



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 4-10-24 2.a. Candidate or Committee Name: Sadie Bradley  
 2.b. If Committee, Name of Candidate: Sadie Bradley 3. Election Date: May 5, 2026  
 4. Campaign Address: 6039 Cottage Hill Dr  
 City: Millington State: TN Zip Code: 38053 Phone: 901-538-1269  
 5. Candidate Home Address: 6039 Cottage Hill Dr.  
 City: Millington State: TN Zip Code: 38053 Phone: 901-538-1269  
 Candidate Email Address: votesadde@gmail.com  
 6. Office Sought: (include district number, if applicable) Shelby County Commissioner - D. Street 1  
 7. Name of Political Treasurer (may be candidate): Shephelia Wiggins  
 Political Treasurer Email Address: ~~votesadde@gmail.com~~ votesadde@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: January 16, 2024 End Date: March 31, 2026

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> Candidate Signature	<u>4-8-2024</u> Date	<u>[Signature]</u> Political Treasurer Signature	<u>4-8-2024</u> Date
<u>[Signature]</u> Witness Signature	<u>4/4/2026</u> Date	<u>[Signature]</u> Witness Signature	<u>4-8-2026</u> Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>813.43</u>
b. Total Receipts This Period .....	\$ <u>485</u>
c. Total Disbursements This Period .....	\$ <u>13,921.97</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>189.00</u>
e. Total Loans Outstanding .....	\$ <u>0</u>
f. Total Obligations Outstanding .....	\$ <u>0</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Sadie Bradley

14. Reporting Period: Start Date: January 16, 2024 End Date: March 31, 2024

15. Receipts:
- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 0  
(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) ..... \$ 485
  - 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.) ..... \$ 485

16. Disbursements:
- a. Total Expenditures (other than loan payments)..... \$ 1392.97  
(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.)..... \$ 1392.97

17. In-Kind Contributions:
- a. Unitemized In-Kind Contributions Received This Period ..... \$ ~~2500~~ <sup>530</sup> 0
  - b. Itemized In-Kind Contributions Received This Period ..... \$ 2500
  - c. Total In-Kind Contributions Received This Period ..... \$ 2500

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

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sarah Bentley  
2. Reporting Period: Start Date: 1-16-2026 End Date: 9-30-2026  
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: Quishay Middle Name: \_\_\_\_\_ Last Name: Hennings  
Address: 116 N. Main St. City: Covington State: TN Zip Code: 38019  
Occupation: CEO owner Employer: Hennings Holding  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100 Date of Contribution: 1-25-2026 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Charline Middle Name: \_\_\_\_\_ Last Name: Cuswell  
Address: 3558 Partridge Cv. City: Memphis State: TN Zip Code: 38128  
Occupation: County Commissioner Employer: Shelby County  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100 Date of Contribution: 2-8-2026 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Gregory Middle Name: \_\_\_\_\_ Last Name: Smith  
Address: 4477 Grand Pyramid Dr City: Memphis State: TN Zip Code: 38128  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 10 Date of Contribution: 2-8-2026 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jahari Middle Name: \_\_\_\_\_ Last Name: Powdy  
Address: 1312 Island Shore Dr City: Memphis State: TN Zip Code: 38103  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50 Date of Contribution: 2-19-2026 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 260

(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: Sude Bailey  
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) \$ 260

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jakob Middle Name: \_\_\_\_\_ Last Name: Thomas  
Address: 4288 F.W. Oak Rd City: Millington State: TN Zip Code: 38053  
Occupation: Forklift Employer: BM  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200 Date of Contribution: 3-1-26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Lucas Middle Name: \_\_\_\_\_ Last Name: Jordan  
Address: 9254 Chalkwell Ave City: Cardova State: TN Zip Code: 38016  
Occupation: n/a Employer: unemployed  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 25 Date of Contribution: 3-26-26 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: \$ \_\_\_\_\_

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: \$ 485  
(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: Seth Bailey  
2. Reporting Period: Start Date: 1/16/2026 End Date: 3-31-26  
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: Kroger OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8039 HWY 51 N City: Millington State: TN Zip Code: 38053  
Purpose of Expenditure: Meat & Grub @ Jays (Tea & Fruit Tray)  
Amount of Expenditure: \$ 33.14 Date of Expenditure: \$ 2-28-2026

Business or Organization Name: Walmart OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8445 US HWY 51 N City: Millington State: TN Zip Code: 38053  
Purpose of Expenditure: Phone bank (Chips, water, drinks, cookies, meat tray)  
Amount of Expenditure: \$ 69.70 Date of Expenditure: \$ 2-19-2026

Business or Organization Name: Shelby County Election Commission OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 157 Poplar Ave City: Memphis State: TN Zip Code: 38103  
Purpose of Expenditure: Map of Conn Dist 1  
Amount of Expenditure: \$ 15 Date of Expenditure: \$ 2-18-2026

Business or Organization Name: Olympic - Arlington OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 5183 Airline Rd City: Arlington State: TN Zip Code: 38602  
Purpose of Expenditure: Meat & Grub  
Amount of Expenditure: \$ 30.89 Date of Expenditure: \$ 2-27-2026

Business or Organization Name: Shake Rag OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8902 Rankin Branch Rd City: Millington State: TN Zip Code: 38053  
Purpose of Expenditure: Meat & Grub  
Amount of Expenditure: \$ 9.00 Date of Expenditure: \$ 2-17-2026

Total Expenditures: \$ 157.75

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Seidi Bradley  
2. Reporting Period: Start Date: 1-16-2024 End Date: 3-31-26  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 157.75

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: Jay's Coffee & Cuisine OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 4750 Navy Rd City: Millington State: TN Zip Code: 38053  
Purpose of Expenditure: Melt & Cream Paid for constituents breakfast x 2  
Amount of Expenditure: \$ 51.99 Date of Expenditure: \$ 2-28-2026

Business or Organization Name: Cit Sports Bar and Lounge, LLC OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 7838 Church St City: Millington State: TN Zip Code: 38053  
Purpose of Expenditure: Campaign - Kroger PB  
Amount of Expenditure: \$ 18.43 Date of Expenditure: \$ 2-8-2026

Business or Organization Name: Arclo OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 3723 Greenville Ave Ste 41002 City: Dallas State: TX Zip Code: 75206-5321  
Purpose of Expenditure: APP 90 Fee  
Amount of Expenditure: \$ 21.20 Date of Expenditure: \$ \_\_\_\_\_

Business or Organization Name: Kroger OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8039 US 51 HWY City: Millington State: TN Zip Code: 38053  
Purpose of Expenditure: Commissary  
Amount of Expenditure: \$ 20 Date of Expenditure: \$ 2-14-2026

Business or Organization Name: Kroger OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 670 N. Germantown Pkwy City: Cordova State: TN Zip Code: 38016  
Purpose of Expenditure: Commissary / Res  
Amount of Expenditure: \$ 19.88 Date of Expenditure: \$ 2-8-2026

Total Expenditures: \$ ~~245.55~~ 324.10 PB 5 287.25

(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: Sadi Bradley  
2. Reporting Period: Start Date: 1-16-2020 End Date: 3-31-26  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ ~~301.10~~ 287.25 <sup>\$15.5X</sup>

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: Chase OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 270 Park Ave City: New York State: NY Zip Code: 10017  
Purpose of Expenditure: Monthly Bank Service Fee  
Amount of Expenditure: \$ 15 Date of Expenditure: \$ 3-19-2026

Business or Organization Name: QR Developer OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: San Francisco State: CA Zip Code: 94114  
Purpose of Expenditure: Android/iOS Form QR Code  
Amount of Expenditure: \$ 38.95 Date of Expenditure: \$ 3-10-2026

Business or Organization Name: Sticker Whisper OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2779 Brown Ave City: Oceanside State: NY Zip Code: 11573  
Purpose of Expenditure: Campaign stickers  
Amount of Expenditure: \$ 35.95 Date of Expenditure: \$ 2-21-2026

Business or Organization Name: Dem. Women Act Blue OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1870 Madison Ave City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Members Fee  
Amount of Expenditure: \$ 26.00 Date of Expenditure: \$ 2-21-2026

Business or Organization Name: Chase OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 270 Park Ave City: New York State: NY Zip Code: 10017  
Purpose of Expenditure: Bank monthly fee  
Amount of Expenditure: \$ 15 Date of Expenditure: \$ 2-20-2026

Total Expenditures: \$ ~~480.81~~ ~~455.06~~ <sup>\$15.5X</sup> 418.21  
(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: Selvi B. May  
2. Reporting Period: Start Date: 1-16-2026 End Date: 3-31-26  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 418.21

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: QR Developer OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: San Francisco State: CA Zip Code: 94114  
Purpose of Expenditure: QR Code Developer  
Amount of Expenditure: \$ 38.95 Date of Expenditure: \$ 2-14-2026

Business or Organization Name: Kroger OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8039 US51 HWY City: Millington State: W Zip Code: 38053  
Purpose of Expenditure: Gas Receipts  
Amount of Expenditure: \$ 20 Date of Expenditure: \$ 3-26-2026

Business or Organization Name: Link.com HIT EM UP OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Text Blast  
Amount of Expenditure: \$ 21.84 Date of Expenditure: \$ 2-6-2026

Business or Organization Name: Sticky Brand OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: Orlando State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Campaign cards  
Amount of Expenditure: \$ 26.21 Date of Expenditure: \$ 1-30-2026

Business or Organization Name: Ford sign Plus OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 10511 Kipp way st City: Houston State: TX Zip Code: 77099  
Purpose of Expenditure: Campaign Stickers  
Amount of Expenditure: \$ 38 Date of Expenditure: \$ 1-20-2026

Total Expenditures: \$ 571.84 513.21 <sup>5B</sup> 87

(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: Sadie Br. May  
2. Reporting Period: Start Date: 1-16-2024 End Date: 13-31-2024  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 563.21

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: Eva ESCO Middle Name: \_\_\_\_\_ Last Name: Sigee-Cole  
Address: 4181 Bennettwood Dr City: Millington State: TN Zip Code: 38053  
Purpose of Expenditure: Campaign Kickoff  
Amount of Expenditure: \$ 150 Date of Expenditure: \$ 2-8-2026

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Erica Middle Name: \_\_\_\_\_ Last Name: Bourman  
Address: 8246 Cordwood Ln City: Cordova State: TN Zip Code: 38016  
Purpose of Expenditure: Campaign Kickoff cake  
Amount of Expenditure: \$ 58 Date of Expenditure: \$ 2-8-2026

Business or Organization Name: Democratic Shelby County OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Demote Prayer Breakfast  
Amount of Expenditure: \$ 50 Date of Expenditure: \$ 1-26-2026

Business or Organization Name: Shelby County Democratic Party OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Member fee  
Amount of Expenditure: \$ 25 Date of Expenditure: \$ 2-21-2026

Business or Organization Name: Facebook Ad OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 Meta way City: Menlo Park State: CA Zip Code: 94025  
Purpose of Expenditure: \_\_\_\_\_  
Amount of Expenditure: \$ 10 Date of Expenditure: \$ 3-21-26

Total Expenditures: \$ ~~844.81~~ 856.21 513 65  
(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: Sally Bradley  
2. Reporting Period: Start Date: 1-14-2020 End Date: 3-31-24  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 856.21

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: East Memphis Democratic Party OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 483 High Point Terrace City: Memphis State: TN Zip Code: 38122  
Purpose of Expenditure: Donation  
Amount of Expenditure: \$ 10 Date of Expenditure: \$ 2-21-2024

Business or Organization Name: Another Booker Egg OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 65 S Highland St City: Memphis State: TN Zip Code: 38111  
Purpose of Expenditure: Constituent's need up to talk about engagement (breakfast)  
Amount of Expenditure: \$ 56.77 Date of Expenditure: \$ 3-7-2026

Business or Organization Name: Kroyer OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8039 Hwy 51 N City: Millington State: TN Zip Code: 38052  
Purpose of Expenditure: Northaven Assocation meeting - NBS meeting  
Amount of Expenditure: \$ 20 Date of Expenditure: \$ 2-3-2026

Business or Organization Name: Yard Signs Plus OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 10511 Kipp Way St S + 430 City: Houston State: TX Zip Code: 77099  
Purpose of Expenditure: Yard signs  
Amount of Expenditure: \$ 449.99 Date of Expenditure: \$ 1-18-2024

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: \$ ~~1449.57~~ 1392.97

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sadie Bradley  
2. Reporting Period: Start Date: 1-16-2024 End Date: 3-31-26  
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: CIT Sports Bar & Lounge, LLC OR  
First Name: Cliff Middle Name: \_\_\_\_\_ Last Name: Brown  
Address: 7838 Church Rd City: Milington State: TN Zip Code: 38053  
Occupation: Owner Employer: CIT Sports Bar & Lounge  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 2500 In-Kind Contribution Date: 2-8-2024 Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: Verbe

~~Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: ~~2-8-2024~~ Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: ~~Verbe~~~~

Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: \_\_\_\_\_

Total In-Kind Contributions: \$ \_\_\_\_\_

(Carry forward to the 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 the summary on first page.)