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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/30/26 2.a. Candidate or Committee Name: Friends of Amber Huett-Garcia
- 2.b. If Committee, Name of Candidate: Amber Huett-Garcia 3. Election Date: Aug 2026
4. Campaign Address: 4653 Chickasaw Rd
City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115
5. Candidate Home Address: 4653 Chickasaw Rd
City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115
Candidate Email Address: Amberhuettgarcia@gmail.com
6. Office Sought: (include district number, if applicable) County Commission-District 13
7. Name of Political Treasurer (may be candidate): Tate Wilson
Political Treasurer Email Address: Tateswilson@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: 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.

[Signature] 7/30/26
Candidate Signature Date

[Signature] 7-30-26
Witness Signature Date

[Signature] 7/30/26
Political Treasurer Signature Date

[Signature] 7/30/26
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ 17,282.85
b. Total Receipts This Period	\$ 8,900
c. Total Disbursements This Period	\$ 13,052.45
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ 13,130.40
e. Total Loans Outstanding	\$ 0
f. Total Obligations Outstanding	\$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Amber Huett-Garcia

14. Reporting Period: Start Date: 07/01/2026 End Date: 07/27/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 300
(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) \$ 8,600
- 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.) \$ 8,900

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 13,052.45
(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.)..... \$ 13,052.45

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 1900
- c. Total In-Kind Contributions Received This Period \$ 1900

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07/01/2026 End Date: 07/27/2026
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: Mary Middle Name: _____ Last Name: Mcdaniel

Address: 1480 No Winding Wood Cir City: Collierville State: TN Zip Code: 38017

Occupation: N/A (Retired) Employer: N/A

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

Amount of Contribution: \$ 250 Date of Contribution: 7/9/26 Aggregate This Election: \$ 250

Business or Organization Name: _____ **OR**

First Name: Alandas Middle Name: _____ Last Name: Dobbins

Address: PO Box 251 City: Memphis State: TN Zip Code: 38107

Occupation: President Employer: Oteka Tech

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

Amount of Contribution: \$ 100 Date of Contribution: 7/2/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ **OR**

First Name: Joel Middle Name: _____ Last Name: Frey

Address: 189 Richbriar City: Memphis State: TN Zip Code: _____

Occupation: Prin. Adv Employer: ALSAC

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

Amount of Contribution: \$ 100 Date of Contribution: 7/9/26 Aggregate This Election: \$ 400

Business or Organization Name: _____ **OR**

First Name: Mike Middle Name: _____ Last Name: Cooper

Address: N Graham St City: Memphis State: TN Zip Code: 38117

Occupation: President Employer: MCIC International Investment and Consulting

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

Amount of Contribution: \$ 200 Date of Contribution: 7/24/26 Aggregate This Election: \$ 200

Total Contributions: \$ 650

(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 of Amber Huett-Garcia
2. Reporting Period: Start Date: 07/01/26 End Date: 07/27/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 650

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: LEE **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 800 N King St City: Wilmington State: DE Zip Code: 19801
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1500 Date of Contribution: 7/20/26 Aggregate This Election: \$ 1500

Business or Organization Name: _____ **OR**
First Name: Billy Middle Name: _____ Last Name: Howard
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: retired Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000 Date of Contribution: 7/27/26 Aggregate This Election: \$ 1000

Business or Organization Name: TN Realtors Political Action Committee **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 90 19th Ave S City: Nashville State: TN Zip Code: 37212
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1000 Date of Contribution: 7/21/27 Aggregate This Election: \$ 1000

Business or Organization Name: _____ **OR**
First Name: Mason Middle Name: _____ Last Name: Gingold
Address: 4400 Poplar Ave Apt 16 City: Memphis State: TN Zip Code: 38117
Occupation: Retired Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000 Date of Contribution: 7/10/26 Aggregate This Election: \$ 1000

Total Contributions: \$ 5150
(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 of Amber Huett-Garcia
2. Reporting Period: Start Date: 07/01/26 End Date: 07/27/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 5,150

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Shayla Middle Name: _____ Last Name: Kolheim
Address: 919 Twinkletown Rd City: Memphis State: TN Zip Code: 38104
Occupation: community development Employer: google
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 7/1/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ **OR**
First Name: Jessica Middle Name: _____ Last Name: Indingaro
Address: 4666 Marcel Ave City: Memphis State: TN Zip Code: 38122
Occupation: Attorney Employer: Shelby Co Gov
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 7/11/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ **OR**
First Name: Eric Middle Name: _____ Last Name: Matthews
Address: 760 Harbor Bend Rd City: Memphis State: TN Zip Code: 38103
Occupation: Consulting Employer: Axtave LLC
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 7/13/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ **OR**
First Name: Junghoo Middle Name: _____ Last Name: Song
Address: 4730 Sequoia Ave City: Memphis State: TN Zip Code: 38117
Occupation: Project Lead Employer: M3 Project
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 7/15/26 Aggregate This Election: \$ 250

Total Contributions: \$ 5,700

(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 of Amber Huett-Garcia
2. Reporting Period: Start Date: 07/01/26 End Date: 07/27/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 5,700

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Kathy Middle Name: _____ Last Name: Buckman Gibson
Address: 3943 N Lakewood Dr City: Memphis State: TN Zip Code: 38128
Occupation: Exec Employer: KBG Technologies
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,900 Date of Contribution: 7/17/26 Aggregate This Election: \$ 1,900

Business or Organization Name: _____ **OR**
First Name: Kevin Middle Name: _____ Last Name: Woods
Address: 7008 Forbury CV City: Memphis State: TN Zip Code: 38119
Occupation: VP Employer: BCBST
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: 7/17/26 Aggregate This Election: \$ 500

Business or Organization Name: _____ **OR**
First Name: Amy Middle Name: _____ Last Name: Mulroy
Address: 1035 Perkins Terr City: Memphis State: TN Zip Code: 38117
Occupation: COO Employer: A Step Ahead Foundation
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: 7/24/27 Aggregate This Election: \$ 500

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: \$ 8,600

(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 Amber-Huett Garcia
2. Reporting Period: Start Date: 07/01/26 End Date: 07/27/26
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: Tiffany Middle Name: _____ Last Name: Dixon

Address: 5737 Buxbriar Ave City: Memphis State: TN Zip Code: 38120

Occupation: Advisor Employer: MSCS

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ 1900 In-Kind Contribution Date: 7/24/26 Aggregate This Election: \$ 1900

Description of In-Kind Contribution: Campaign admin / support

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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07/01/26 End Date: 07/27/26
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: ActBlue OR

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Fees

Amount of Expenditure: \$ 115.44 Date of Expenditure: \$ 07/01/26

Business or Organization Name: Campfire Collective OR

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

Address: 111 S Highland St City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Marketing / Socials

Amount of Expenditure: \$ 2500 Date of Expenditure: \$ 7/2/26

Business or Organization Name: Ariana Geneva Comm OR

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

Address: 1974 Felix Ave City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Event Management / Campaign Support

Amount of Expenditure: \$ 1,570.88 Date of Expenditure: \$ 7/2/26

Business or Organization Name: _____ OR

First Name: Luis Middle Name: _____ Last Name: Rangel

Address: 4895 Lynbar City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 60 Date of Expenditure: \$ 7/3/26

Business or Organization Name: _____ OR

First Name: Ashlynn Middle Name: _____ Last Name: Robinson

Address: 240 Cole Creek Cv City: Oakland State: TN Zip Code: 38060

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 185 Date of Expenditure: \$ 7/3/26

Total Expenditures: \$ 4,431.32

(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 of Amber Huett-Garcia
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) \$ 4,431.32

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: Luis Middle Name: _____ Last Name: Rangel

Address: 4895 Lynbar Ave City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 104 Date of Expenditure: \$ 7/3/26

Business or Organization Name: _____ OR

First Name: Innocence Middle Name: _____ Last Name: Brown

Address: 1437 Leafhaven Cv City: Cordova State: TN Zip Code: 38016

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 91 Date of Expenditure: \$ 7/3/26

Business or Organization Name: _____ OR

First Name: Jack Middle Name: _____ Last Name: Carroll

Address: 3757 Kearney Ave City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 90 Date of Expenditure: \$ 7/3/26

Business or Organization Name: _____ OR

First Name: Jonah Middle Name: _____ Last Name: Leslie

Address: 874 S Cox St City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 75 Date of Expenditure: \$ 7/3/26

Business or Organization Name: _____ OR

First Name: Luis Middle Name: _____ Last Name: Rangel

Address: 4895 Lynbar City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 63.30 Date of Expenditure: \$ 7/3/26

Total Expenditures: \$ 4,854.62

(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 of Amber Huett-Garcia
2. Reporting Period: Start Date: 07/01/26 End Date: 07/27/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 4,854.62

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: Deborah Middle Name: _____ Last Name: Kim

Address: 2000 N Pkwy City: Memphis State: TN Zip Code: 38112

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 102.50 Date of Expenditure: \$ 7/3/26

Business or Organization Name: Wix OR

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

Address: 100 Gansevoort St City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Website

Amount of Expenditure: \$ 9.21 Date of Expenditure: \$ 7/6/26

Business or Organization Name: _____ OR

First Name: Ashlynn Middle Name: _____ Last Name: Robinson

Address: 240 Cole Creek Cv City: Oakland State: TN Zip Code: 38060

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 175 Date of Expenditure: \$ 7/6/26

Business or Organization Name: _____ OR

First Name: Adele Middle Name: _____ Last Name: Thompson

Address: 4893 Walnut Grove Rd City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: paid intern hours

Amount of Expenditure: \$ 85 Date of Expenditure: \$ 7/6/26

Business or Organization Name: _____ OR

First Name: Amber Middle Name: _____ Last Name: Huett-Garcia

Address: 4653 Chickasaw Rd City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Reimbursement for event supplies, office supplies

Amount of Expenditure: \$ 349.65 Date of Expenditure: \$ 7/6/26

Total Expenditures: \$ 5,575.98

(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 of Amber Huett-Garcia
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) \$ 5,575.98

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: Logan Middle Name: _____ Last Name: Henley

Address: 7291 3rd Rd City: Bartlett State: TN Zip Code: 38135

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 95 Date of Expenditure: \$ 7/7/26

Business or Organization Name: _____ OR

First Name: Logan Middle Name: _____ Last Name: Henley

Address: 7291 3rd Rd City: Bartlett State: TN Zip Code: 38135

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 116 Date of Expenditure: \$ 7/7/26

Business or Organization Name: _____ OR

First Name: Logan Middle Name: _____ Last Name: Henley

Address: 7291 3rd Rd City: Bartlett State: TN Zip Code: 38135

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 116.50 Date of Expenditure: \$ 7/7/26

Business or Organization Name: _____ OR

First Name: Mackenzie Middle Name: _____ Last Name: Stanton

Address: 5817 Henry Heights Dr City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 195 Date of Expenditure: \$ 7/7/26

Business or Organization Name: Foundation Blue OR

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

Address: 57 Manchester St City: Weymouth State: MA Zip Code: 02190

Purpose of Expenditure: Digital Ads

Amount of Expenditure: \$ 500 Date of Expenditure: \$ 7/10/26

Total Expenditures: \$ 6,598.48

(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 of Amber Huett-Garcia
2. Reporting Period: Start Date: 07/01/26 End Date: 07/27/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 6,598.48

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: Diamond Printing OR

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

Address: 1469 Pine Shadows City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Door Hangers

Amount of Expenditure: \$ 757.28 Date of Expenditure: \$ 7/27/26

Business or Organization Name: Wix OR

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

Address: 100 Gansevoort ST City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Website

Amount of Expenditure: \$ 64.75 Date of Expenditure: \$ 7/27/26

Business or Organization Name: Meta OR

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

Address: 1 Meta Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Digital ads

Amount of Expenditure: \$ 84.00 Date of Expenditure: \$ _____

Business or Organization Name: Meta OR

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

Address: 1 Meta Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Digital ads

Amount of Expenditure: \$ 11.06 Date of Expenditure: \$ 7/27/26

Business or Organization Name: _____ OR

First Name: Innocence Middle Name: _____ Last Name: Brown

Address: 1437 Leafhaven Cv City: Cordova State: TN Zip Code: 38016

Purpose of Expenditure: paid intern hours

Amount of Expenditure: \$ 80 Date of Expenditure: \$ 7/10/26

Total Expenditures: \$ 7,595.51

(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 of Amber Huett- Garcia
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) \$ 7,595.51

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: Jack Middle Name: _____ Last Name: Carroll

Address: 3757 Kearney City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 185 Date of Expenditure: \$ 7/10/26

Business or Organization Name: _____ OR

First Name: Adele Middle Name: _____ Last Name: Thompson

Address: 4893 Walnut Grove Rd City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Paid Intern Hours

Amount of Expenditure: \$ 125 Date of Expenditure: \$ 7/10/26

Business or Organization Name: Shelby County Democratic Party OR

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

Address: PO Box 40864 City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Donation for joint mailer

Amount of Expenditure: \$ 1,000 Date of Expenditure: \$ 7/13/26

Business or Organization Name: _____ OR

First Name: Mackenzie Middle Name: _____ Last Name: Stanton

Address: 5017 Henry Heights City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: paid intern hours

Amount of Expenditure: \$ 200 Date of Expenditure: \$ 7/10/26

Business or Organization Name: _____ OR

First Name: Ashlynn Middle Name: _____ Last Name: Robinson

Address: 240 Cole Creek Cv City: Oakland State: TN Zip Code: 38060

Purpose of Expenditure: paid intern hours

Amount of Expenditure: \$ 180 Date of Expenditure: \$ 7/10/26

Total Expenditures: \$ 9,285.51

(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 of Amber Huett-Garcia
2. Reporting Period: Start Date: 07/01/26 End Date: 07/27/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 9,285.51

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: Shantaye Middle Name: _____ Last Name: Dincsoy
Address: 4653 Chickasaw City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: campaign admin
Amount of Expenditure: \$ 150 Date of Expenditure: \$ 7/10/26

Business or Organization Name: Diamond Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1469 Pine Shadows City: Memphis State: TN Zip Code: 38120
Purpose of Expenditure: Door Hangers
Amount of Expenditure: \$ 656.31 Date of Expenditure: \$ 7/14/26

Business or Organization Name: _____ OR
First Name: Deborah Middle Name: _____ Last Name: Kim
Address: 2000 N Pkwy City: Memphis State: TN Zip Code: 38112
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 120 Date of Expenditure: \$ 7/10/26

Business or Organization Name: _____ OR
First Name: Deborah Middle Name: _____ Last Name: Kim
Address: 2000 N Pkwy City: Memphis State: TN Zip Code: 38112
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 65 Date of Expenditure: \$ 7/17/26

Business or Organization Name: _____ OR
First Name: Adele Middle Name: _____ Last Name: Thompson
Address: 4893 Walnut Grove City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 71.60 Date of Expenditure: \$ 7/17/26

Total Expenditures: \$ 10,348.42

(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 of Amber Huett-Garcia
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) \$ 10,348.42

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: Innocence Middle Name: _____ Last Name: Brown
Address: 1437 Leafhaven Cv City: Cordova State: TN Zip Code: 38016
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 140 Date of Expenditure: \$ 7/17/26

Business or Organization Name: _____ OR
First Name: Mackenzie Middle Name: _____ Last Name: Stanton
Address: 5017 Henry Heights Dr City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: reimbursement for event supplies
Amount of Expenditure: \$ 17.55 Date of Expenditure: \$ 7/12/26

Business or Organization Name: _____ OR
First Name: Mackenzie Middle Name: _____ Last Name: Stanton
Address: 5017 Henry Heights Dr City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 237.50 Date of Expenditure: \$ 7/17/26

Business or Organization Name: USPS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 13 S Prescott St City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: stamps for thank you cards
Amount of Expenditure: \$ 488 Date of Expenditure: \$ 7/21/26

Business or Organization Name: kroger OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 540 S Mendenhall City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: event supplies
Amount of Expenditure: \$ 70.18 Date of Expenditure: \$ 7/21/26

Total Expenditures: \$ 11,301.65

(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: Friends of Amber Huett-Garcia
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) \$ 11,301.65

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: USPS OR

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

Address: 13 S Prescott St City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: stamps for postcards

Amount of Expenditure: \$ 46.80 Date of Expenditure: \$ 7/21/26

Business or Organization Name: Meta OR

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

Address: 1 Meta Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: digital ads

Amount of Expenditure: \$ 500 Date of Expenditure: \$ 7/21/26

Business or Organization Name: Meta OR

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

Address: 1 Meta Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: digital ads

Amount of Expenditure: \$ 54 Date of Expenditure: \$ 7/22/26

Business or Organization Name: Meta OR

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

Address: 1 Meta Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: digital ads

Amount of Expenditure: \$ 84 Date of Expenditure: \$ 7/27/26

Business or Organization Name: Meta OR

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

Address: 1 Meta Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: digital ads

Amount of Expenditure: \$ 84 Date of Expenditure: \$ 7/27/26

Total Expenditures: \$ 12,070.45

(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 of Amber Huett-Garcia
2. Reporting Period: Start Date: 07/01/26 End Date: 07/27/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 12,070.45

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: Ashlynn Middle Name: _____ Last Name: Robinson
Address: 240 Cole Creek Cv City: Oakland State: TN Zip Code: 38060
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 405 Date of Expenditure: \$ 7/17/26

Business or Organization Name: _____ OR
First Name: Innocence Middle Name: _____ Last Name: Brown
Address: 1437 Leafhaven Cv City: Cordova State: TN Zip Code: 38016
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 140 Date of Expenditure: \$ 7/24/26

Business or Organization Name: _____ OR
First Name: Deborah Middle Name: _____ Last Name: Kim
Address: 2000 N Pkwy City: Memphis State: TN Zip Code: 38112
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 110 Date of Expenditure: \$ 7/27/26

Business or Organization Name: _____ OR
First Name: Adele Middle Name: _____ Last Name: Thompson
Address: 4893 Walnut Grove Rd City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 80 Date of Expenditure: \$ 7/27/26

Business or Organization Name: _____ OR
First Name: Mackenzie Middle Name: _____ Last Name: Stanton
Address: 5027 Henry Heights City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: paid intern hours
Amount of Expenditure: \$ 247 Date of Expenditure: \$ 7/27/26

Total Expenditures: \$ 13,052.45

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 7/1/26 End Date: 7/27/26
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) \$ 0.00

Loans Received \$ 0.00

Loan Payments \$ 0.00

Outstanding Loan (End) \$ 0.00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Amber Hueft-Garcia

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

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

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

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)
\$ 0	\$ 0	\$ 0	\$ 0