



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 7/11/2025      2.a. Candidate or Committee Name: Marco Yzaguirre

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 8/6/2026

4. Campaign Address: 1661 Aaron Brenner Dr Ste 300  
 City: Memphis      State: TN      Zip Code: 38120      Phone: 9017612720

5. Candidate Home Address: 506 Rutledge Cv  
 City: Collierville      State: TN      Zip Code: 38017      Phone: 9014917095

Candidate Email Address: marcoforsheriff2026@gmail.com

6. Office Sought: (include district number, if applicable) Sheriff

7. Name of Political Treasurer (may be candidate): Carmen Garces  
 Political Treasurer Email Address: cargarces2020@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

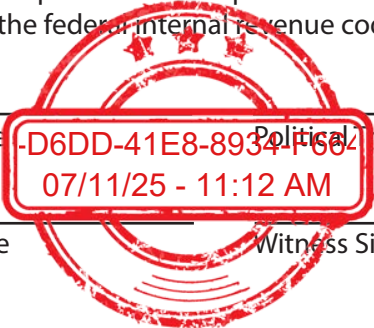
9. Reporting Period:      Start Date: 2/27/2025      End Date: 6/30/2025

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
Witness Signature	Date	Witness Signature	Date



12. Summary:

a. Balance On Hand Last Report .....	\$ <u>\$0.00</u>
b. Total Receipts This Period .....	\$ <u>\$4,725.00</u>
c. Total Disbursements This Period .....	\$ <u>\$248.40</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>\$4,476.60</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: Marco Yzaguirre

14. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025

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) ..... \$ \$4,725.00
- 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.) ..... \$ \$4,725.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$248.40  
(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.)..... \$ \$248.40

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: Marco Yzaguirre
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Cody Middle Name: \_\_\_\_\_ Last Name: Blackwell  
Address: 3980 Covington Pike City: Memphis State: TN Zip Code: 38135  
Occupation: Deputy Sheriff Employer: SCSO  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/14/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Jason Middle Name: \_\_\_\_\_ Last Name: Botts  
Address: 1055 N Houston Levee Rd Ste 10 City: Cordova State: TN Zip Code: 38018  
Occupation: Dentist Employer: Botts Dental Spa PC  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$500.00 Date of Contribution: 3/24/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Carmen Middle Name: \_\_\_\_\_ Last Name: Shaver  
Address: 2418 Walnut Dr NW City: Cleveland State: TN Zip Code: 37311  
Occupation: Dental Hygienist Employer: Peterson Family Dentistry  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$500.00 Date of Contribution: 3/24/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Tina Middle Name: Marie Last Name: Johnson  
Address: 162 Woodshire Ln City: Brighton State: TN Zip Code: 38011  
Occupation: Student Employer: STCC  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/2/2025 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$1,150.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Brett A. Middle Name: \_\_\_\_\_ Last Name: Giannini  
Address: 94 Jeanette Cv City: Atoka State: TN Zip Code: 38004  
Occupation: Police Officer Employer: City of Memphis  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/8/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Carrie Middle Name: \_\_\_\_\_ Last Name: Montgomery  
Address: 8971 Winding Way City: Germantown State: TN Zip Code: 38139  
Occupation: Accountant Employer: TPC Southwind  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/11/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Carmen Middle Name: \_\_\_\_\_ Last Name: Garces  
Address: 1068 Smoky Oaks Ln City: Collierville State: TN Zip Code: 38017  
Occupation: RN Employer: Caballero Family Healthcare Group  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/12/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Cesar Middle Name: \_\_\_\_\_ Last Name: Garces  
Address: 1068 Smoky Oaks Ln City: Collierville State: TN Zip Code: 38017  
Occupation: RN Employer: Caballero Family Healthcare Group  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/12/2025 Aggregate This Election: \$ \$1,050.00

Total Contributions: \$ \$2,350.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,350.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Laura Middle Name: \_\_\_\_\_ Last Name: Yell  
Address: 7940 Farnifold Dr #3 City: Germantown State: TN Zip Code: 38138  
Occupation: Business Employer: Botts Dental  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/12/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Mauricio Middle Name: \_\_\_\_\_ Last Name: Calvo  
Address: 8665 Roundtree Pl City: Memphis State: TN Zip Code: 38016  
Occupation: CEO Employer: Latino Memphis  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$150.00 Date of Contribution: 4/12/2025 Aggregate This Election: \$ \$150.00

Business or Organization Name: Bernie's Flooring Service LLC **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8224 Highway 178 City: Olive Branch State: MS Zip Code: 38654  
Occupation: N/A Employer: N/A  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/21/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Darin Middle Name: K. Last Name: Halford  
Address: 185 Piper Hollow Dr City: Piperton State: TN Zip Code: 38017  
Occupation: Builder Employer: DKH Builder LLC  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/21/2025 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$3,200.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,200.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Isabel Middle Name: Cristina Last Name: Izaguirre  
Address: 1085 Breezy Valley Dr City: Cordova State: TN Zip Code: 38018  
Occupation: Medical Records Employer: Caballero Family Healthcare Group  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/21/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Ana Middle Name: M. Last Name: Yzaguirre  
Address: 1085 Breezy Valley Dr City: Cordova State: TN Zip Code: 38018  
Occupation: Medical Records Employer: Caballero Family Healthcare Group  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$150.00 Date of Contribution: 4/21/2025 Aggregate This Election: \$ \$150.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Audelio Middle Name: Vicente Last Name: Chilel  
Address: 8590 Bay Orchard Ln City: Cordova State: TN Zip Code: 38018  
Occupation: Owner Employer: Manseos El Quetzal  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/21/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Audelio Middle Name: Vicente Last Name: Chilel  
Address: 8590 Bay Orchard Ln City: Cordova State: TN Zip Code: 38018  
Occupation: Owner Employer: Manseos El Quetzal  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$25.00 Date of Contribution: 4/21/2025 Aggregate This Election: \$ \$125.00

Total Contributions: \$ \$4,475.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$4,475.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Kathi Middle Name: \_\_\_\_\_ Last Name: Williams  
Address: 1025 Crosswinds Cove City: Collierville State: TN Zip Code: 38017  
Occupation: Owner Employer: FEO Medical Inc  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$100.00 Date of Contribution: 5/7/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Isabel Middle Name: Cristina Last Name: Izaguirre  
Address: 1085 Breezy Valley Dr City: Cordova State: TN Zip Code: 38018  
Occupation: Medical Records Employer: Caballero Family Healthcare Group  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$100.00 Date of Contribution: 5/12/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Derrick Middle Name: \_\_\_\_\_ Last Name: Muhammad  
Address: 7538 Morgan Tree Ln City: Memphis State: TN Zip Code: 38125  
Occupation: Retired Employer: Retired  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$50.00 Date of Contribution: 5/21/2025 Aggregate This Election: \$ \$50.00

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: \$ \$4,725.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
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: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 3/14/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$20.30 Date of Expenditure: \$ 3/24/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$20.30 Date of Expenditure: \$ 3/24/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 4/8/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 4/11/2025

Total Expenditures: \$ \$49.50

(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.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Marco Yzaguirre
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$49.50

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: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$53.20 Date of Expenditure: \$ 4/12/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 5/7/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 5/21/2025

Business or Organization Name: directFX MS, LLC **OR**

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

Address: 8811 Highway 51 N City: Southaven State: MS Zip Code: 38671

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$139.10 Date of Expenditure: \$ 6/30/2025

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: \$ \$248.40

(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.)