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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/26/26 2.a. Candidate or Committee Name: Michele Dial

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

4. Campaign Address: 9054 Breckenridge Cove
City: Lakeland State: TN Zip Code: 38002 Phone: 901-487-8130

5. Candidate Home Address: 9054 Breckenridge Cove
City: Lakeland State: TN Zip Code: 38002 Phone: 901-487-8130
Candidate Email Address: dial4shelby3@mail.com

6. Office Sought: (include district number, if applicable) Shelby County Commission, Position 3

7. Name of Political Treasurer (may be candidate): Amber Sawyer
Political Treasurer Email Address: dial4shelby3@mail.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: 4/1/26 End Date: 4/25/26

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.

Michele Dial 4/26/26
Candidate Signature Date

Amber Sawyer 4/26/26
Political Treasurer Signature Date

Addison B. Sawyer 4/26/26
Witness Signature Date

Addison B. Sawyer 4/26/26
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>3,180.17</u>
b. Total Receipts This Period	\$ <u>3,400</u>
c. Total Disbursements This Period	\$ <u>2,377.47</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>4,202.70</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Michele Dial

14. Reporting Period: Start Date: 4/1/26 End Date: 4/25/28

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) \$ 3,400
- 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.) \$ 3,400

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 2,377.47
(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.)..... \$ 2,377.47

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: Michele Dial
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
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: _____ OR
First Name: Michael Middle Name: _____ Last Name: Wright
Address: 5730 Bartlett Woods Dr. City: Bartlett State: TN Zip Code: 38134
Occupation: Gov't Relations Mgr. Employer: Youth Villages
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 4/13/26 Aggregate This Election: \$ 200

Business or Organization Name: TN Realtors PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 901 19th Ave S. City: Nashville State: TN Zip Code: 37212
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: 4/13/26 Aggregate This Election: \$ 500

Business or Organization Name: Friends of Amber Mills OR
First Name: Amber Middle Name: _____ Last Name: Mills
Address: P.O. Box 253 City: Arlington State: TN Zip Code: 38002
Occupation: District 1 Commissioner Employer: Shelby County Board of Commissioners
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 4/17/26 Aggregate This Election: \$ 250

Business or Organization Name: Patterson Bray PLLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8001 Centerview Pkwy Suite 103 City: Cordova State: TN Zip Code: 38108
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 4/17/26 Aggregate This Election: \$ 250

Total Contributions: \$ 1,200
(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: Michele Pial
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,200

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Christopher Middle Name: _____ Last Name: Rossie
Address: 3198 Shadow Green Ln. City: Lakeland State: TN Zip Code: 38002
Occupation: Police Officer Employer: Collierville P. Dept.
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 4/7/26 Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: Roumen Middle Name: _____ Last Name: Denkov
Address: 9980 Rue Bienville City: Lakeland State: TN Zip Code: 38002
Occupation: President Employer: RDX LLC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,900 Date of Contribution: 4/7/26 Aggregate This Election: \$ 1,900

Business or Organization Name: _____ OR
First Name: Todd Middle Name: _____ Last Name: Rheingold
Address: 2183 Coleridge Ln. City: Cordova State: TN Zip Code: 38016
Occupation: retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/7/26 Aggregate This Election: \$ 100

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: \$ 2,200

(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: Michele Dial
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
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: Michele Dial
2. Reporting Period: Start Date: 4/1/24 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: Square OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: online City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Fees for processing donations
Amount of Expenditure: \$ 3.65 Date of Expenditure: \$ 4/7/26

Business or Organization Name: _____ OR
First Name: Sabrina Middle Name: _____ Last Name: Grady
Address: 5221 Adagio Lane City: Lakeland State: TN Zip Code: 38002
Purpose of Expenditure: Photography
Amount of Expenditure: \$ 250 Date of Expenditure: \$ 4/15/26

Business or Organization Name: Patricia Possel Photography OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 581 Fern Meadow Lane City: Cordova State: TN Zip Code: 38018
Purpose of Expenditure: yard signs
Amount of Expenditure: \$ 2,123.82 Date of Expenditure: \$ 4/21/26

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: \$ 2,377.47

(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: Michele Pial
2. Reporting Period: Start Date: 4/1/24 End Date: 4/25/26
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: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

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

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

Date of Loan: _____

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) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

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

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Michele Dial

2. Reporting Period: Start Date: 4/1/26 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: _____
 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)
\$	\$	\$	\$

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)
\$	\$	\$	\$