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BY: CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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For State and Local Candidates For Single-Candidate Committees

1. Date: 1/15/2026 2.a. Candidate or Committee Name: Lagina Midall-Scott
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5-5-2026
 4. Campaign Address: 4455 Boyce Road
 City: Memphis State: TN Zip Code: 38117 Phone: 901-482-0836
 5. Candidate Home Address: Same
 City: Memphis State: TN Zip Code: _____ Phone: _____
 Candidate Email Address: lagina4cct3@gmail.com
 6. Office Sought: (include district number, if applicable) County Commissioner District 12
 7. Name of Political Treasurer (may be candidate): Antonio Fatch JR
 Political Treasurer Email Address: Antonio.Fatchjr@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: 07/01/2025 End Date: 01/15/2026

10. Detailed Disclosure: (Check one)
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
 This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

[Signature] 2/2/26
 Candidate Signature Date

[Signature] 2/2/2026
 Political Treasurer Signature Date

[Signature] 2-2-26
 Witness Signature Date

[Signature] 2-2-26
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>0</u>
b. Total Receipts This Period	\$	<u>2094.00</u>
c. Total Disbursements This Period	\$	<u>1171.88</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>922.12</u>
e. Total Loans Outstanding	\$	<u>0</u>
f. Total Obligations Outstanding	\$	<u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: _____

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

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 14154
(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) \$ 2094.00
- 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.) \$ 2094.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1171.88
(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.)..... \$ _____

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 \$ 4225.00

18. Obligations:

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

at

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Lajina Mitchell - Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: Antonio Middle Name: _____ Last Name: Futch
Address: PO Box 34483 City: Memphis State: TN Zip Code: 38184
Occupation: Business Consultant Employer: Herron + Associates
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 9/22/25 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Beverly Middle Name: _____ Last Name: Mitchell
Address: 2406 Sea Horse Str City: Portage State: IN Zip Code: 46368
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 10/1/25 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Virgil Middle Name: _____ Last Name: Mitchell
Address: 2406 Sea Horse Str City: Portage State: IN Zip Code: 46368
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 10/10/25 Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: Deidra Middle Name: _____ Last Name: Malone
Address: 1509 Madison Ave City: Memphis State: TN Zip Code: 38104
Occupation: Self-Employed Employer: Carter Malone Group
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 10/10/25 Aggregate This Election: \$ 200

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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Lagina Mitchell - Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: Linda Middle Name: _____ Last Name: Carter
Address: 3223 Wedge Hill Ct 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: \$ 100 Date of Contribution: 10/10/25 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Shulendra Middle Name: _____ Last Name: Kerr
Address: 8670 Dehart Rd City: Olive Branch State: MS Zip Code: 38654
Occupation: IT Project Manager Employer: Sedgwick
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 10/10/25 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Krystal Middle Name: _____ Last Name: Case
Address: 10920 Paul Coleman Dr City: Olive Branch State: MS Zip Code: 38654
Occupation: Director Employer: Cargill
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 10/10/25 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Carlisle Middle Name: _____ Last Name: Matthews
Address: 5866 Bridge Bend Rd City: Memphis State: TN Zip Code: 38120
Occupation: Dentist Employer: Forestream Dental Care
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 10/10/25 Aggregate This Election: \$ 100

Total Contributions: \$ 1000

(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: Lagina Mitchell-Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: Eric Middle Name: _____ Last Name: Sargent
Address: 8107 Cedar Crest City: Olive Branch State: MS Zip Code: 38654
Occupation: Real Estate Appraisals Employer: Sargent Appraisals
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 10/10/25 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Eric Middle Name: _____ Last Name: Hassler
Address: 875 W Poplar Suite 23-338 City: Collierville State: TN Zip Code: 38017
Occupation: Manager Transportation Employer: Univar
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 104 Date of Contribution: 12/20/25 Aggregate This Election: \$ 104

Business or Organization Name: _____ OR
First Name: Terence Middle Name: _____ Last Name: Tunstall
Address: 4490 Quicksilver Cove City: Memphis State: TN Zip Code: 38125
Occupation: Real Estate Inv Consulting Employer: Tunstall Consulting
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 12/10/25 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Kenneth Middle Name: _____ Last Name: Joy
Address: 5406 Vanderbilt Rd City: Memphis State: TN Zip Code: 38106
Occupation: Plant Manager Employer: MBCS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 1/8/26 Aggregate This Election: \$ 100

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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Lagina Mitchell - Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: Trina Middle Name: _____ Last Name: Bohanner
Address: 7128 Hill Farm Dr City: Bartlett State: TN Zip Code: 38002
Occupation: Allied Health Recruiter Employer: St. Jude Childrens
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 1/14/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Linda Middle Name: _____ Last Name: Osborne
Address: 4893 E Shore Dr City: Memphis State: TN Zip Code: 38109
Occupation: Self-Employed Employer: Cash For Sunk Cars
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 1/15/26 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Timothy Middle Name: _____ Last Name: Willis
Address: 4304 Southern Grove City: West Memphis State: AR Zip Code: 72301
Occupation: Chief Operating Office Employer: Willis Clinic
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 236 Date of Contribution: 1/15/26 Aggregate This Election: \$ 236

Business or Organization Name: _____ OR
First Name: Beverly Middle Name: _____ Last Name: Johnson
Address: 6967 Snyder Rd City: Memphis State: TN Zip Code: 38125
Occupation: Talk show Host Employer: IHeart media
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 104 Date of Contribution: 1/15/26 Aggregate This Election: \$ 104

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.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Lagina Mitchell-Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: Shelundra Middle Name: I Last Name: Kerr
Address: 8670 Dehart Rd City: Olive Branch State: MS Zip Code: 38654
Occupation: IT Project Manager Employer: Sedgwick
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 200 In-Kind Contribution Date: 9/10/25 Aggregate This Election: \$ 300
Description of In-Kind Contribution: Pushcards and Graphics

Business or Organization Name: _____ OR
First Name: Lagina Middle Name: _____ Last Name: Mitchell-Scott
Address: 4455 Boyce Rd City: Memphis State: TN Zip Code: 38117
Occupation: Real Estate Agent Employer: Self-Employed
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 1200 In-Kind Contribution Date: 9/22/25 Aggregate This Election: \$ 1200
Description of In-Kind Contribution: Supplies

Business or Organization Name: _____ OR
First Name: Anita Middle Name: _____ Last Name: Hawkins
Address: 3521 Amberwood Lane City: Prosper State: TX Zip Code: 75078
Occupation: Self-Employed Employer: Founder
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 175 In-Kind Contribution Date: 9/27/25 Aggregate This Election: \$ 175
Description of In-Kind Contribution: Banner

Business or Organization Name: _____ OR
First Name: Linda Middle Name: _____ Last Name: Britt
Address: 4843 East Shore Dr City: Memphis State: TN Zip Code: 38109
Occupation: Self-Employed Employer: U of M
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 100 In-Kind Contribution Date: 10/10/25 Aggregate This Election: \$ 100
Description of In-Kind Contribution: Food Service

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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Lasina Mitchell - Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: Chris Middle Name: _____ Last Name: Hope
Address: 516 Tennessee St City: Memphis State: TN Zip Code: 38103
Occupation: Self-Employed Employer: Chris Hope Foundation
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 200 In-Kind Contribution Date: 12/6/25 Aggregate This Election: \$ 200
Description of In-Kind Contribution: T-shirts

Business or Organization Name: A1 Printing Co. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 810 East Brooks Rd City: Memphis State: TN Zip Code: 38116
Occupation: Commercial Printing Employer: A1 Printing
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 150 In-Kind Contribution Date: 1/8/26 Aggregate This Election: \$ 150
Description of In-Kind Contribution: Pushcards

Business or Organization Name: The Carter Malone Group OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1509 Madison Ave City: Memphis State: TN Zip Code: 38104
Occupation: Public Relations Employer: The Carter Malone Group
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 2,100 In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: Website

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: Lasina Mitchell - Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: On Us Check OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5050 Poplar Ave City: Memphis State: TN Zip Code: 38157
Purpose of Expenditure: Shirts
Amount of Expenditure: \$ 130 Date of Expenditure: \$ 10/8/2025

Business or Organization Name: Madelyn Bush En OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3615 Central Ave City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Facilitator
Amount of Expenditure: \$ 150 Date of Expenditure: \$ 10/14/2025

Business or Organization Name: USA PUB OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1003 Union Ave City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Materials
Amount of Expenditure: \$ 15.2 Date of Expenditure: \$ 10/24/2025

Business or Organization Name: EB Bun Women OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 16555 Quince Bld City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 28.52 Date of Expenditure: \$ 10/27/2025

Business or Organization Name: Damita Dandridge OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Poplar Ave City: Memphis State: TN Zip Code: 38103
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 50 Date of Expenditure: \$ 11/18/2025

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Lagina Mitchell - Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: Par Hobby Lobby OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7986 US-64 City: Bartlett State: TN Zip Code: 38133
Purpose of Expenditure: Campaign Materials
Amount of Expenditure: \$ 48.87 Date of Expenditure: \$ 11/19/2025

Business or Organization Name: Target OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 661 Colonial Rd City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Campaign Materials
Amount of Expenditure: \$ 38.63 Date of Expenditure: \$ 11/20/2025

Business or Organization Name: Danita Dandridge OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Doplar Ave City: Memphis State: TN Zip Code: 38103
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 5 Date of Expenditure: \$ 11/20/2025

Business or Organization Name: A1 Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 810 E Brooks Rd City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Campaign Printing Materials
Amount of Expenditure: \$ 222.23 Date of Expenditure: \$ 11/20/2025

Business or Organization Name: Hobby Lobby OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7986 US-64 City: Bartlett State: TN Zip Code: 38133
Purpose of Expenditure: Campaign Materials
Amount of Expenditure: \$ 19.54 Date of Expenditure: \$ 11/21/2025

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Lagina Mitchell - Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: FedEx Office OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4691 Poplar Ave City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Campaign materials
Amount of Expenditure: \$ 34.96 Date of Expenditure: \$ 11/28/2025

Business or Organization Name: DBI Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8000 Haskell Ave City: Van Nuys State: CA Zip Code: 91406
Purpose of Expenditure: Printing materials
Amount of Expenditure: \$ 40.91 Date of Expenditure: \$ 12/1/2025

Business or Organization Name: DBI Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8000 Haskell Ave City: Van Nuys State: CA Zip Code: 91406
Purpose of Expenditure: Printing materials
Amount of Expenditure: \$ 90.05 Date of Expenditure: \$ 12/10/2025

Business or Organization Name: Dollar General OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2450 Central Ave City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign materials
Amount of Expenditure: \$ 16.46 Date of Expenditure: \$ 12/30/2025

Business or Organization Name: Brookhaven Pub OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 695 W Brookhaven Circle City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Catering
Amount of Expenditure: \$ 55 Date of Expenditure: \$ 12/31/2025

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Lagina Mitchell-Scott
2. Reporting Period: Start Date: 07/01/2025 End Date: 01/15/2026
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: Apple Service OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Apple 1 Apple Park Way City: Cupertino State: CA Zip Code: 95014
Purpose of Expenditure: Subscription
Amount of Expenditure: \$ 9.99 Date of Expenditure: \$ 1/6/2026

Business or Organization Name: 1525 Cherry Exp OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1525 Cherry Road City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Transportation
Amount of Expenditure: \$ 25 Date of Expenditure: \$ 1/7/2026

Business or Organization Name: Google OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1600 Amphitheatre Parkway City: Mountain View State: CA Zip Code: 94043
Purpose of Expenditure: Subscription
Amount of Expenditure: \$ 9.99 Date of Expenditure: \$ 1/8/2026

Business or Organization Name: ChatGPT Subscr OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3180 18th str City: San Francisco State: CA Zip Code: 94110
Purpose of Expenditure: Subscription
Amount of Expenditure: \$ 21 Date of Expenditure: \$ 1/9/2026

Business or Organization Name: Deluxe Check/ACC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5050 Poplar Ave City: Memphis State: TN Zip Code: 38157
Purpose of Expenditure: Checks
Amount of Expenditure: \$ 27 Date of Expenditure: \$ 9/30/2025

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Lagone Mitchell-Scott
2. Reporting Period: Start Date: 02/01/25 End Date: 01/15/20
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: Anedot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1340 Paydram St City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ 80.01 Date of Expenditure: \$ 1/14/2020

Business or Organization Name: NARE B REALTY Memphis OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1661 International Dr City: Memphis State: TN Zip Code: 38120
Purpose of Expenditure: DONATION
Amount of Expenditure: \$ 40.00 Date of Expenditure: \$ 12/14/2025

Business or Organization Name: Pay Pal OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2211 N. 1st Street City: San Jose State: CA Zip Code: 95131
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ 19.34 Date of Expenditure: \$ 1/15/2020

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 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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="height: 60px; vertical-align: top;">Description of Obligation:</td> </tr> <tr> <td style="width: 25%;">Outstanding Balance (Period Beginning)</td> <td style="width: 25%;">Debt Incurred This Period</td> <td style="width: 25%;">Payments This Period</td> <td style="width: 25%;">Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:													
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\$	\$	\$	\$										

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)
\$	\$	\$	\$