



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

ORIGINAL DOCUMENT  
PHOTOCOPY CANNOT BE  
ACCEPTED TCA 2-5-102

1. Date: 04/28/2026 2.a. Candidate or Committee Name: Friends of Andrea Bell Campaign

2.b. If Committee, Name of Candidate: Andrea Bell 3. Election Date: August 6, 2026

4. Campaign Address: 5445 Bridge Meadow

City: Memphis State: TN Zip Code: 38125 Phone: 1 (901) 665-8442

5. Candidate Home Address: 5445 Bridge Meadow

City: Memphis State: TN Zip Code: 38125 Phone: (901) 665-8442

Candidate Email Address: aliason2000@yahoo.com

6. Office Sought: (include district number, if applicable) Shelby County Commissioner, District 12

7. Name of Political Treasurer (may be candidate): Wendy Osario

Political Treasurer Email Address: Natallison91@icloud.com

8. Category or Report: (check one)

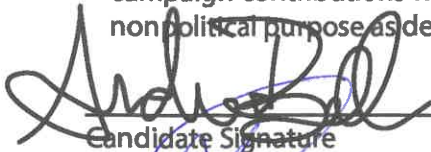
- First Quarter  
  Second Quarter  
  Third Quarter  
  Fourth Quarter  
  Pre-Primary  
  Pre-General  
 Mid-Year Supplemental  
  Year-End Supplemental  
  Runoff Election

9. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

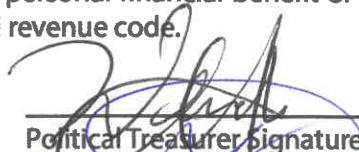
10. Detailed Disclosure: (Check one)

- 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

04/28/2026  
Date

  
Political Treasurer Signature

04/28/2026  
Date

  
Witness Signature

04/28/2026  
Date

  
Witness Signature

04/28/2026  
Date

12. Summary:

- a. Balance On Hand Last Report ..... \$ 3334.15
- b. Total Receipts This Period ..... \$ 500.00
- c. Total Disbursements This Period ..... \$ 1900.08
- d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... \$ 1,934.07
- e. Total Loans Outstanding ..... \$ 4108.00
- f. Total Obligations Outstanding ..... \$ 0

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Andrea Bell Campaign

14. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 0  
(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) ..... \$ 500.00
- 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.) ..... \$ 500.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1500.08  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0
- c. Total Obligation Payments Made This Period..... \$ 400.00
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 1,900.08

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.) ..... \$ 0

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Andrea Bell Campaign
2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026
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: J & D Recyclen **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1074 Florida Street City: Memphis State: TN Zip Code: 38106  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500.00 Date of Contribution: 04/2/2026 Aggregate This Election: \$ 500.00

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: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: \_\_\_\_\_ Middle Name: The 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: \$ 500.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Andrea Bell Campaign
2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026
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: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: \_\_\_\_\_

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

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

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

Total In-Kind Contributions: \$ 0  
(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Andrea Bell
2. Reporting Period: Start Date: 4.1.26 End Date: 4.25.26
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: Bfirehouseproduction Media OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 143 Nelson Street City: Ripley State: TN Zip Code: 38063  
Purpose of Expenditure: Social Media Ad  
Amount of Expenditure: \$ 400.00 Date of Expenditure: \$ 4.21.26

Business or Organization Name: House to Home OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8961 US-51 City: Southaven State: MS Zip Code: 38671  
Purpose of Expenditure: Campaign Materials  
Amount of Expenditure: \$ 28.36 Date of Expenditure: \$ 4.13.26

Business or Organization Name: OTCheap OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 11525 Stonehollow Drive City: Austin State: TX Zip Code: 78758  
Purpose of Expenditure: Advertising Materials  
Amount of Expenditure: \$ 741.04 Date of Expenditure: \$ 4.13.26

Business or Organization Name: Jiffv OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8441 Monroe City: Stanton State: CA Zip Code: 90680  
Purpose of Expenditure: Advertising Materials  
Amount of Expenditure: \$ 130.68 Date of Expenditure: \$ 4.13.26

Business or Organization Name: Good Party OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 916 Silver Spur City: Rolling Hills Estates State: CA Zip Code: 90274  
Purpose of Expenditure: Campaign education  
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 4.13.26

Total Expenditures: \$ 1 310.08

(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 Andrea Bell Campaign
2. Reporting Period: Start Date: 4.01.26 End Date: 4.25.2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,310.08

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: ARC East **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 5701 Quince Road City: Memphis State: TN Zip Code: 38119  
Purpose of Expenditure: Printing  
Amount of Expenditure: \$ 90.00 Date of Expenditure: 4.20.26

Business or Organization Name: Justmy Communications **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 902 S Cooper Street City: Memphis State: TN Zip Code: 38104  
Purpose of Expenditure: Campaign Advertising- Social  
Amount of Expenditure: \$ 350.00 Date of Expenditure: 4.23.26

Business or Organization Name: Robocent **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1206 Laskin Road Suite 201 City: Virginia Beach State: Virginia Zip Code: 23451  
Purpose of Expenditure: Advertisement software  
Amount of Expenditure: \$ \$150.00 Date of Expenditure: 4.27.26

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: \$ 1900.08

(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 Andrea Bell Campaign
2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026
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: Andrea Middle Name: \_\_\_\_\_ Last Name: Bell

Address: 5445 Bridge Meadow Lane City: Memphis State: TN Zip Code: 38125

Outstanding Loan Balance (Beginning) ..... \$ 4108.00

Loans Received ..... \$ 0

Loan Payments ..... \$ 0

Outstanding Loan (End)..... \$ 4108.00

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

Date of Loan: 2.27.26

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) ..... \$ 4,108.00

Loans Received ..... \$ 0

Loan Payments ..... \$ 0

Outstanding Loan (End)..... \$ 4,108.00

2026 APR 26 PM 4:27  
FD01 2026 APR 26

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Andrea Bell Campaign
2. Reporting Period: Start Date: 4.01.26 End Date: 4.25.26
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: Bfirehouseproduction media  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: 143 Nelson Street  
 City: Ripley  
 State: TN Zip Code: 38063

Description of Obligation:	Social Media Advertisements		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 400.00	\$ 0	\$ 400.00	\$ 0.0

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)
\$ 400	\$ 0	\$ 400.00	\$ 0