



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/25/2026 2.a. Candidate or Committee Name: Brad Less

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/3/2026

4. Campaign Address: 1661 Aaron Brenner Dr Ste 300
 City: Memphis State: TN Zip Code: 38120 Phone: 9017612720

5. Candidate Home Address: 6599 Ricks Rd
 City: Arlington State: TN Zip Code: 38002 Phone: 9012707249
 Candidate Email Address: brad.less@icloud.com

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

7. Name of Political Treasurer (may be candidate): Tammy Laub
 Political Treasurer Email Address: tthornhill222@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: 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: 01/25/26 - 5:51 PM Political Treasurer Signature Date

 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$1,394.50</u>
b. Total Receipts This Period	\$ <u>\$1,650.00</u>
c. Total Disbursements This Period	\$ <u>\$1,799.90</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,244.60</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Brad Less

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

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ \$1,650.00
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$1,650.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,799.90
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$1,799.90

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ _____
- c. Total In-Kind Contributions Received This Period \$ _____

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Brad Less
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: _____ Last Name: Gestring
Address: 3276 Sycamore View 4 City: Bartlett State: TN Zip Code: 38134
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 7/9/2025 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: _____ Last Name: Hill
Address: 1879 Kilbirnie Dr City: Germantown State: TN Zip Code: 38139
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 7/11/2025 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Brian Middle Name: J. Last Name: Less
Address: 8240 Windsor Way City: Mobile State: AL Zip Code: 36695
Occupation: NA Manager Employer: Gulf Distributing
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 7/16/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Steven Middle Name: _____ Last Name: Wishnia
Address: 6216 River Grove Cv City: Memphis State: TN Zip Code: 38120
Occupation: CEO Employer: Highland Capital
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$350.00 Date of Contribution: 8/21/2025 Aggregate This Election: \$ \$350.00

Total Contributions: \$ \$450.00

(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: Brad Less
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Elaine Middle Name: _____ Last Name: Swain
Address: 4990 Wild Plum Cove City: Memphis State: TN Zip Code: 38125
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 8/27/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Frank Middle Name: _____ Last Name: Ognibene
Address: 1995 Shadeley Dr City: Germantown State: TN Zip Code: 38138
Occupation: Physician Employer: Ognibene Clinic
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 9/24/2025 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Jennifer Middle Name: _____ Last Name: Sheriff
Address: 6315 Baird Ln City: Bartlett State: TN Zip Code: 38135
Occupation: Physical Therapist Employer: Encompass Health
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 10/9/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Shawn Middle Name: _____ Last Name: Baltz
Address: 11231 Ewe Turn Dr City: Arlington State: TN Zip Code: 38002
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 10/9/2025 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$1,050.00

(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: Brad Less
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Jeff Middle Name: _____ Last Name: Wysor
Address: 55 Crangle Road City: Rossville State: TN Zip Code: 38066
Occupation: Sales Employer: Central Woodwork
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 10/9/2025 Aggregate This Election: \$ \$20.00

Business or Organization Name: _____ **OR**
First Name: Shelby Middle Name: _____ Last Name: Logan
Address: 174 Scarborough Ln Apt 202 City: Cordova State: TN Zip Code: 38018
Occupation: Grants Manager Employer: Shelby Co Emergency Manager
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 10/9/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Justin Middle Name: _____ Last Name: Fitzgibbon
Address: 700 Harbor Bend Rd Apt 305 City: Memphis State: TN Zip Code: 38103
Occupation: OT Employer: Wesai
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$130.00 Date of Contribution: 10/9/2025 Aggregate This Election: \$ \$130.00

Business or Organization Name: _____ **OR**
First Name: Tuesday Middle Name: _____ Last Name: Sanders
Address: 3145 Van Buren Rd City: Bolivar State: TN Zip Code: 38008
Occupation: Officer Employer: Bolivar Police Department
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 10/10/2025 Aggregate This Election: \$ \$50.00

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Brad Less
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,350.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Scott Middle Name: _____ Last Name: McCormick
Address: 1356 Rainsong Cove South City: Cordova State: TN Zip Code: 38018
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 10/15/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Barry Middle Name: _____ Last Name: Less
Address: 2394 Kirby Parkway City: Memphis State: TN Zip Code: 38119
Occupation: Real Estate Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 10/15/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Broderick Middle Name: _____ Last Name: McNeal
Address: 6615 Ricks Rd City: Arlington State: TN Zip Code: 38002
Occupation: NA Employer: NA
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 10/15/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: Second Opinion Consultants **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5100 Poplar Ave Ste 720 City: Memphis State: TN Zip Code: 38137
Occupation: NA Employer: NA
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 11/6/2025 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$1,650.00

(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: Brad Less
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: Watkins Uiberall PLLC **OR**

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

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Accounting

Amount of Expenditure: \$ \$600.00 Date of Expenditure: \$ 8/7/2025

Business or Organization Name: TONA Event Space LLC **OR**

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

Address: 1250 N Germantown Pkwy Ste 11 City: Memphis State: TN Zip Code: 38016

Purpose of Expenditure: Event Expense

Amount of Expenditure: \$ \$640.00 Date of Expenditure: \$ 9/4/2025

Business or Organization Name: Giggle Pixel LLC **OR**

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

Address: 1200 Willow Creek Drive City: Yuba City State: CA Zip Code: 95991

Purpose of Expenditure: Media

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 11/26/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$1.30 Date of Expenditure: \$ 7/9/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$1.30 Date of Expenditure: \$ 7/11/2025

Total Expenditures: \$ \$1,742.60

(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: Brad Less
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,742.60

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: Anedot **OR**

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

Address: 1340 Poydras Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 7/16/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$14.30 Date of Expenditure: \$ 8/21/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 8/27/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$8.30 Date of Expenditure: \$ 9/24/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$23.50 Date of Expenditure: \$ 10/9/2025

Total Expenditures: \$ \$1,795.30

(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: Brad Less
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,795.30

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: Anedot **OR**

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

Address: 1340 Poydras Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 10/10/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 10/15/2025

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: \$ \$1,799.90

(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.)