



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10.13.26 2.a. Candidate or Committee Name: Friends for Andrea Bell Campaign
2.b. If Committee, Name of Candidate: Andrea Bell 3. Election Date: —
4. Campaign Address: —
City: — State: — Zip Code: — Phone: —
5. Candidate Home Address: 5445 Bridge Meadow Ln
City: Memphis State: TN Zip Code: 38125 Phone: 901-665-8442
Candidate Email Address: —
6. Office Sought: (include district number, if applicable) Shelby County Commissioner, D12
7. Name of Political Treasurer (may be candidate): Wendy Osorio
Political Treasurer Email Address: natalia.wilson@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: 7/28/26 End Date: 9/30/26

10. Detailed Disclosure: (Check one)

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

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

Andrea Bell
Candidate Signature

10/13/26
Date

[Signature]
Political Treasurer Signature

10/13/26
Date

[Signature]
Witness Signature

10/13/26
Date

[Signature]
Witness Signature

10/13/26
Date

12. Summary:

a. Balance On Hand Last Report \$ 1646.85
b. Total Receipts This Period \$ —
c. Total Disbursements This Period \$ 1646.85
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 0.00
e. Total Loans Outstanding \$ —
f. Total Obligations Outstanding \$ —

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Andrea Bell Campaign
14. Reporting Period: Start Date: 7/28/26 End Date: 10/13/26
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) \$ —
 - 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.) \$ —
16. Disbursements:
- a. Total Expenditures (other than loan payments) \$ 1104.74
(Note: Effective January 16, 2023, all expenditures must be itemized.)
 - b. Loan Repayments Made This Period \$ 562.11
 - c. Total Obligation Payments Made This Period \$ —
 - d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 1,666.85
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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends for Andrea Bell Campaign
2. Reporting Period: Start Date: 7/28/26 End Date: 10/13/26
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: Vending OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: ice
Amount of Expenditure: \$ 3.00 Date of Expenditure: \$ 7/28/26

Business or Organization Name: Little Caesars OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: _____
Amount of Expenditure: \$ 20.84 Date of Expenditure: \$ 7/29/26

Business or Organization Name: Campaign Partner OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: website
Amount of Expenditure: \$ 29.00 Date of Expenditure: \$ 7/30/26

Business or Organization Name: Bank of Bartlett OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: Service Charge
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 7/31/26

Business or Organization Name: _____ OR
First Name: Quintila Middle Name: _____ Last Name: Glover
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: poll help
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 7/28/26

Total Expenditures: \$ 162.84.00

(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: Friends of Andrea Bell Campaign
2. Reporting Period: Start Date: 7/28/26 End Date: 10/13/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 162.84

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: Michael Stores OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Collierville State: TN Zip Code: _____
Purpose of Expenditure: Campaign Supplies
Amount of Expenditure: \$ 3.61 Date of Expenditure: \$ 8/6/26

Business or Organization Name: Frost Bake Shop OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Collierville State: TN Zip Code: _____
Purpose of Expenditure: food for Campaign
Amount of Expenditure: \$ 143.90 Date of Expenditure: \$ 8/6/26

Business or Organization Name: Michael Stores OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Collierville State: TN Zip Code: _____
Purpose of Expenditure: J-Shirts Material
Amount of Expenditure: \$ 18.29 Date of Expenditure: \$ 8/6/26

Business or Organization Name: Son's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: food for car City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: food for Campaign
Amount of Expenditure: \$ 4161.22 Date of Expenditure: \$ 8/6/26

Business or Organization Name: Good Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Rolling Hills State: CA Zip Code: _____
Purpose of Expenditure: materials / Education
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 8/13/26

Total Expenditures: \$ 237.02
(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: 7/28/26 End Date: 10/13/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 237.02

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: 901 Print Shop OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: Campaign material
Amount of Expenditure: \$ 113.25 Date of Expenditure: \$ 8/17/26

Business or Organization Name: Bank of Bartlett OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: service charge
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 8/31/2026

Business or Organization Name: Campaign Partner OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: website
Amount of Expenditure: \$ 29.00 Date of Expenditure: \$ 9/30/2026

Business or Organization Name: Bank of Bartlett OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: service charge
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 9/30/26

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: \$ _____

Total Expenditures: \$ 162.25.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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

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

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

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

Total Contributions: \$ _____

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

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Friends of Andrea Bell Campaign
2. Reporting Period: Start Date: 7/28/26 End Date: 9/30/26
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: Andrea Middle Name: _____ Last Name: Bell

Address: _____ City: Memphis State: TN Zip Code: 38125

Outstanding Loan Balance (Beginning) \$ 4108.00

Loans Received \$ _____

Loan Payments \$ 562.11

Outstanding Loan (End) \$ 3,545.89

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) \$ 4108.00

Loans Received \$ _____

Loan Payments \$ 562.11

Outstanding Loan (End) \$ 3,545.89

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

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

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

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