



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 3/31/20 2.a. Candidate or Committee Name: Friends for Carla Stotts  
 2.b. If Committee, Name of Candidate: Carla Stotts (2026) 3. Election Date: 5/5/26  
 4. Campaign Address: 773 Southern Home Rd  
 City: Collierville State: TN Zip Code: 38017 Phone: 901-326-0529  
 5. Candidate Home Address: 773 Southern Home Rd  
 City: Collierville State: TN Zip Code: 38017 Phone: 901-326-0529  
 Candidate Email Address: csh2011@aol.com  
 6. Office Sought: (include district number, if applicable) Criminal Court Clerk  
 7. Name of Political Treasurer (may be candidate): Johnson Saulsbury  
 Political Treasurer Email Address: jsaulsbury1@aol.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.

<u>Carla Stotts</u>	<u>5/7/26</u>	<u>Johnson Saulsbury (TW)</u>	<u>5/7/26</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>EMMA KIRBY</u>	<u>5/7/26</u>	<u>EMMA KIRBY</u>	<u>5/7/26</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u><del>774.50</del> \$11.22</u>
b. Total Receipts This Period .....	\$ <u>2888.43</u>
c. Total Disbursements This Period .....	\$ <u>3428.99</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>230.94</u>
e. Total Loans Outstanding .....	\$ <u>—</u>
f. Total Obligations Outstanding .....	\$ <u>—</u>

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Carla Scott  
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) \$ 1000.13

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Erika Middle Name: \_\_\_\_\_ Last Name: Parson  
Address: 18095 Shady Meadow Vale Dr City: Cordova State: TN Zip Code: 38016  
Occupation: Educator Employer: MCS  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 4/15/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Derrick Middle Name: \_\_\_\_\_ Last Name: Parker  
Address: 8658 Meadow Vale Dr City: Memphis State: TN Zip Code: 38125  
Occupation: Police man Employer: Memphis Police Dept  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 4/18/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Georgia Middle Name: \_\_\_\_\_ Last Name: Hobbs  
Address: 2553 Windy Oaks Dr City: Germantown State: TN Zip Code: 38139  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 4/22/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Tarik Middle Name: \_\_\_\_\_ Last Name: Sugarman  
Address: 208 Looney Ave City: Memphis State: TN Zip Code: 38107  
Occupation: Judge Employer: Juvenile Court Judge  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 4/22/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 1000.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Carla Scotts  
2. Reporting Period: Start Date: April 1st End Date: April 25th  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 600.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Carol Middle Name: \_\_\_\_\_ Last Name: Johnson  
Address: 7065 Chapel Pines Dr City: Cardova State: IN Zip Code: 38016  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 300.00 Date of Contribution: 4/3/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Michael Middle Name: \_\_\_\_\_ Last Name: Baskin  
Address: 5095 55W. Weicua Rd City: Atlanta State: GA Zip Code: 30342  
Occupation: Attorney Employer: (Self) Baskin Law Firm  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 4/3/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Rosetta H. Roosevelt Middle Name: \_\_\_\_\_ Last Name: McGhee  
Address: 5095 75th St 2nd Floor City: Chicago State: IL Zip Code: 60619  
Occupation: Accountant Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500.00 Date of Contribution: 4/9/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Judy Middle Name: \_\_\_\_\_ Last Name: Martin  
Address: 4730 Plantation Forest Ln City: Collierville State: TN Zip Code: 38067  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 38.14 Date of Contribution: 4/15/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 1088.13

(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: Carla Stotts  
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) \$ 1088.13

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: James Middle Name: W Last Name: Gibson  
Address: 3943 N. Lakewood Dr City: Memphis State: TN Zip Code: 38128  
Occupation: Business man Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 300.00 Date of Contribution: 4/4/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Michelle ~~Fire~~ Middle Name: \_\_\_\_\_ Last Name: Fifer  
Address: 3088 Autumn Golden City: Memphis State: TN Zip Code: 38119  
Occupation: Nurse Employer: Heater  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.00 Date of Contribution: 4/24/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Kruger Middle Name: \_\_\_\_\_ Last Name: Peoples  
Address: 7794 Kings College Ave #208 City: Germantown State: TN Zip Code: 38138  
Occupation: Dentist Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 4/7/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: James Middle Name: W Last Name: Gibson  
Address: 3943 N. Lakewood Dr City: Memphis State: TN Zip Code: 38128  
Occupation: Business man Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 300.00 Date of Contribution: 5/5/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 950.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Charlie Stotts  
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) \$ 950.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Marnise Middle Name: \_\_\_\_\_ Last Name: Banks Lake Elder  
Address: 2200 Gable Court City: Arlington State: TX Zip Code: 76012  
Occupation: CEO Mecca Audit Solutions Inc Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.00 Date of Contribution: 4/15/26 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: \$ 250.00

(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.)

(2888.43)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Carla Stotts  
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.

\*  
reimbursed  
Fadett  
ink  
contribution

Business or Organization Name: Office Depot OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: Collierville State: TN Zip Code: 38017  
Purpose of Expenditure: ink to print campaign materials  
Amount of Expenditure: \$ 113.09 Date of Expenditure: \$ 4/13 reimbursed funds

Business or Organization Name: Office Depot OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: Collierville State: TN Zip Code: 38017  
Purpose of Expenditure: ink for campaign materials  
Amount of Expenditure: \$ 103.96 Date of Expenditure: \$ 4/13/26

Business or Organization Name: Dollar Tree OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: Collierville State: TN Zip Code: 38017  
Purpose of Expenditure: paper, treats for senior living facilities  
Amount of Expenditure: \$ 17.29 Date of Expenditure: \$ 4/13/24

Business or Organization Name: Sams Club OR  
First Name: Carla Middle Name: \_\_\_\_\_ Last Name: Stotts  
Address: 7735 Southern Boulevard City: Collierville State: TN Zip Code: 38017  
Purpose of Expenditure: gas for campaign events  
Amount of Expenditure: \$ 76.84 Date of Expenditure: \$ 4/14/26

Business or Organization Name: Collins Chapel CME OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: donation  
Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 4/12/26

Total Expenditures: \$ 335.18  
(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: Carla Stotts  
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) \$ \_\_\_\_\_

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: \_\_\_\_\_ OR  
First Name: Carla Middle Name: \_\_\_\_\_ Last Name: Stotts  
Address: 773 Southern Homestead Rd City: Collierville State: TN Zip Code: 38017  
Purpose of Expenditure: gas to go to meetings + events  
Amount of Expenditure: \$ 60.83 Date of Expenditure: \$ 4/3/26

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jodita Middle Name: \_\_\_\_\_ Last Name: Cage-J  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: social media for campaign  
Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 4/7/26

Business or Organization Name: Pinnacle Bank Service Fee OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Bank Service Charge  
Amount of Expenditure: \$ 8.00 Date of Expenditure: \$ 4/2/26

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Carla Middle Name: \_\_\_\_\_ Last Name: Stotts  
Address: 773 Southern Homestead City: Collierville State: TN Zip Code: 38017  
Purpose of Expenditure: gas for campaign events + meeting  
Amount of Expenditure: \$ 74.00 Date of Expenditure: \$ 4/9/26

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Audrey Middle Name: \_\_\_\_\_ Last Name: Devas  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Campaign media consultant  
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 4/9/26

Total Expenditures: \$ 545.83  
(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: \_\_\_\_\_  
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: ATI Printing OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Campaign Signs & Literature  
Amount of Expenditure: \$ 1745.03 Date of Expenditure: \$ 4/15/26

Business or Organization Name: Harbor Freight Tools OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Zip ties for signs  
Amount of Expenditure: \$ 8.77 Date of Expenditure: \$ 4/15/24

Business or Organization Name: Greater Community Temple OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: donation  
Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 4/16/25

Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: pay poll workers & food + coordinator  
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 4/17/24

Business or Organization Name: Sam's Club OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: gas to goto clerks & dolls  
Amount of Expenditure: \$ 63.53 Date of Expenditure: \$ 4/17/26

Total Expenditures: \$ 2092.33  
(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: \_\_\_\_\_  
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: Domains OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Website  
Amount of Expenditure: \$ 19.99 Date of Expenditure: \$ 4/20/26

Business or Organization Name: Premium Parking OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Parking for Event  
Amount of Expenditure: \$ 11.49 Date of Expenditure: \$ 4/20/26

Business or Organization Name: Democratic Women OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: donation for scholarships  
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 4/21/26

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jovita Middle Name: \_\_\_\_\_ Last Name: Cox-Jones  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: lunch for campaign worker  
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 4/22/26

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Natasha Middle Name: \_\_\_\_\_ Last Name: Williams  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Payment for States for Signs  
Amount of Expenditure: \$ 132.00 Date of Expenditure: \$ 4/22/26

Total Expenditures: \$ 268.40  
(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: \_\_\_\_\_  
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: Sam's Club OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: gas for campaign events  
Amount of Expenditure: \$ 70.83 Date of Expenditure: \$ 4/23/26

Business or Organization Name: Peabody Mphs OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Parking for Campaign Meeting  
Amount of Expenditure: \$ 20.20 Date of Expenditure: \$ 4/24/26

Business or Organization Name: Pay Pal Fees OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Each donation is charged a transaction  
Amount of Expenditure: \$ 96.62 Date of Expenditure: \$ April 1 - 25<sup>th</sup>

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: \$ 187.73  
(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.)

Total \$3428.99