CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 09/02/26 2.a. Candidate or Committee Name: JB Smiley for Mayor

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 05/05/26

4. Campaign Address: 254 Court Ave

City: Memphis State: TN Zip Code: 38103 Phone: 9013520478

5. Candidate Home Address: 11

City: _____ State: _____ Zip Code: _____ Phone: _____

Candidate Email Address: _____

6. Office Sought: (include district number, if applicable) Shelby County Mayor

7. Name of Political Treasurer (may be candidate): Jim Kyle

Political Treasurer Email Address: votejbsmiley@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: 05/01/26 End Date: 06/30/26

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.

Candidate Signature _____ Date 09/02/26 Political Treasurer Signature _____ Date 09/02/26

Witness Signature Jackie D. Smiley Date 09/02/26 Witness Signature Jackie D. Smiley Date 09/02/26

12. Summary:

a.	Balance On Hand Last Report	$ 7,571.00
b.	Total Receipts This Period	$ 15,072.01
c.	Total Disbursements This Period	$ 20,982.91
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 1,660.10
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 22,374.87

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: JB Smiley for Mayor

14. Reporting Period: Start Date: 05/01/26 End Date: 06/30/26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 311.33
(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) ..... $ 14,760.68

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.) ..... $ 15,072.01

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 20,982.91
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 0

c. Total Obligation Payments Made This Period. $

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) $ 20,982.91

17. In-Kind Contributions:

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

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

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

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 22,374.87

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _____

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

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

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: $ _____

(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.)

JOSEPH, JOSEPH	5/2/2026	6.66	Apple Pay
Stokes, Laquita Rochelle	5/2/2026	88.23	Electronic Funds Transfer
Taylor, Jennifer	5/3/2026	52	Apple Pay
Taylor, Jennifer	5/3/2026	103.75	Apple Pay
Woods, Cary C.	5/3/2026	103.75	Credit Card
Pinson, Joyce	5/4/2026	52	Credit Card
Bonner, Michael	5/4/2026	259	Credit Card
Winsley, Kathryn	5/4/2026	26.38	Credit Card
Isabel, Jamie	5/4/2026	250	Credit Card
Mosby, Michai	5/4/2026	207.25	Apple Pay
Bynum, DeAndre	5/4/2026	259	Credit Card
Ward, Marcus	5/5/2026	259	Apple Pay
Pendergrass, Derrick	5/5/2026	207.25	Credit Card
Greer, Sherman	5/5/2026	250	Credit Card
Davis, Karen	5/24/2026	26.13	Credit Card
Houston, Hosea	5/30/2026	26.38	Credit Card
JOSEPH, JOSEPH	6/2/2026	6.66	Apple Pay
Winsley, Kathryn	6/4/2026	26.38	Credit Card
Davis, Karen	6/24/2026	26.13	Credit Card
Houston, Hosea	6/30/2026	26.38	Credit Card
Humphrey, Marion	05/29/2026	250.00	Check
Earnestine Dors	05/03/2026	$1,500.00	Check
Harris, Williams	06/14/2026	$500.00	Check
Legacy PAC	05/04/2026	$1000.00	Check
Memphis Music PAC	05/01/2026	$1000.0	Check
Ernest Brooks	05/03/2026	$150.00	Check
Butler Snow Good To Great	05/01/2026	$500.00	Check
Shelby Railroad	05/01/2026	$1800.00	Check
David Fleetwood	05/01/2026	$1800.00	Check
NEXTSTAR Media	06/04/2026	$2395.50	Check (Refund)
Committee to Elect Ford	05/04/2026	$1,006.00	Check

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

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

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: ______________________________ **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: $ ______________

(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: ______________________

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: $ __________

SEE ATTACHED

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.)

05/01/26 ADP WAGE PAY Payroll/payroll processing $3,000.00
05/01/26 ROBODIAL.ORG, Voter contact $52.00
05/04/26 7 BREW COFFEE Campaign meals $9.12
05/04/26 GOOGLE *Worksp Software $44.52
05/04/26 FEDEX OFFICE 0 Printing/campaign materials $9.84
05/04/26 SPO*BISCUITSAN Campaign meals $67.07
05/04/26 FEDEX OFFICE 0 Printing/campaign materials $7.57
05/04/26 FEDEX OFFICE 0 Printing/campaign materials $7.57
05/04/26 FEDEX OFFICE 0 Printing/campaign materials $33.32
05/04/26 FEDEX OFFICE 0 Printing/campaign materials $36.60
05/04/26 CHICK-FIL-A #0 Campaign meals $60.16
05/04/26 SHOPIFY* 52459 Website/merchandise services $42.81
05/04/26 TST*THE FOUR W Campaign meals $69.10
05/05/26 ADP WAGE PAY Payroll/payroll processing $500.00
05/05/26 poll workers $8,550.00
05/06/26 7 BREW COFFEE Campaign meals $18.89
05/06/26 EXXON 186 N DA Campaign travel/fuel $36.07
05/07/26 ADP WAGE PAY Payroll/payroll processing $2,000.00
05/08/26 ADP PAYROLL FEES Payroll/payroll processing $105.33
05/08/26 Flywire Global Campaign services $468.01
05/14/26 ADP WAGE PAY Payroll/payroll processing $750.00
05/15/26 ADP PAYROLL FEES Payroll/payroll processing $171.90
05/19/26 BonterraTech.com Campaign expense $100.00
05/22/26 ADP PAYROLL FEES Payroll/payroll processing $85.95
05/22/26 DIRECTFX MS, LLC Campaign services $500.86
05/26/26 EXTRA SPACE 17 Campaign storage $47.00
05/29/26 PAPER STATEMENT FEE Campaign expense $3.00
06/01/26 DIRECTFX MS, LLC Campaign services $260.00
06/01/26 FACEBK *Q3MJWN Digital advertising $146.47
06/02/26 Google Workspa Campaign expense $37.39
06/04/26 Software $21.95
06/08/26 Flywire Global Campaign services $45.63
06/08/26 DIRECTFX MS, LLC Campaign services $250.00
06/12/26 Software $21.95
06/15/26 DIRECTFX MS, LLC Campaign services $300.00
06/15/26 DIRECTFX MS, LLC Campaign services $100.00

Date Payee / bank description Purpose Amount

06/22/26 DIRECTFX MS, LLC Campaign services $300.00

06/22/26 GODADDY#411717 Website services $84.56

06/29/26 DIRECTFX MS, LLC Campaign services $375.00

05/11/26 Check 178 – rent $1,590.00

05/05/26 Check 179 – Reimbursement $400.00

06/15/26 Check 182 - Reimbursement $200.00

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: Direct FX
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: Memphis
State: TN Zip Code: ______

Description of Obligation:	Campaign Metering		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 28,210.73	$ 0	$ 5,835.86	$ 22,374.87

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)
$	$	$	$