



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/25/2026 2.a. Candidate or Committee Name: Mark Billingsley

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/3/2026

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

5. Candidate Home Address: 8439 Farrah Lane
 City: Germantown State: TN Zip Code: 38139 Phone: 9015695070

Candidate Email Address: markbillingsley1@att.net

6. Office Sought: (include district number, if applicable) Shelby County Commissioner, Dist. 4

7. Name of Political Treasurer (may be candidate): Brent Taylor
 Political Treasurer Email Address: btaylor.bfs@att.net

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

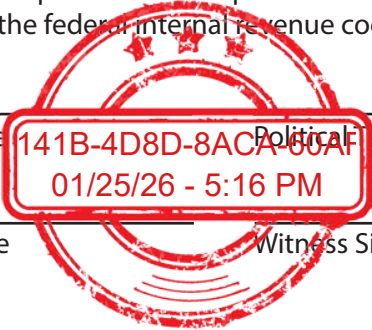
9. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

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.

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date



12. Summary:

a. Balance On Hand Last Report	\$ <u>73,124.66</u>
b. Total Receipts This Period	\$ <u>9,900.00</u>
c. Total Disbursements This Period	\$ <u>6,990.54</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>76,034.12</u>
e. Total Loans Outstanding	\$ <u>0.00</u>
f. Total Obligations Outstanding	\$ <u>0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Mark Billingsley

14. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$9,900.00
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$9,900.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$6,990.54
(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.)..... \$ \$6,990.54

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: Mark Billingsley
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Cassy Middle Name: _____ Last Name: Diroff
Address: 5098 Foothills Blvd Ste 3314 City: Roseville State: CA Zip Code: 95747
Occupation: Founder Employer: FedVan
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 7/7/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Mary Middle Name: _____ Last Name: Lee
Address: 262 Beckham Dr City: Collierville State: TN Zip Code: 38017
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 7/7/2025 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**
First Name: Beverly Middle Name: C. Last Name: Robertson
Address: 970 Tranquil Ln City: Memphis State: TN Zip Code: 38116
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 7/9/2025 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: John Middle Name: R.S. Last Name: Robilio
Address: 18 S Yates Rd City: Memphis State: TN Zip Code: 38120
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 7/9/2025 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$600.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Mark Billingsley
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$600.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Brent Middle Name: _____ Last Name: Taylor
Address: 385 Pisqah Road N City: Eads State: TN Zip Code: 38028
Occupation: Senator Employer: State of TN
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 7/9/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: John Middle Name: _____ Last Name: Covington
Address: 11648 Underwood Dr City: Arlington State: TN Zip Code: 38002
Occupation: Homicide Investigator Employer: TBI
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 7/14/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Carol Middle Name: Ross Last Name: Spang
Address: 3028 Towering Pines Cv City: Germantown State: TN Zip Code: 38138
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 7/14/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: David Middle Name: _____ Last Name: Rudd
Address: 45 Somerset Ridge Dr City: Murphy State: NC Zip Code: 28906
Occupation: Psychologist Employer: U of M
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 7/21/2025 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$2,800.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Mark Billingsley
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,800.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: David Middle Name: C. Last Name: Peck
Address: 6245 Green Meadows Rd City: Memphis State: TN Zip Code: 38120
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 7/23/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Nicholas Middle Name: W. Last Name: Scully
Address: 4753 Normandy Ln City: Memphis State: TN Zip Code: 38117
Occupation: Owner Employer: Scully & Associates
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 7/29/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Barbara Middle Name: R.S. Last Name: Hyde
Address: 17 W Pontotoc Ave Ste 100 City: Memphis State: TN Zip Code: 38103
Occupation: Homemaker Employer: None
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 8/6/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: J.R. Middle Name: _____ Last Name: Hyde III
Address: 17 W Pontotoc Ave Ste 100 City: Memphis State: TN Zip Code: 38103
Occupation: CEO Employer: Hyde Family Foundation
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 8/6/2025 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$5,300.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Mark Billingsley
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$5,300.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: V. Last Name: Warr
Address: 438 S Winton Pl City: Memphis State: TN Zip Code: 38117
Occupation: Non Profit Employer: Porter Leath
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 9/2/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: John R.S. Middle Name: _____ Last Name: Robilio
Address: 18 S Yates Rd. City: Memphis State: TN Zip Code: 38120
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 11/10/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Laurie Middle Name: _____ Last Name: Powell
Address: 3810 Winchester Rd City: Memphis State: TN Zip Code: 38118
Occupation: CEO Employer: Alliance Healthcare Services
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 8/19/2025 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Rachel Middle Name: _____ Last Name: Belz
Address: 1277 Heron Oaks Cv City: Memphis State: TN Zip Code: 38120
Occupation: Self Employed Employer: Business Owner
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 12/22/2025 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$7,650.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Mark Billingsley
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$7,650.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Cigna Group Employee PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1601 Chestnut Street TL 16B City: Philadelphia State: PA Zip Code: 19192
Occupation: NA Employer: NA
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 12/31/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Karl Middle Name: _____ Last Name: Schledwitz
Address: 427 Tennessee Street City: Memphis State: TN Zip Code: 38103
Occupation: Chairman Employer: Monogram Foods
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 1/2/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Keith Middle Name: _____ Last Name: Anderson
Address: 6480 S Oak Shadows Circle City: Memphis State: TN Zip Code: 38119
Occupation: Cardiologist Employer: Sutherland Cardiology
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 1/7/2025 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ \$9,900.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Mark Billingsley
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
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: Margin of Victory **OR**

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

Address: PO Box 196 City: Collierville State: TN Zip Code: 38027

Purpose of Expenditure: Campaign Consulting

Amount of Expenditure: \$ \$2,500.00 Date of Expenditure: \$ 8/1/2025

Business or Organization Name: Brent Taylor for Senate **OR**

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

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 8/11/2025

Business or Organization Name: Ron Gant for Tennessee **OR**

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

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 10/10/2025

Business or Organization Name: Raise the Money **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$12.75 Date of Expenditure: \$ 7/7/2025

Business or Organization Name: Raise the Money **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$49.25 Date of Expenditure: \$ 7/9/2025

Total Expenditures: \$ \$3,312.00

(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: Mark Billingsley
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,312.00

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: Raise the Money **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$10.30 Date of Expenditure: \$ 7/14/2025

Business or Organization Name: Raise the Money **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$49.25 Date of Expenditure: \$ 7/21/2025

Business or Organization Name: Watkins Uiberall PLLC **OR**

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

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Accounting

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 8/7/2025

Business or Organization Name: Raise the Money **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$57.24 Date of Expenditure: \$ 12/22/2025

Business or Organization Name: Raise the Money **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$12.50 Date of Expenditure: \$ 1/2/2026

Total Expenditures: \$ \$4,941.29

(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: Mark Billingsley
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,941.29

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: Raise the Money **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ \$49.25 Date of Expenditure: \$ 1/7/2026

Business or Organization Name: Margin of Victory **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 196 City: Collierville State: TN Zip Code: 38027
Purpose of Expenditure: Campaian Consulting
Amount of Expenditure: \$ \$2,000.00 Date of Expenditure: \$ 1/5/2025

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

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: \$ \$6,990.54

(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.)