



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 10/12/2026 2.a. Candidate or Committee Name: Michael R Ebbs
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/10/2026
4. Campaign Address: 1355 Conser St
City: Collierville State: TN Zip Code: 38017 Phone: 2133093479
5. Candidate Home Address: 1355 Conser St
City: Collierville State: TN Zip Code: 38017 Phone: _____
Candidate Email Address: mebbs1@aol.com
6. Office Sought: (include district number, if applicable) Collierville School Bd., Pos. 2
7. Name of Political Treasurer (may be candidate): Frank Warren
Political Treasurer Email Address: fwarreniii@yahoo.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: 8/1/2026 End Date: 9/30/2026
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

046D-4E4C-84C1-0096
10/12/26 - 11:24 AM

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$2,602.66</u> |
| b. Total Receipts This Period | \$ <u>\$3,685.22</u> |
| c. Total Disbursements This Period | \$ <u>\$2,629.52</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$3,658.36</u> |
| e. Total Loans Outstanding | \$ <u>\$5,407.51</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Michael R Ebbs

14. Reporting Period: Start Date: 8/1/2026 End Date: 9/30/2026

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) \$ \$2,385.22
- c. Loans Received This Reporting Period..... \$ \$1,300.00
- 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.) \$ \$3,685.22

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$2,629.52
(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.)..... \$ \$2,629.52

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: Michael R Ebbs
2. Reporting Period: Start Date: 8/1/2026 End Date: 9/30/2026
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: David Middle Name: _____ Last Name: Summers

Address: 358 COLLEGE ST City: Collierville State: TN Zip Code: 38017

Occupation: Systems Integrator Employer: MSM Solutions

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 8/30/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**

First Name: Missy Middle Name: _____ Last Name: Marshall

Address: 641 WARWICK OAKS LN E City: Collierville State: TN Zip Code: 38017

Occupation: Executive Director Employer: KTB

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

Amount of Contribution: \$ \$53.04 Date of Contribution: 9/12/2026 Aggregate This Election: \$ \$53.04

Business or Organization Name: _____ **OR**

First Name: Larry Middle Name: _____ Last Name: Ruiz

Address: 1326 RAIN DROP DR City: Collierville State: TN Zip Code: 38017

Occupation: Senior engineering manager Employer: Medtronic

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

Amount of Contribution: \$ \$105.75 Date of Contribution: 9/12/2026 Aggregate This Election: \$ \$105.75

Business or Organization Name: _____ **OR**

First Name: Nick Middle Name: _____ Last Name: Whitaker

Address: 3336 SHADY FOREST CV City: Collierville State: TN Zip Code: 38017

Occupation: Banker Employer: JPMorgan

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

Amount of Contribution: \$ \$158.47 Date of Contribution: 9/13/2026 Aggregate This Election: \$ \$158.47

Total Contributions: \$ \$467.26

(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: Michael R Ebbs
2. Reporting Period: Start Date: 8/1/2026 End Date: 9/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$467.26

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Dennis Middle Name: _____ Last Name: Fry

Address: 760 Shelton RD City: Collierville State: TN Zip Code: 38017

Occupation: General Manager Employer: Bluff City Jaguar

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

Amount of Contribution: \$ \$263.90 Date of Contribution: 9/13/2026 Aggregate This Election: \$ \$263.90

Business or Organization Name: _____ **OR**

First Name: Rita Middle Name: _____ Last Name: Whited

Address: 11281 COUNTRY FOREST CV City: Collierville State: TN Zip Code: 38017

Occupation: Bookeeper Employer: Dr. Tommy Whited Orthodontist

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

Amount of Contribution: \$ \$263.90 Date of Contribution: 9/16/2026 Aggregate This Election: \$ \$263.90

Business or Organization Name: _____ **OR**

First Name: Mark Middle Name: _____ Last Name: Whitby

Address: 1013 Joe Court 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: 9/16/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**

First Name: Amy Middle Name: _____ Last Name: Kilgore

Address: 1521 Kelsey Woods LN City: Collierville State: TN Zip Code: 38017

Occupation: Accountant Employer: Accountant

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 9/17/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$1,245.06

(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: Michael R Ebbs
2. Reporting Period: Start Date: 8/1/2026 End Date: 9/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,245.06

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Duane Middle Name: _____ Last Name: Miller

Address: 765 Green Oaks Lane 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: \$ \$100.00 Date of Contribution: 9/18/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: MaryJane Middle Name: _____ Last Name: Archer

Address: 10224 SPRINGMONT TRL City: Collierville State: TN Zip Code: 38017

Occupation: Arbonne International Employer: Consultant

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

Amount of Contribution: \$ \$53.04 Date of Contribution: 9/21/2026 Aggregate This Election: \$ \$53.04

Business or Organization Name: _____ **OR**

First Name: Barry Middle Name: _____ Last Name: Moore

Address: 715 LAKE MEADOW CV 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: \$ \$50.00 Date of Contribution: 9/22/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Thomas Middle Name: _____ Last Name: Lannan

Address: 784 MEADOW RIDGE DR City: Collierville State: TN Zip Code: 38017

Occupation: Supplemental Insurance Employer: Horace Mann

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

Amount of Contribution: \$ \$527.47 Date of Contribution: 9/22/2036 Aggregate This Election: \$ \$527.47

Total Contributions: \$ \$1,975.57

(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: Michael R Ebbs
2. Reporting Period: Start Date: 8/1/2026 End Date: 9/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,975.57

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Howard Middle Name: _____ Last Name: Avery

Address: 1305 SWEET RAIN DR W City: Collierville State: TN Zip Code: 38017

Occupation: Self Employed Employer: Self Employed

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

Amount of Contribution: \$ \$40.00 Date of Contribution: 9/22/2026 Aggregate This Election: \$ \$40.00

Business or Organization Name: _____ **OR**

First Name: Kelly Middle Name: _____ Last Name: McElrath

Address: 636 PLANTERS RIDGE DR City: Collierville State: TN Zip Code: 38017

Occupation: Air Traffic Controller Employer: FAA

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

Amount of Contribution: \$ \$105.75 Date of Contribution: 9/26/2026 Aggregate This Election: \$ \$105.75

Business or Organization Name: _____ **OR**

First Name: Cathy Middle Name: _____ Last Name: Poteet

Address: 1155 Snowden Farm Cv 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: \$ \$263.90 Date of Contribution: 9/28/2026 Aggregate This Election: \$ \$263.90

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: \$ \$2,385.22

(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: Michael R Ebbs
2. Reporting Period: Start Date: 8/1/2026 End Date: 9/30/2026
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: Red & Ready Group LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 254 Chapman Rd City: Newark State: DE Zip Code: 19702
Purpose of Expenditure: General Consulting
Amount of Expenditure: \$ \$650.00 Date of Expenditure: \$ 7/3/2026

Business or Organization Name: Red & Ready Group LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 254 Chapman Rd City: Newark State: DE Zip Code: 19702
Purpose of Expenditure: General Consulting
Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 8/7/2026

Business or Organization Name: Red & Ready Group LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 254 Chapman Rd City: Newark State: DE Zip Code: 19702
Purpose of Expenditure: General Consulting
Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 8/14/2026

Business or Organization Name: Wix **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 100 Gansevoort Street City: New York State: NY Zip Code: 10014
Purpose of Expenditure: website
Amount of Expenditure: \$ \$48.50 Date of Expenditure: \$ 8/17/2026

Business or Organization Name: Fintech Supplies **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3109 W Dr. Martin Luther King Jr I City: Tampa State: FL Zip Code: 33607
Purpose of Expenditure: Booyas Ad with cc Fee
Amount of Expenditure: \$ \$465.75 Date of Expenditure: \$ 9/14/2026

Total Expenditures: \$ \$2,464.25

(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: Michael R Ebbs
2. Reporting Period: Start Date: 8/1/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,464.25

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: Wix **OR**

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

Address: 100 Gansevoort Street City: New York State: NY Zip Code: 10014

Purpose of Expenditure: website

Amount of Expenditure: \$ \$48.50 Date of Expenditure: \$ 9/16/2026

Business or Organization Name: Donorbox **OR**

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

Address: 1520 Belle View Blvd #4106 City: Alexandria State: VA Zip Code: 22307

Purpose of Expenditure: Online credit card fees

Amount of Expenditure: \$ \$116.77 Date of Expenditure: \$ 9/30/2026

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: \$ \$2,629.52

(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: Michael R Ebbs
2. Reporting Period: Start Date: 8/1/2026 End Date: 9/30/2026
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: Mike Middle Name: _____ Last Name: Ebbs

Address: 1355 Conser St. City: Collierville State: TN Zip Code: 38017

Outstanding Loan Balance (Beginning) \$ \$4,107.51

Loans Received \$ \$1,300.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$5,407.51

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

Date of Loan: 7/27/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

First Name: Mike Middle Name: _____ Last Name: Ebbs

Address: 1355 Conser St. City: Collierville State: TN Zip Code: 38017

Amount Guaranteed Outstanding: \$ \$5,407.51

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) \$ \$4,107.51

Loans Received \$ \$1,300.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$5,407.51