2/6/26

Business or Organization Name: Domains OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Domain Name  
Amount of Expenditure: \$ 41.10 Date of Expenditure: \$ 2/18/26

Business or Organization Name: April 4, Foundation OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Donation  
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 2/23/26

Business or Organization Name: Controla (Pay Pal Setup) OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: San Jose State: CA Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Setting up Website  
Amount of Expenditure: \$ 150.00 Date of Expenditure: \$ 2/24/26

Business or Organization Name: April 4th Foundation OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Donation  
Amount of Expenditure: \$ 150.00 Date of Expenditure: \$ ~~3/03/26~~ 3/3/26

Total Expenditures: \$ 359.10

(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: Friends for Carly Stotts  
2. Reporting Period: Start Date: 1/15/26 End Date: 3/31/26  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 359.10

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: Mt Pisgah OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Donation  
Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 2/22/26

Business or Organization Name: Pinnacle Bank OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Service Charge  
Amount of Expenditure: \$ 8.00 Date of Expenditure: \$ 3/6/24

Business or Organization Name: Sam's Club OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Supplies for Fundraiser gas  
Amount of Expenditure: \$ 27.51 Date of Expenditure: \$ 3/16/26

Business or Organization Name: AI Printing OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Signs  
Amount of Expenditure: \$ 1097.50 Date of Expenditure: \$ 3/16

Business or Organization Name: Domains OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Domain Name  
Amount of Expenditure: \$ 14.99 Date of Expenditure: \$ 3/18/26

Total Expenditures: \$ 1172.70

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Carly Stotts  
2. Reporting Period: Start Date: 1/15/26 End Date: 3/31/26  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1172.70

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: \_\_\_\_\_ OR  
First Name: Javita Middle Name: Boege Last Name: Jones  
Address: 4th St City: Memphis State: TN Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Brocaal Media Campaign  
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 3/19/26

Business or Organization Name: LeMayne Owen College OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Scholarship Donation  
Amount of Expenditure: \$ 43.60 Date of Expenditure: \$ 3/20/26

Business or Organization Name: Sam's Club OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Fundraiser Food  
Amount of Expenditure: \$ 229.64 Date of Expenditure: \$ 3/26/26

Business or Organization Name: Sam's Club OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Fundraiser  
Amount of Expenditure: \$ 105.01 Date of Expenditure: \$ 3/26/26

Business or Organization Name: Sam's Club OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: gas  
Amount of Expenditure: \$ 69.70 Date of Expenditure: \$ 3/30/26

Total Expenditures: \$ 647.95  
(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: Friends for Carla Stotts  
2. Reporting Period: Start Date: 1/15/26 End Date: 3/31/26  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 647.95

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: Home Depot OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Stakes for Signs  
Amount of Expenditure: \$ 466.40 Date of Expenditure: \$ 3/30/26

Business or Organization Name: Al Printing OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Push Cards for Campaign  
Amount of Expenditure: \$ 179.23 Date of Expenditure: \$ 3/31/26

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: \$ 1245.43  
(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.)