



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

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

1. Date: 4/27/26 2.a. Candidate or Committee Name: Michael O. Harris
 2.b. If Committee, Name of Candidate: FRIENDS OF MICHAEL O. HARRIS 3. Election Date: May 5, 2026
 4. Campaign Address: 4314 E. Faronia Sq.
 City: Memphis State: TN Zip Code: 38116 Phone: 901 677 9933
 5. Candidate Home Address: 4314 E. Faronia Sq.
 City: Memphis State: TN Zip Code: 38116 Phone: 901 677 9933
 Candidate Email Address: michael@harrisbeaumont.com
 6. Office Sought: (include district number, if applicable) Shelby County Assessor
 7. Name of Political Treasurer (may be candidate): James W. Cook
 Political Treasurer Email Address: jcook1300@gmail.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>Michael O. Harris</u> Candidate Signature	<u>4/28/26</u> Date	<u>[Signature]</u> Political Treasurer Signature	<u>4/28/26</u> Date
<u>[Signature]</u> Witness Signature	<u>4/28/26</u> Date	<u>[Signature]</u> Witness Signature	<u>4/28/26</u> Date

12. Summary:

a. Balance On Hand Last Report.....	\$	<u>534.28</u>
b. Total Receipts This Period.....	\$	<u>5525.00</u>
c. Total Disbursements This Period.....	\$	<u>6027.65</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.).....	\$	<u>31.63</u>
e. Total Loans Outstanding.....	\$	<u>0</u>
f. Total Obligations Outstanding.....	\$	<u>0</u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

- 1. Candidate or Committee Name: FRIENDS OF MICHAEL O. HARRIS
- 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: Patrick Middle Name: _____ Last Name: Carter

Address: 272 S Main St City: Memphis State: TN Zip Code: 38103

Occupation: President Employer: Olympic Career Training Inst.

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

Amount of Contribution: \$ 200 Date of Contribution: 4/4/26 Aggregate This Election: \$ 200

Business or Organization Name: Memphis Area Association of Realtors OR

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

Address: 6393 Poplar Ave City: Memphis State: TN Zip Code: 38119

Occupation: _____ Employer: _____

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

Amount of Contribution: \$ 5000 Date of Contribution: 4/6/26 Aggregate This Election: \$ 5000

Business or Organization Name: _____ OR

First Name: Michael Middle Name: O. Last Name: Harris

Address: 4314 E. Farmla Sq City: Memphis State: TN Zip Code: 38116

Occupation: President Employer: NMIBA

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

Amount of Contribution: \$ 300 Date of Contribution: 4/25/26 Aggregate This Election: \$ 886

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: \$ 5500

(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: FRIENDS OF MICHAEL O. HARREL
- 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: WIX OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 100 Basseville Pt City: New York State: NY Zip Code: 10014
 Purpose of Expenditure: website platform & fees
 Amount of Expenditure: \$ 177.65 Date of Expenditure: \$ 4/25/26

Business or Organization Name: _____ OR
 First Name: Vanessa Middle Name: _____ Last Name: Turner
 Address: P.O. Box 1221 City: Cordova State: TN Zip Code: 38018
 Purpose of Expenditure: Print
 Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 4/14/26

Business or Organization Name: _____ OR
 First Name: Clifford Middle Name: _____ Last Name: Stockton
 Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Expenditure: Strategy
 Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 4/25/26

Business or Organization Name: Black Market Strategies OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Expenditure: Strategy
 Amount of Expenditure: \$ 5000.00 Date of Expenditure: \$ 4/8/25

Business or Organization Name: _____ OR
 First Name: Austin Middle Name: _____ Last Name: Ford
 Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Expenditure: Ford Marketing Material
 Amount of Expenditure: \$ 250 Date of Expenditure: \$ 4/3/26

Total Expenditures: \$ 5827.65

(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

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT BE
ACCEPTED FOR A 2-5-102

1. Candidate or Committee Name: FRIENDS OF MICHAEL O. HARRIS
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) \$ 5827.65

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: Julian Middle Name: _____ Last Name: Hudson
Address: 88 W Armstrong Rd City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Campaign Support
Amount of Expenditure: \$ 200 Date of Expenditure: \$ 4/25/26

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: \$ _____

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: \$ 6027.65

(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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
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: _____ *work*
 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)
\$	\$	\$	\$