



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/27/26 2.a. Candidate or Committee Name: Friends for Andrea Bell Campaign
- 2.b. If Committee, Name of Candidate: Andrea Bell 3. Election Date: 8/6/26
4. Campaign Address: —
- City: — State: — Zip Code: — Phone: —
5. Candidate Home Address: 5445 Bridge Meadow Lane
- City: Memphis State: TN Zip Code: 38125 Phone: 901 665 8442
- Candidate Email Address: andrea.bell.district12@gmail.com
6. Office Sought: (include district number, if applicable) Shelby County Commissioner, District 12
7. Name of Political Treasurer (may be candidate): Wendy
- Political Treasurer Email Address: natalison91@icloud.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: 7/1/26 End Date: 7/27/26
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.

Andrea Bell 7/27/26 [Signature] 7/27/26
Candidate Signature Date Political Treasurer Signature Date

[Signature] 07/27/26 [Signature] 07/27/26
Witness Signature Date Witness Signature Date

12. Summary:

- a. Balance On Hand Last Report \$ 2557.21
- b. Total Receipts This Period \$ 303.38
- c. Total Disbursements This Period \$ 1,193.74
- d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 1,666.85
- e. Total Loans Outstanding \$ —
- f. Total Obligations Outstanding \$ —

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends for Andrea Bell campaign

14. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 303.38
(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.) \$ 303.38

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 1,193.74
(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.) \$ 1,193.74

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 of Andrea Ball Campaign
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION. N/A

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: \$ _____

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: \$ 303.38

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Andrea Bell campaign
2. Reporting Period: Start Date: 7/1/24 End Date: 7/27/24
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0.00

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. N/A

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: _____

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: \$ 0.00

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Andrea Bell Campaign
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26
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: Robocent OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Virginia Beach State: VA Zip Code: _____
Purpose of Expenditure: text messaging
Amount of Expenditure: \$ 67.28 Date of Expenditure: \$ 7/8 & 7/6/26

Business or Organization Name: 901 Print Shop OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: Print material
Amount of Expenditure: \$ 135.90 Date of Expenditure: \$ 7/10/27

Business or Organization Name: Rock n Dough OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Germantrwn State: _____ Zip Code: _____
Purpose of Expenditure: text/call campaign
Amount of Expenditure: \$ 139.79 Date of Expenditure: \$ 7/10/2026

Business or Organization Name: Barnes & Noble OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Office supplies
Amount of Expenditure: \$ 10.96 Date of Expenditure: \$ 7/13/26

Business or Organization Name: 901 Print Shop OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: _____ Zip Code: _____
Purpose of Expenditure: Print material
Amount of Expenditure: \$ 90.60 Date of Expenditure: \$ 7/13/26

Total Expenditures: \$ 444.53
(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 Andrea Ball Campaign
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 444.53

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: Good Party LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Rolling Hills State: CA Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 7/13/26

Business or Organization Name: Tractor Supply OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Olive Branch State: MS Zip Code: _____
Purpose of Expenditure: Metal poles
Amount of Expenditure: \$ 108.43 Date of Expenditure: \$ 7/14/26

Business or Organization Name: Rebocent OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Virginia Beach State: CA Zip Code: _____
Purpose of Expenditure: text messages
Amount of Expenditure: \$ 164.25 Date of Expenditure: \$ 7/17; 7/20/26

Business or Organization Name: Michael Stores OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Collierville State: TN Zip Code: _____
Purpose of Expenditure: T-shirts
Amount of Expenditure: \$ 25.11 Date of Expenditure: \$ 7/20/26

Business or Organization Name: Aldi OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: 38141
Purpose of Expenditure: Lunch for all workers
Amount of Expenditure: \$ 13.74 Date of Expenditure: \$ 7/20/26

Total Expenditures: \$ 321.53

(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 Andrea Bell Campaign
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 321.53

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: Jiffy 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Willington State: DE Zip Code: _____
Purpose of Expenditure: t-shirts
Amount of Expenditure: \$ 53.61 Date of Expenditure: \$ 7/20/27

Business or Organization Name: Sam's Club 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: Poll supplies early voting
Amount of Expenditure: \$ 65.04 Date of Expenditure: \$ 7/21; 7/23; 7/24/2026

Business or Organization Name: Walmart 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: Poll Supplies
Amount of Expenditure: \$ 23.72 Date of Expenditure: \$ 7/21; 7/22/26

Business or Organization Name: Riverdale 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: poll supplies
Amount of Expenditure: \$ 11.28 Date of Expenditure: \$ 7/22/26

Business or Organization Name: henny's grill 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: Poll expense
Amount of Expenditure: \$ 23.03 Date of Expenditure: \$ 7/27/26

Total Expenditures: \$ 176.68

(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 Andrea Bell Campaign
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 176.68

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: Autozone 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: poll supplies
Amount of Expenditure: \$ 8.77 Date of Expenditure: \$ 7/27/2026

Business or Organization Name: 901 Post stop 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ 203.85 Date of Expenditure: \$ 7/23/27

Business or Organization Name: Subway 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: poll supplies
Amount of Expenditure: \$ 38.38 Date of Expenditure: \$ 7/20/26

Business or Organization Name: _____ 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ 0
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 8.77 251.00 13 ju
(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: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: _____ 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: \$ _____

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: \$ _____
(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 LOANS - CANDIDATE

1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

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

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

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

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

Date of Loan: _____

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$