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 D. POE

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: 1468 ALBON DR.

City: CORDOVA State: TN Zip Code: 38016 Phone: 901-305-3781

5. Candidate Home Address: 1468 ALBON DR.

City: CORDOVA State: TN Zip Code: 38016 Phone: 901-305-3781

Candidate Email Address: MPOPE1964@GMAIL.COM

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

7. Name of Political Treasurer (may be candidate): LEMON LOWERY, JR.

Political Treasurer Email Address: LEMON1949@COMCAST

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: 4/01/2026 End Date: 4/25/2026

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.

Michael D. Pope — Candidate Signature — 4/28/26 Date

Lemon Lowery Jr. — Political Treasurer Signature — 4/28/26 Date

James Amadeo — Witness Signature — 4/28/26 Date

James Amadeo — Witness Signature — 4/28/26 Date

12. Summary:

a.	Balance On Hand Last Report	$ 20,620.46
b.	Total Receipts This Period	$ 4,646.64
c.	Total Disbursements This Period	$ 19,651.40
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 5,615.70
e.	Total Loans Outstanding	$ Ø
f.	Total Obligations Outstanding	$ Ø

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: MICHAEL D. POE

14. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 384.28
(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) ..... $ 4,262.36

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

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

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 4,646.64

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 19,651.40
(Note: Effective January 16, 2023, all expenditures must be itemized.)

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

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

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 19,651.40

17. In-Kind Contributions:

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

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

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

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: MICHAEL D. POE

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

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

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: ROBERT Middle Name: _____ Last Name: VESTER

Address: 344 CHAMBER Rd City: MILLINGTON State: TN Zip Code: 38053

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 336.82 Date of Contribution: 4/2/26 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: JAMES Middle Name: _____ Last Name: ARRADONDO

Address: 3792 OAK LAKE LANE City: MEMPHIS State: TN Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 96.07 Date of Contribution: 4/3/26 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: LINDA Middle Name: _____ Last Name: HOWARD

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

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 500.00 Date of Contribution: 4/7/26 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: RICKY Middle Name: P. Last Name: MCCOY SR.

Address: 6406 BURREN CV City: ARLINGTON State: TN Zip Code: 38002

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 200.00 Date of Contribution: 4/7/26 Aggregate This Election: $ _____

Total Contributions: $ 1,132.89

(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 D. POE

2. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1132.89

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: CRAIG Middle Name: _____ Last Name: WESIS

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

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 1000.00 Date of Contribution: 4/20/26 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: CATHY Middle Name: _____ Last Name: WESIS

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

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 925.54 Date of Contribution: 4/10/26 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: FRED Middle Name: _____ Last Name: JACOBS

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

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 96.07 Date of Contribution: 4/14/26 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: JOHN JAMES Middle Name: _____ Last Name: DENNIS

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

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 96.07 Date of Contribution: 4/15/26 Aggregate This Election: $ _____

Total Contributions: $ 3,250.57

(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 D. POE

2. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 3,250.57

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: ANTHONY Middle Name: _____ Last Name: POE

Address: _____ City: ORLANDO State: FL Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 1000.00 Date of Contribution: 4/20/26 Aggregate This Election: $ _____

Business or Organization Name: DESIGNER LANDSCAPING BY LACEY OR

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

Address: 7920 RANKIN Bamrot Rd City: MILLINGTON State: TN Zip Code: 38053

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 300.00 Date of Contribution: 4/20/26 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: WILLIE Middle Name: _____ Last Name: MARTIN

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

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 96.07 Date of Contribution: 4/21/26 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: $ 4,646.64

(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 D. POE

2. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026

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: UPTOWN EVENT CENTER **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: Food, WATCH EVENT, ETC
Amount of Expenditure: $ 10,000.00 Date of Expenditure: $ 4/1/26

Business or Organization Name: FEDEX OFFICE **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: CAMPAIGN MATERIAL
Amount of Expenditure: $ 42.59 Date of Expenditure: $ 4/7/26

Business or Organization Name: FEDEX OFFICE **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: PLANO State: TX Zip Code: _____
Purpose of Expenditure: CAMPAIGN FLYER
Amount of Expenditure: $ 250.00 Date of Expenditure: $ 4/7/26

Business or Organization Name: CIRCLE K #03658 **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: GAS
Amount of Expenditure: $ 30.02 Date of Expenditure: $ 4/8/26

Business or Organization Name: PERKINS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: GERMAN TOWN State: TN Zip Code: _____
Purpose of Expenditure: CAMPAIGN MEETING
Amount of Expenditure: $ 98.59 Date of Expenditure: $ 4/13/26

Total Expenditures: $ 10,421.20
(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 D. POE

2. Reporting Period: Start Date: 4/01/2026 End Date: 4/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 10,421.20

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: CIRCLE K **OR**

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

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

Purpose of Expenditure: COFFEE

Amount of Expenditure: $ 11.61 Date of Expenditure: $ 4/15/26

Business or Organization Name: Z MARKET **OR**

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

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

Purpose of Expenditure: GAS

Amount of Expenditure: $ 40.00 Date of Expenditure: $ 4/15/26

Business or Organization Name: KROGER FUEL **OR**

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

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

Purpose of Expenditure: GAS / FUEL

Amount of Expenditure: $ 48.59 Date of Expenditure: $ 4/15/26

Business or Organization Name: MURPHY **OR**

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

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

Purpose of Expenditure: GAS

Amount of Expenditure: $ 50.00 Date of Expenditure: $ 4/15/26

Business or Organization Name: ABACUS STRATEGIC **OR**

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

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

Purpose of Expenditure: PHONE TEXTING (40,000)

Amount of Expenditure: $ 1,200.00 Date of Expenditure: $ 4/15/26

Total Expenditures: $ 11,771.40

(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 D. POE

2. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 11,771.40

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: ASALEAN Middle Name: _____ Last Name: TUCKER

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 270.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: CLARENCE Middle Name: _____ Last Name: MUNFORD, JR.

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: Kim Middle Name: _____ Last Name: HAWKINS

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: JAMES Middle Name: _____ Last Name: SIDNEY

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: JENNIFER Middle Name: _____ Last Name: MALONE

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Total Expenditures: $ 13,481.40

(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 D. POE

2. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 13,481.40

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: ADARA Middle Name: _____ Last Name: BALOGUN

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: HELEN Middle Name: _____ Last Name: BUTLER

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: CALVIN Middle Name: _____ Last Name: TATE

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: RENITA Middle Name: _____ Last Name: LANIER

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: ANITA Middle Name: _____ Last Name: BROWN

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Total Expenditures: $ 15,281.40

(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 D. POE

2. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 15,281.40

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: TIVANA Middle Name: _____ Last Name: KINARD

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: MARIAH Middle Name: _____ Last Name: SCRUGGS

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

Purpose of Expenditure: Poll Worker Coord

Amount of Expenditure: $ 550.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: MARIAH Middle Name: _____ Last Name: SCRUGGS

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

Purpose of Expenditure: Poll Worker Coord.

Amount of Expenditure: $ 600.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: CARNISA Middle Name: _____ Last Name: DILLARD

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

Purpose of Expenditure: Poll Wond Coord.

Amount of Expenditure: $ 700.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ **OR**

First Name: ASHLEY Middle Name: _____ Last Name: SHAW

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Total Expenditures: $ 17,851.40

(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 D. POE

2. Reporting Period: Start Date: 4/01/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 17,851.40

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: JAVANDA Middle Name: _____ Last Name: HARRIS

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ OR

First Name: GLORIA Middle Name: _____ Last Name: BURT

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ OR

First Name: SHELIA Middle Name: _____ Last Name: RAND

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ OR

First Name: MARINE Middle Name: _____ Last Name: NOLEN

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Business or Organization Name: _____ OR

First Name: CLARENCE Middle Name: _____ Last Name: MUNFORD, SR

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/20/26

Total Expenditures: $ 19,651.40

(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.)