



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

ORIGINAL DOCUMENT
 THIS DOCUMENT CANNOT BE
 ACCEPTED TCA 2-5-102

1. Date: 2/10/26 2.a. Candidate or Committee Name: Stephanie Love
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/4/2024
 4. Campaign Address: 2253 Dells
 City: Memphis State: TN Zip Code: 38127 Phone: (901) 588-9603
 5. Candidate Home Address: 4405 Grand Cedar Lane
 City: Memphis State: TN Zip Code: 38128 Phone: (901) 649-8041
 Candidate Email Address: splove.mycareer@yahoo.com
 6. Office Sought: (include district number, if applicable) County School Board, District 3
 7. Name of Political Treasurer (may be candidate): Tania Combs Starks
 Political Treasurer Email Address: mcombs83@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: 7/1/2024 End Date: 7/22/2024

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>[Signature]</u>	<u>2-10-26</u>	<u>[Signature]</u>	<u>2-10-26</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>2/10/2026</u>	<u>Tanika Morton</u>	<u>2-10-26</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>5681.71</u>
b. Total Receipts This Period	\$	<u>11,767.56</u>
c. Total Disbursements This Period	\$	<u>17,248.99</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>200.28</u>
e. Total Loans Outstanding	\$	<u>-0-</u>
f. Total Obligations Outstanding	\$	<u>-0-</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Stephanie Love

14. Reporting Period: Start Date: 7/1/2024 End Date: 7/22/2024

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) \$ 11,767.56
- 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.) \$ 11,767.56

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 17,248.99
(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.)..... \$ 17,248.99

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-

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FORM 2025 FEB 10

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

COPY

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: Ligna Employce PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1601 Chestnut St. TL16B City: Philadelphia State: PA Zip Code: 19192
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 2,500.00 Date of Contribution: 07/02/2024 Aggregate This Election: \$ 2,500.00 ✓

Business or Organization Name: Stand PAC of Tennessee 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: \$ 1,500.00 Date of Contribution: 07/18/24 Aggregate This Election: \$ 1,500.00 ✓

Business or Organization Name: _____ OR
First Name: Anthony Middle Name: _____ Last Name: Buckner
Address: 9266 Fairmont City: Collierville State: TN Zip Code: 38017
Occupation: Law Enforcement Executive Employer: Shelby County
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/6/2024 Aggregate This Election: \$ 100.00 ✓

Business or Organization Name: _____ OR
First Name: Michael Middle Name: _____ Last Name: Kernell
Address: 111 S. Highland City: Memphis State: TN Zip Code: 38111
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/5/2024 Aggregate This Election: \$ 100.00 ✓

Total Contributions: \$ 4,200.00

(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.)

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ORIGINAL DOCUMENT
 PHOTOCOPIED
 UNACCEPTED FOR FILING

Business or Organization Name	First Name	Middle Name	Last Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure	Date of Expenditure
Kroger Fuel A-1 Printing	Angela		Schaeffer	Austin Peay	Memphis	TN	38128	Gas	\$ 66.49	7/1/2024
	Jason		Starks	810 Brooks Rd.	Memphis	TN	38116	Yard Signs & Wires	\$ 545.00	7/2/2024
	Tom		Mason					Campaign Payroll	\$ 300.00	7/3/2024
	DanLiah		Fleming					Signs	\$ 145.00	7/3/2024
WalMart	James	L.	Johnson	3950 Austin Peay	Memphis	TN	38128	Phone Banking	\$ 250.00	7/3/2024
				PO Box 42014	Memphis	TN	38174	Poll Worker Supplies & Refreshments	\$ 148.89	7/12/2024
				3250 Austin Peay	Memphis	TN	38128	T-shirts	\$ 273.00	7/12/2024
Beauty & Company WalMart				3950 Austin Peay	Memphis	TN	38128	Fans for Poll Workers	\$ 27.44	7/13/2024
				3950 Raleigh - Millington	Memphis	TN	38128	Umbrellas for Poll Workers	\$ 25.65	7/13/2024
Kash Express	Tudy		Morris					Gasoline	\$ 40.00	7/16/2024
	Tandre		Morris					Telephone Bank	\$ 100.00	7/16/2024
Direct FX Sign Team Black Market Strategies Sam's Club Sign Team WalMart	DaNiah		Morris					Canvassing	\$ 50.00	7/16/2024
	Tamika		Fleming					Canvassing	\$ 50.00	7/16/2024
			Kimbrell					Poll Worker	\$ 100.00	7/16/2024
								Direct Mail	\$ 100.00	7/16/2024
Sam's Club 5 Star Express				2150 Covington Pike	Memphis	TN	38128	Early Vote Signs (Team 1)	\$ 2,417.90	7/16/2024
								Direct Mail	\$ 430.00	7/16/2024
								Gasoline	\$ 2,407.90	7/16/2024
								Early Vote Signs (Team 2)	\$ 56.36	7/17/2024
Sam's Club 5 Star Express				3950 Austin Peay	Memphis	TN	38128	Poll Worker Supplies & Refreshments	\$ 170.41	7/17/2024
								Phone Banking & Canvassing	\$ 1,010.00	7/18/2024
				2150 Covington Pike	Memphis	TN	38128	Campaign Assistant	\$ 1,000.00	7/18/2024
				2331 Frayser Blvd	Memphis	TN	38127	Gasoline	\$ 44.90	7/19/2024
Kroger's								Ice	\$ 6.12	7/19/2024
								Election Day Catering	\$ 1,000.00	7/19/2024
								Payroll	\$ 1,010.00	7/19/2024
								Early Vote Coordinator	\$ 310.00	7/22/2024
Kroger's								Poll Worker	\$ 100.00	7/22/2024
								Early Vote Poll Worker	\$ 100.00	7/22/2024
								Campaign Coordinator	\$ 510.00	7/22/2024
							Gasoline	\$ 40.00	7/22/2024	
							Total	\$ 13,200.06		

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ORIGINAL RECEIPT
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 ACCEPTED FOR DEPOSIT

Business or Organization Name	First Name	Middle Name	Last Name	Address	City	State	Zip Code	Occupation	Employer	Contribution Received For	Amount of Contribution	Date of Contribution	Aggregate this Election
Dream Educational Consulting Cigna Employee PAC	Michael Anthony Deangela Tony Shawn		Kernell Buckner Graham Thompson Joseph	9409 Forest Station Cv 1601 Chestnut St. TL168 111 S. Highland 9266 Fallmont 620 East Lake Dr. N PO Box 2103	Collinsville Philadelphia Memphis Collinsville Marion Brentwood	TN PA TN TN AR TN	38017 19192 38111 38017 72364 37024			General Election General Election General Election General Election General Election General Election	\$ 500.00 \$ 2,500.00 \$ 100.00 \$ 100.00 \$ 50.00 \$ 250.00	7/1/2024 7/2/2024 7/5/2024 7/6/2025 7/11/2024 7/11/2024	\$ 500.00 \$ 2,500.00 \$ 100.00 \$ 100.00 \$ 50.00 \$ 250.00
Legacy PAC	Michael		Kernell	331 Community Center 60 N. BB King Blvd 111 S. Highland 896 Juliana	Brentwood Gallatinburg Memphis Memphis Collinsville	TN MD TN TN TN	37024 20878 38103 38111 38017	Lobbyist	Self Employed	General Election General Election General Election General Election	\$ 1,800.00 \$ 1,500.00 \$ 1,000.00 \$ 1,500.00	7/12/2024 7/13/2024 7/14/2024 7/16/2024	\$ 1,800.00 \$ 1,500.00 \$ 1,000.00 \$ 1,500.00
Watson & Watson Enterprise Stand PAC of Tennessee	Marty Jamilla		Pettigrew Burke	1827 Parkway Terrace	Memphis	TN	38114			General Election General Election	\$ 250.00 \$ 500.00	7/18/2024 7/22/2024	\$ 250.00 \$ 500.00
											\$ 10,150.00		\$ 10,250.00

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: Michael Middle Name: _____ Last Name: Kernell
Address: 111 S. Highland City: Memphis State: TN Zip Code: 38111
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/14/2024 Aggregate This Election: \$ 200.00 ✓

Business or Organization Name: _____ OR
First Name: Shawn Middle Name: _____ Last Name: Joseph
Address: 331 Community Center City: Gaithersburg State: MD Zip Code: 20878
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,800.00 Date of Contribution: 7/12/24 Aggregate This Election: \$ 1,800.00 ✓

Business or Organization Name: Watson & Watson Enterprise OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 896 Juliana City: Collierville State: TN Zip Code: 38017
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.00 Date of Contribution: 7/16/24 Aggregate This Election: \$ 1,000.00 ✓

Business or Organization Name: Legacy PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 60 N. BB King Blvd. City: Memphis State: TN Zip Code: 38103
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,500.00 Date of Contribution: 7/13/2024 Aggregate This Election: \$ 1,500.00 ✓

Total Contributions: \$ 8,700.00

(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: _____
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: Dream Educational Consulting OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 9409 Forest Station Cv City: Collierville State: TN Zip Code: 38017
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 7- -24 Aggregate This Election: \$ 500.00 ✓

Business or Organization Name: _____ OR
First Name: Karen Middle Name: _____ Last Name: Bull
Address: 10496 Mabry Mill Rd City: Memphis State: TN Zip Code: 38016
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/24/24 Aggregate This Election: \$ 100.00 ✓

Business or Organization Name: _____ OR
First Name: Jamille Middle Name: _____ Last Name: Burke
Address: 1827 Plwy Terrace City: Memphis State: TN Zip Code: 38114
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 7/22/24 Aggregate This Election: \$ 500.00 ✓

Business or Organization Name: _____ OR
First Name: Michael Middle Name: _____ Last Name: Kernell
Address: 111 S. Highland City: Memphis State: TN Zip Code: 38111
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/25/24 Aggregate This Election: \$ 300.00 ✓

Total Contributions: \$ 10,100.00

(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: _____
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: Adrian Middle Name: _____ Last Name: Bond
Address: 4501 Potters Cross City: Memphis State: TN Zip Code: 38125
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 750.00 Date of Contribution: 7/25/24 Aggregate This Election: \$ 750.00 ✓

Business or Organization Name: _____ OR
First Name: Michael Middle Name: _____ Last Name: Kernell
Address: 11 S. Highland City: Memphis State: TN Zip Code: 38111
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 8/3/2024 Aggregate This Election: \$ 400.00 ✓

Business or Organization Name: _____ OR
First Name: Robert Middle Name: _____ Last Name: Robinson
Address: 665 Madison Ave. City: Memphis State: TN Zip Code: 38103
Occupation: Educator Employer: Influence 1
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/31/2024 Aggregate This Election: \$ 100.00 ✓

Business or Organization Name: _____ OR
First Name: DeAngela Middle Name: _____ Last Name: Graham
Address: 620 East Lake Dr. N City: Marion State: AL Zip Code: 72364
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 7/11/24 Aggregate This Election: \$ 50.00 ✓

Total Contributions: \$ 11,400.00

(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: _____
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: Louy Middle Name: _____ Last Name: Thompson
Address: PO Box 2103 City: Brentwood State: TN Zip Code: 37024
Occupation: Lobbyist Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 7/11/24 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: Darrell Middle Name: K. Last Name: Thomas
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 7/25/24 Aggregate This Election: \$ 250.00

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 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: _____
First Name: Tom Middle Name: _____ Last Name: Mason
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Signs
Amount of Expenditure: \$ 750.00 Date of Expenditure: \$ 7/03/24 ✓

Business or Organization Name: _____
First Name: Daniah Middle Name: _____ Last Name: Fleming
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Phone Banking
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 7/3/24 ✓

Business or Organization Name: _____
First Name: Kenosha Middle Name: _____ Last Name: Rogers
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Catering
Amount of Expenditure: \$ 1,000.00 Date of Expenditure: \$ 7/19/24 ✓

Business or Organization Name: _____
First Name: Katarsha Middle Name: _____ Last Name: Jenks
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Refreshments
Amount of Expenditure: \$ 160.00 Date of Expenditure: \$ 8/2/24 ✓

Business or Organization Name: _____
First Name: Pat Middle Name: _____ Last Name: Hunter
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker & Captain
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 8/2/24 ✓

Total Expenditures: \$ _____

(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: _____ C
First Name: Badia Middle Name: _____ Last Name: Hurd
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker + Captain
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 8/2/24 P

Business or Organization Name: _____ C
First Name: Romenthia Middle Name: _____ Last Name: Love
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker & Captain
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 8/2/24 P

Business or Organization Name: _____ C
First Name: Eysha Middle Name: _____ Last Name: Love
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 8/2/24 P

Business or Organization Name: _____ C
First Name: William Middle Name: _____ Last Name: Tate
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker & Captain
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 8/2/24 P

Business or Organization Name: _____ C
First Name: Andre Middle Name: _____ Last Name: Morris
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker & Captain
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 8/2/24 P

Total Expenditures: \$ _____

(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: _____ OR
First Name: Tudy Middle Name: _____ Last Name: Morris
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Payroll
Amount of Expenditure: \$ 1,010.00 Date of Expenditure: \$ 7/19/2024 ✓

Business or Organization Name: Johnson's Shirts OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Shirts
Amount of Expenditure: \$ 273.00 Date of Expenditure: \$ 7/24/24 ✗

Business or Organization Name: PS & S OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mail Piece / Election Flyers
Amount of Expenditure: \$ 2,243.79 Date of Expenditure: \$ 7/30/24 ✗

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: \$ _____
(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: A1 Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 810 E. Brooks Rd. City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Signage
Amount of Expenditure: \$ 395.10 Date of Expenditure: \$ 395.10 ✓

Business or Organization Name: Sam's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8840 US 64 City: Bartlett State: TN Zip Code: 38133
Purpose of Expenditure: Refreshments
Amount of Expenditure: \$ 22.56 Date of Expenditure: \$ 7/30/24 ✓

Business or Organization Name: Sam's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8840 US 64 City: Bartlett State: TN Zip Code: 38133
Purpose of Expenditure: Refreshments
Amount of Expenditure: \$ 220.46 Date of Expenditure: \$ 7/30/24 ✓

Business or Organization Name: Kroger's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2632 Frayser Blvd. City: Memphis State: TN Zip Code: 7/30/24
Purpose of Expenditure: Refreshments
Amount of Expenditure: \$ 80.95 Date of Expenditure: \$ 7/30/24 ✓

Business or Organization Name: Walmart OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3950 Austin Peay City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Refreshments
Amount of Expenditure: \$ 57.69 Date of Expenditure: \$ 7/31/24 ✓

Total Expenditures: \$ 776.76

(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: Beauty & Company OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3250 Austin Peay City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Fans for Poll Workers
Amount of Expenditure: \$ 27.44 Date of Expenditure: \$ 7/13/24 ✓

Business or Organization Name: Walmart OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3950 Austin Peay City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Umbrellas for Poll Workers
Amount of Expenditure: \$ 25.65 Date of Expenditure: \$ 07/15/24 ✓

Business or Organization Name: Walmart OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3950 Austin Peay City: Memphis State: TN Zip Code: 07/24/2024
Purpose of Expenditure: Misc. Campaign Expenses
Amount of Expenditure: \$ 52.82 Date of Expenditure: \$ 07/27/2024 ✓

Business or Organization Name: McDonald's Restaurant OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7839 U.S. Hwy 51 N. City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: Ice
Amount of Expenditure: \$ 6.22 Date of Expenditure: \$ 7/26/2024 ✓

Business or Organization Name: 5 Star Express OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2331 Frayser Blvd. City: Memphis State: TN Zip Code: 38127
Purpose of Expenditure: Ice
Amount of Expenditure: \$ 6.12 Date of Expenditure: \$ 7/19/24 ✓

Total Expenditures: \$ 895.01

(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: Walmart OR

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

Address: 3950 Austin Peay City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Poll Worker Supplies & Refreshments

Amount of Expenditure: \$ 148.89 Date of Expenditure: \$ 7/12/24 ✓

Business or Organization Name: Walmart OR

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

Address: 3950 Austin Peay City: Memphis State: TN Zip Code: 38127

Purpose of Expenditure: Poll Workers Supplies / Refreshments

Amount of Expenditure: \$ 170.41 Date of Expenditure: \$ 7/17/24 ✓

Business or Organization Name: Walmart OR

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

Address: 3950 Austin Peay City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Poll Worker Supplies

Amount of Expenditure: \$ 82.23 Date of Expenditure: \$ 7/25/24 ✗

Business or Organization Name: Dollar General Stores OR

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

Address: _____ City: Millington State: TN Zip Code: _____

Purpose of Expenditure: Ice

Amount of Expenditure: \$ 10.52 Date of Expenditure: \$ 7/24/24 ✗

Business or Organization Name: Outback Steakhouse OR

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

Address: 2255 Union Ave. City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Mtg.

Amount of Expenditure: \$ 18.43 Date of Expenditure: \$ 7/25/24 ✗

Total Expenditures: \$ 1,325.49

(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: Texas Roadhouse OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2810 Brunswick City: Memphis State: TN Zip Code: 38133
Purpose of Expenditure: Campaign Meetings
Amount of Expenditure: \$ 1101.470 Date of Expenditure: \$ 07/27/24 ✓

Business or Organization Name: A-1 Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 810 Brooks Rd. City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Yard Signs & Wires
Amount of Expenditure: \$ 545.00 Date of Expenditure: \$ 7/2/24 ✓

Business or Organization Name: James L. Johnson OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 42014 City: Memphis State: TN Zip Code: 38174
Purpose of Expenditure: T-Shirts
Amount of Expenditure: \$ \$273.00 Date of Expenditure: \$ 7/12/24 ✓

Business or Organization Name: Kroger's Fuel OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Austin Peay City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Gas
Amount of Expenditure: \$ 66.49 Date of Expenditure: \$ 7/01/24 ✓

Business or Organization Name: Kash Express OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3950 Raleigh Millington City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Gasoline
Amount of Expenditure: \$ 40.00 Date of Expenditure: \$ 7/16/24 ✓

Total Expenditures: \$ 2,360.45

(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

- COPY**
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: 2150 Covington Pike City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Gasoline
Amount of Expenditure: \$ 44.90 Date of Expenditure: \$ 07/19/24 ✓

Business or Organization Name: Kroger's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Austin Peay City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Gas
Amount of Expenditure: \$ 40.00 Date of Expenditure: \$ 07/22/24 ✓

Business or Organization Name: Kroger's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Austin Peay City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Gas
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 07/25/24 ✗

Business or Organization Name: Sam's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2150 Covington Pike City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Gas
Amount of Expenditure: \$ 46.00 Date of Expenditure: \$ 7/31/24 ✗

Business or Organization Name: Sam's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2150 Covington Pike City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Gas
Amount of Expenditure: \$ 56.36 Date of Expenditure: \$ 7/17/24 ✓

Total Expenditures: \$ 2,597.71

(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.)