CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

Amended form

1. Date: 2/12/2026 2.a. Candidate or Committee Name: Michael Pryor

2.b. If Committee, Name of Candidate: Same as above. 3. Election Date: 8/2026

4. Campaign Address: 1306 Island Place East

City: Memphis State: TN Zip Code: 38013 Phone: 901500-3377

5. Candidate Home Address: same as above.

City: State: Zip Code: Phone:

Candidate Email Address: mrm.pryor@gmail.com

6. Office Sought: (include district number, if applicable) Shelby County Sheriff

7. Name of Political Treasurer (may be candidate): Jan Hill

Political Treasurer Email Address: jan-remy@hotmail.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: 7/1/2025 End Date: 1/15/2026

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	Political Treasurer Signature	Date
	8/5/2026		8/5/2026
Witness Signature	**Date**	**Witness Signature**	**Date**
	8/5/2026		8/5/2026

12. Summary:

a.	Balance On Hand Last Report	$ 1,000
b.	Total Receipts This Period	$ 8,054.17
c.	Total Disbursements This Period	$ 9054.17
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 0.0
e.	Total Loans Outstanding	$ 5780.51
f.	Total Obligations Outstanding	$ 0.0

Loan balance will not be repaid.

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Michael Pryor

14. Reporting Period: Start Date: 7/15/2025 End Date: 1/15/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0.0
(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) ..... $ 1950.00

c. Loans Received This Reporting Period ..... $ 6104.17

d. Interest Received This Reporting Period ..... $ 0.0

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 8054.17

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 8730.51
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 323.66

c. Total Obligation Payments Made This Period ..... $ 0.0

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 9,054.17

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0.0

b. Itemized In-Kind Contributions Received This Period ..... $ 0.0

c. Total In-Kind Contributions Received This Period ..... $ 0.0

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0.0

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Michael Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign expenditures from preceding page (enter $0 if first page) $ Ø

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: Elevated Concepts **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1099 Boulevard SE City: Atlanta State: GA Zip Code: 30310
Purpose of Expenditure: Marketing & Branding Services
Amount of Expenditure: $ 362.00 Date of Expenditure: 7/2/25

Business or Organization Name: Lifestyle Screen Printing **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4077 Thomas St City: Memphis State: TN Zip Code: 38127
Purpose of Expenditure: Printing Services (e.g., promotional posters; signs)
Amount of Expenditure: $ 288.44 Date of Expenditure: 7/9/25

Business or Organization Name: Square Space **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Monthly Campaign Website Domain fees
Amount of Expenditure: $ 79.02 Date of Expenditure: 7/22/25 & 8/22/25

Business or Organization Name: Lil Pounds Entertainment/Hutch Eat **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Kick off Entertainment / Fundraiser
Amount of Expenditure: $ 250.00 Date of Expenditure: 8/25/25

Business or Organization Name: Orange Mound Community Parade **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Participation fees - Community Campaign Outreach Event
Amount of Expenditure: $ 250.00 Date of Expenditure: 9/4/25

Total Expenditures: $ 1229.49
(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: Michael Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1229.49

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: Lifestyle Screen Printing **OR**
First Name: Middle Name: Last Name:
Address: 4077 Thomas St. City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Printing Services-Promotional Items (eg. Shirts, Magnets)
Amount of Expenditure: $ 139.13 Date of Expenditure: 9/18/25

Business or Organization Name: Elevated Concepts **OR**
First Name: Middle Name: Last Name:
Address: 1099 Bavenard SE City: Atlanta State: GA Zip Code: 30310
Purpose of Expenditure: Campaign Marketing Services
Amount of Expenditure: $ 300.00 Date of Expenditure: 9/25/25

Business or Organization Name: Square Space **OR**
First Name: Middle Name: Last Name:
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Campaign Domain Website Monthly Fees
Amount of Expenditure: $ 39.51 Date of Expenditure: 9/22/25

Business or Organization Name: Exxon Corporation **OR**
First Name: Middle Name: Last Name:
Address: 5542 Polar Ave City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Participation in Community Parade - Fuel Expenses
Amount of Expenditure: $ 50.11 Date of Expenditure: 10/14/25

Business or Organization Name: Stacey Dawson Entertainment **OR**
First Name: Middle Name: Last Name:
Address: City: State: Zip Code:
Purpose of Expenditure: Entertainment for Fundraising Event
Amount of Expenditure: $ 400.00 Date of Expenditure: 8/23/25

Total Expenditures: $ 2,223.24
(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 Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 11/5/26
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 2,223.26

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: Safir Muhammed Photography **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ___ Zip Code: _____
Purpose of Expenditure: Campaign Photos (Professional headshots)
Amount of Expenditure: $ 150.00 Date of Expenditure: 8/29/25

Business or Organization Name: Square Space **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Monthly ECommerce Fees
Amount of Expenditure: $ 39.51 Date of Expenditure: 1/13/25

Business or Organization Name: Square Space **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Monthly ECommerce Fees
Amount of Expenditure: $ 39.51 Date of Expenditure: 12/22/25

Business or Organization Name: Saltwater Crab **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2059 Madison Ave. City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Refreshments / Campaign Meeting
Amount of Expenditure: $ 69.21 Date of Expenditure: 10/14/25

Business or Organization Name: Elevated Concepts **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1099 Boulevard SE City: Atlanta State: GA Zip Code: 30310
Purpose of Expenditure: Marketing + Branding Services
Amount of Expenditure: $ 450.00 Date of Expenditure: 10/27/25

Total Expenditures: $ 2971.49
(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: Michael Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 2971.49

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 Space OR
First Name: ____ Middle Name: ____ Last Name: ____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website/Domain - ECommerce fees
Amount of Expenditure: $ 79.02 Date of Expenditure: 10/22/25; 11/24/25

Business or Organization Name: King Palace OR
First Name: ____ Middle Name: ____ Last Name: ____
Address: 4430 Elvis Presley City: Mps State: TN Zip Code: 38116
Purpose of Expenditure: Facility Rental Fees - Campaign Fundraising Event
Amount of Expenditure: $ 3,000.00 Date of Expenditure: 10/17/25

Business or Organization Name: Bear Fruit, LLC OR
First Name: ____ Middle Name: ____ Last Name: ____
Address: ____ City: ____ State: ____ Zip Code: ____
Purpose of Expenditure: Campaign Management Services
Amount of Expenditure: $ 2450.00 Date of Expenditure: 7/27/25

Business or Organization Name: ____ OR
First Name: Demario Middle Name: ____ Last Name: Hunter
Address: ____ City: ____ State: ____ Zip Code: ____
Purpose of Expenditure: Fees - Campaign Organizing
Amount of Expenditure: $ 130.00 Date of Expenditure: 11/10/25

Business or Organization Name: Tracey Blackmon Catering OR
First Name: ____ Middle Name: ____ Last Name: ____
Address: ____ City: ____ State: ____ Zip Code: ____
Purpose of Expenditure: Catering fees for Campaign Event
Amount of Expenditure: $ 100.00 Date of Expenditure: ____

Total Expenditures: $ 8730.51
(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Michael Pryor

2. Reporting Period: Start Date: 7-1-25 End Date: 1/15/26

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: Tania Middle Name: _____ Last Name: Mayr

Address: 4806 Blue Wing City: Memphis State: TN Zip Code: 38141

Occupation: LCSW Employer: Department of Veteran Affairs

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

Amount of Contribution: $ 100.00 Date of Contribution: 7/29/25 Aggregate This Election: $ 100.00

Business or Organization Name: _____ OR

First Name: Sandra Middle Name: _____ Last Name: Pryor

Address: 905 Biggs City: Memphis State: TN Zip Code: 38108

Occupation: _____ Employer: Shelby County Gov.

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

Amount of Contribution: $ 50.00 Date of Contribution: 7/28/25 Aggregate This Election: $ 50.00

Business or Organization Name: _____ OR

First Name: Chrystal Middle Name: _____ Last Name: Russell

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

Occupation: Higher Education Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 7/28/25 Aggregate This Election: $ 100.00

Business or Organization Name: _____ OR

First Name: Shantelle Middle Name: _____ Last Name: Williams-Moore

Address: 5449 Goldleaf Ln City: Memphis State: TN Zip Code: 38125

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 7/29/25 Aggregate This Election: $ 100.00

Total Contributions: $ 350.00

(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: Michael Pryor

2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 350.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Ida Middle Name: _____ Last Name: Marshall

Address: 4409 Deerland St City: Memphis State: TN Zip Code: 38109

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 250.00 Date of Contribution: 7/29/25 Aggregate This Election: $ 250.00

Business or Organization Name: _____ OR

First Name: Gail Middle Name: _____ Last Name: Mull

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

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 200.00 Date of Contribution: 7/29/25 Aggregate This Election: $ 200.00

Business or Organization Name: _____ OR

First Name: Stan Middle Name: _____ Last Name: Sawyer

Address: 1450 Poplar Ave. City: Memphis State: TN Zip Code: 38104

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 250.00 Date of Contribution: 10/4/25 Aggregate This Election: $ 250.00

Business or Organization Name: _____ OR

First Name: Aubrey Middle Name: _____ Last Name: Howard

Address: 14658 S. Rainbow City: Memphis State: TN Zip Code: 38107

Occupation: _____ Employer: Shelby County Gov.

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

Amount of Contribution: $ 250.00 Date of Contribution: 10/4/25 Aggregate This Election: $ 250.00

Total Contributions: $ 1300.00

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Michael Pryor
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
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: April Middle Name: ______ Last Name: Armstrong

Address: 1306 Island Place E City: Memphis State: TN Zip Code: 38103

Outstanding Loan Balance (Beginning) .... $ 0.0

Loans Received .... $ 715.00

Loan Payments .... $ 323.66

Outstanding Loan (End) .... $ 0.0

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

Date of Loan: 7/10/2025

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 LOANS - CANDIDATE

1. Candidate or Committee Name: Michael Pryor
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
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: Michael Middle Name: ______ Last Name: Pryor

Address: 1306 Island Place E City: Memphis State: TN Zip Code: 38103

Outstanding Loan Balance (Beginning) $ 0.0

Loans Received $ 5389.17

Loan Payments $ 0.0

Outstanding Loan (End) $ 0.0

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

Date of Loan: 7/10/2025

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) $ 0.0

Loans Received $ 6104.17

Loan Payments $ ~~0.0~~ 323.66

Outstanding Loan (End) $ 0.0

Remaining Loans will not be paid back.