



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4-18-2026 2.a. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2.b. If Committee, Name of Candidate: Henri E. Brooks 3. Election Date: May 5, 2026
4. Campaign Address: 2412 Autumn Avenue
City: Memphis State: TN Zip Code: 38112 Phone: 901-857-6443
5. Candidate Home Address: 2412 Autumn Avenue
City: Memphis State: TN Zip Code: 38112 Phone: 901-857-6443
Candidate Email Address: hebrooks1949@att.net
6. Office Sought: (include district number, if applicable) Shelby County Commission - District 7
7. Name of Political Treasurer (may be candidate): Henri E. Brooks
Political Treasurer Email Address: hebrooks1949@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: 1-16-2026 End Date: 3-31-2026

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.

<u>Henri E. Brooks</u> Candidate Signature	<u>4-18-2026</u> Date	<u>Henri E. Brooks</u> Political Treasurer Signature	<u>4-18-2026</u> Date
<u>[Signature]</u> Witness Signature	<u>4-18-26</u> Date	<u>[Signature]</u> Witness Signature	<u>4-18-26</u> Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>10,677.61</u>
b. Total Receipts This Period	\$	<u>2,875.00</u>
c. Total Disbursements This Period	\$	<u>7,518.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>6,034.61</u>
e. Total Loans Outstanding	\$	<u>0</u>
f. Total Obligations Outstanding	\$	<u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Committee to Elect Henri E. Brooks

14. Reporting Period: Start Date: 1.16.2024 End Date: 3.31.2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 75.00
(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) \$ 2800
- 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.) \$ 2875.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 7,518.00
(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.)..... \$ 7,518.00

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: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 1.16.2026 End Date: 3.31.2026
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: Gibson Companies OR
First Name: James Middle Name: Wesley Last Name: Gibson
Address: 3943 N. Lakewood Dr City: Memphis State: TN Zip Code: 38128
Occupation: Business Owner Employer: Self-Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 2-26-26 Aggregate This Election: \$ 250.00

Business or Organization Name: The Good Health Institute, Inc OR
First Name: Joe Middle Name: _____ Last Name: Greer
Address: 2829 Lamar City: Memphis State: TN Zip Code: 38114
Occupation: Dentist Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 3-5-26 Aggregate This Election: \$ 250.00

Business or Organization Name: William Terrell Jr MD - Neighborhood Doc OR
First Name: William Middle Name: _____ Last Name: Terrell Jr.
Address: 2829 Lamar City: Memphis State: TN Zip Code: 38114
Occupation: Dentist Employer: Self-Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 3-5-26 Aggregate This Election: \$ 250.00

Business or Organization Name: Neighborhood Docs OR
First Name: Joe Middle Name: _____ Last Name: Greer
Address: 2829 Lamar City: Memphis State: TN Zip Code: 38114
Occupation: Dentist Employer: Self-Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 3-5-26 Aggregate This Election: \$ 500.00

Total Contributions: \$ 1250

(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: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 1-16-24 End Date: 3-31-24
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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 1.16.2026 End Date: 3.31.2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1250

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Winston Middle Name: _____ Last Name: Gipson
Address: 3844 Planters View Dr City: Memphis State: TN Zip Code: 38133
Occupation: Business Owner Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.00 Date of Contribution: 3-7-2026 Aggregate This Election: \$ 1000.00

Business or Organization Name: Committee to Elect Melvin Burgess OR
First Name: Melvin Middle Name: _____ Last Name: Burgess
Address: 363 N. Avalon City: Memphis State: TN Zip Code: 38112
Occupation: Assessor Employer: Shelby County Government
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 3-10-2026 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Shepperson Middle Name: A. Last Name: Wilbur
Address: 757 West Dr. City: Memphis State: TN Zip Code: 38112
Occupation: Administrator Employer: Shelby County Government
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 3-30-2026 Aggregate This Election: \$ 200.00

Business or Organization Name: Newman Law and Mediation OR
First Name: Regina Middle Name: _____ Last Name: Newman
Address: 538 S. Rembert City: Memphis State: TN Zip Code: 38104
Occupation: lawyer Employer: Self / Gov. Trustee
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 3-27-26 Aggregate This Election: \$ 100.00

Total Contributions: \$ 2800

(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: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 1.16.2024 End Date: 3.31.2024
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: Graphics and More OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2552 Poplar Suite 507 City: Memphis State: TN Zip Code: 38112
Purpose of Expenditure: Push cards - layout - set up
Amount of Expenditure: \$ 453.00 Date of Expenditure: \$ 3.26.2024

Business or Organization Name: A-1 Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 810 E. Brooks Rd City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Signs / stakes / poles
Amount of Expenditure: \$ 3508 Date of Expenditure: \$ 3.19.2024

Business or Organization Name: _____ OR
First Name: Antonio Middle Name: _____ Last Name: Suggs
Address: Refused to reveal City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Sign Installation
Amount of Expenditure: \$ 600.00 Date of Expenditure: \$ 3.19.2024

Business or Organization Name: P+S OR
First Name: Dedrick Middle Name: _____ Last Name: Harris
Address: P.O. Box 1811 City: Memphis State: TN Zip Code: 38101
Purpose of Expenditure: Mail out
Amount of Expenditure: \$ 2120 Date of Expenditure: \$ 3.30.2024

Business or Organization Name: Graphics and More OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2552 Poplar Suite 507 City: Memphis State: TN Zip Code: 38112
Purpose of Expenditure: Push cards
Amount of Expenditure: \$ 337.00 Date of Expenditure: \$ 3.10.2024

Total Expenditures: \$ 7,018.00

(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: Committee to Elect Henri E. Brooks
2. Reporting Period: Start Date: 1.16.2024 End Date: 3.31.2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 7,018.00

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: WLOR Radio Station OR
First Name: Walter Middle Name: _____ Last Name: Hunter
Address: 363 S. Second City: Memphis State: TN Zip Code: 38103
Purpose of Expenditure: Radio Advertising
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 500.00

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: \$ _____

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: \$ 7,518.00

(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.)

