CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/28/26 2.a. Candidate or Committee Name: Michael R. Williams

2.b. If Committee, Name of Candidate: Michael R. Williams 3. Election Date: 5/5/26

4. Campaign Address: 7823 Wood Glen Cv.

City: Cordova State: TN Zip Code: 38016 Phone: 901-649-6162

5. Candidate Home Address: 7823 Wood Glen Cv.

City: Cordova State: TN Zip Code: 38016 Phone: 901-649-6162

Candidate Email Address: micdubentertainment@gmail.com

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

7. Name of Political Treasurer (may be candidate): Katrina Peete

Political Treasurer Email Address: Katrinapeeteselbrealestate@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.

Michael R Williams 6-11-26
Candidate Signature Date

Katrina Peete 6/11/2026
Political Treasurer Signature Date

[signature] 6-15-26
Witness Signature Date

[signature] 6/1/2026
Witness Signature Date

12. Summary:

a.	Balance On Hand Last Report	$ 15,730.00
b.	Total Receipts This Period	$ $350.00.66
c.	Total Disbursements This Period	$ 17,080.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ Ø
e.	Total Loans Outstanding	$ $3903.85 Loaned by candidate not to be repaided.
f.	Total Obligations Outstanding	$ Ø

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Michael R. Williams

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/26

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) ..... $ 0 #1,350

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.) ..... $ 0 #1,350

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 16,771.86
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ #308.14

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

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 17,080.00

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

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

c. Total In-Kind Contributions Received This Period ..... $ 0

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Michael R. Williams

2. Reporting Period: Start Date: 04/01/2026 End Date: 04/55/2026

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: Janice Middle Name: _____ Last Name: Bourage

Address: N/A City: N/A State: N/A Zip Code: N/A

Occupation: N/A Employer: N/A

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

Amount of Contribution: $50.00 Date of Contribution: 4/2/2026 Aggregate This Election: $50.00

Business or Organization Name: _____ OR

First Name: Lucille Middle Name: _____ Last Name: Catron

Address: N/A City: N/A State: N/A Zip Code: N/A

Occupation: N/A Employer: N/A

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

Amount of Contribution: $150.00 Date of Contribution: 4/10/2026 Aggregate This Election: $150.00

Business or Organization Name: _____ OR

First Name: Janice Middle Name: _____ Last Name: Chambers

Address: N/A City: N/A State: N/A Zip Code: N/A

Occupation: N/A Employer: N/A

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

Amount of Contribution: $100.00 Date of Contribution: 4/23/2026 Aggregate This Election: $100.00

Business or Organization Name: _____ OR

First Name: Darryl Middle Name: Porter Last Name: _____

Address: N/A City: N/A State: N/A Zip Code: N/A

Occupation: RETIRED Employer: N/A

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

Amount of Contribution: $50.00 Date of Contribution: 4/23/2026 Aggregate This Election: $50.00

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 R. Williams
2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026
3. Total campaign contributions from preceding page (enter $0 if first page) $ ____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Memphis Ad Spec l OR
First Name: ____ Middle Name: ____ Last Name: ____
Address: ____ City: ____ State: ____ Zip Code: Clark
Occupation: N/A Employer: N/A
Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $1000.00 Date of Contribution: 4/10/26 Aggregate This Election: $1000.00

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: $____

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: $1,350.00
(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Michael R. Williams

2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

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: WLOK **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 363. S. Second St City: Memphis State: TN Zip Code: 38103
Purpose of Expenditure: Radio
Amount of Expenditure: $ 1500 1500. Date of Expenditure: $ 4/10/2026 4/10/2026

Business or Organization Name: Signs on the cheap **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: ONLINE City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: YARD SIGNS
Amount of Expenditure: $ 1303.06 1,303.06 Date of Expenditure: $ 4/18/2026 4/18/2026

Business or Organization Name: Signs on the cheap **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: ONLINE City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: SIGNS
Amount of Expenditure: $ 1,427.57 1427.57 Date of Expenditure: $ 4/18/2026 4/18/2026

Business or Organization Name: KWAM 990 **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: N/A City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: RADIO
Amount of Expenditure: $ 1,000 1,000.00 Date of Expenditure: $ 4/20/2026 4/20/2026

Business or Organization Name: Talisa Franklin/Media and Marketing **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: N/A City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: $ 1300 1,300.00 Date of Expenditure: $ 4/20/2026

Total Expenditures: $ 6,530.63
(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 R. Williams

2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

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: Billboard **OR**

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

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

Purpose of Expenditure: Billboard

Amount of Expenditure: $ 650.00 650.00 Date of Expenditure: $ 4/20/2026

Business or Organization Name: Diamond Printing Company **OR**

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

Address: 611 N 3rd St. City: Memphis State: TN Zip Code: 38107

Purpose of Expenditure: Flyers

Amount of Expenditure: $ 493.88 493.88 Date of Expenditure: $ 4/21/2026

Business or Organization Name: iHeart Media **OR**

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

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

Purpose of Expenditure: Radio Ad

Amount of Expenditure: $ 3,000 3,000.00 Date of Expenditure: $ 4/22/2026

Business or Organization Name: Lowes **OR**

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

Address: N/A City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Yard Stakes

Amount of Expenditure: $ 174.94 174.94 Date of Expenditure: $ 4/20/2026

Business or Organization Name: Lowes **OR**

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

Address: N/A City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Yard Stakes

Amount of Expenditure: $ 174.94 174.94 Date of Expenditure: $ 4/21/2026

Total Expenditures: $ 11,024.39

(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 R. Williams

2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

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: Lowes **OR**

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

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

Purpose of Expenditure: Post

Amount of Expenditure: $ 87.47 Date of Expenditure: $ 4/23/2026

Business or Organization Name: Trevekia Taylor **OR**

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

Address: 995 Saxon City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 460.00 Date of Expenditure: $ 4/18/2026

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Wick

Address: 995 Saxon City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 460.00 Date of Expenditure: $ 418/2026

Business or Organization Name: _____ **OR**

First Name: Trevekia Middle Name: _____ Last Name: Taylor

Address: 995 Saxon City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 720.00 Date of Expenditure: $ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Wicks

Address: 995 Saxon City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 600.00 Date of Expenditure: $ _____

Total Expenditures: $ 13,351.86

(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 R. Williams

2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

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: Faye Middle Name: _____ Last Name: Burt

Address: 4900 Chesterwood City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Post

Amount of Expenditure: $ 300.00 Date of Expenditure: $ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: Faye Middle Name: _____ Last Name: Burt

Address: 4900 Chesterwood City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 480.00 Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

First Name: Tjuana Middle Name: _____ Last Name: Kinard

Address: 4896 Chesterwood City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 480.00 Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

First Name: Trevekia Middle Name: _____ Last Name: Taylor

Address: 995 Saxon City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 480.00 Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Wicks

Address: 995 Saxon City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 480.00 Date of Expenditure: $ _____

Total Expenditures: $ 15,571.86

(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 R. Williams

2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/2026

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: Sharon Middle Name: _____ Last Name: Clark

Address: 2864 Signal SSt City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Post

Amount of Expenditure: $ 180.00 Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

First Name: Giori Middle Name: _____ Last Name: Burt

Address: 4900 Chesterwood City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 180.00 Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

First Name: Tjuana Middle Name: _____ Last Name: Kinard

Address: 4896 Chesterwood City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 180.00 Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

First Name: Trevekia Middle Name: _____ Last Name: Taylor

Address: 995 Saxon City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 180.00 Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Wicks

Address: 995 Saxon City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 180.00 Date of Expenditure: $ _____

Total Expenditures: $ $16,771.86

(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.)