



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 04/28/2026 2.a. Candidate or Committee Name: Samuel B. Nelson

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

4. Campaign Address: 2390 Twain Ave.

City: Memphis State: TN Zip Code: 38114 Phone: (901) 314-0901

5. Candidate Home Address: 2390 Twain Ave.

City: Memphis State: TN Zip Code: 38114 Phone: (901) 314-0901

Candidate Email Address: nelson4district10@gmail.com

6. Office Sought: (include district number, if applicable) Shelby County Commissioner District 10

7. Name of Political Treasurer (may be candidate): LeShea M. Powers-Bland

Political Treasurer Email Address: mstpowers112@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: 04/01/2026 End Date: 04/25/2026

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.

[Signature] 4-28-2026 LeShea M. Powers-Bland 4/28/26
 Candidate Signature Date Political Treasurer Signature Date

[Signature] 4/28/26 [Signature] 4/28/26
 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>2,936.74</u>
b. Total Receipts This Period	\$ <u>6,947.70</u>
c. Total Disbursements This Period	\$ <u>5,963.35</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>3,921.09</u>
e. Total Loans Outstanding	\$ <u>3,302.60</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Samuel B. Nelson

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

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) \$ 6,947.70
- 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.) \$ 6,947.70

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 5,963.35
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 5,963.35

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ 0
- 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: Samuel B. Nelson
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) \$ 12,470.99

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ASHUN LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5100 Poplar Ave. City: Memphis State: TN Zip Code: 38137
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 04/01/26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Jeffrey Middle Name: _____ Last Name: Long
Address: 745 Norse Rd. City: Eads State: TN Zip Code: 38028
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 04/02/26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Lisa Middle Name: _____ Last Name: Morris
Address: P.O. Box 342776 City: Memphis State: TN Zip Code: 38184
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 04/08/26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Barry Middle Name: F. Last Name: Myers
Address: _____ City: Memphis State: TN Zip Code: _____
Occupation: Consultant Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 04/08/26 Aggregate This Election: \$ _____

Total Contributions: \$ 13,620.99

(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: Samuel B. Nelson
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) \$ 13,620.99

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Laura Middle Name: _____ Last Name: Goodman-Bryan
Address: 36 Buena Vista Pl. City: Memphis State: TN Zip Code: 38112
Occupation: COO Employer: Challenger Corp.
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 47.70 Date of Contribution: 04/11/26 Aggregate This Election: \$ 381.60

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: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 04/12/26 Aggregate This Election: \$ _____

Business or Organization Name: JOBS PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 22 N Front St. Ste. 200 City: Memphis State: TN Zip Code: 38103
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 5,000.00 Date of Contribution: 04/14/26 Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: Tyrone & Nelda Middle Name: _____ Last Name: Burroughs
Address: 2784 Calkins Creek Cv. City: Germantown State: TN Zip Code: 38139
Occupation: Entrepreneur Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 04/14/26 Aggregate This Election: \$ _____

Total Contributions: \$ 19,418.69

(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: Samuel B. Nelson

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) \$ 13,536.85

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: Home Depot **OR**

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

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

Purpose of Expenditure: 6' Steel Post for Campaign Sign

Amount of Expenditure: \$ 17.49 Date of Expenditure: 04/08/2026

Business or Organization Name: WLOK Radio **OR**

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

Address: 363 S. Second St. City: Memphis State: TN Zip Code: 38103

Purpose of Expenditure: _____

Amount of Expenditure: \$ 500.00 Date of Expenditure: 04/04/26

Business or Organization Name: Family Dollar (Store# 06097) **OR**

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

Address: 3255 Hickory Hill Rd. City: Memphis State: TN Zip Code: 38115

Purpose of Expenditure: Drinks for Volunteers to Canvas Neighborhood

Amount of Expenditure: \$ 7.63 Date of Expenditure: 04/12/2026

Business or Organization Name: Midsouth Solutions **OR**

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

Address: 2209 Whitten Rd. City: Memphis State: TN Zip Code: 38133

Purpose of Expenditure: Campaign Signs

Amount of Expenditure: \$ 230.48 Date of Expenditure: 04/08/26

Business or Organization Name: Home Depot **OR**

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

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

Purpose of Expenditure: 7' Steel Post for Campaign Sign

Amount of Expenditure: \$ 39.38 Date of Expenditure: 04/14/2026

Total Expenditures: \$ 14,331.83

(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: Samuel B. Nelson
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) \$ 14,331.83

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: EZ Pay **OR**

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

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

Purpose of Expenditure: Parking

Amount of Expenditure: \$ 1.30 Date of Expenditure: 04/03/26

Business or Organization Name: Direct FX Solutions Inc-Memphis **OR**

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

Address: 601 N. 3rd St. City: Memphis State: TN Zip Code: 38107

Purpose of Expenditure: Campaign Mail-Outs

Amount of Expenditure: \$ 556.20 Date of Expenditure: 04/15/2026

Business or Organization Name: _____ **OR**

First Name: Pamela Middle Name: _____ Last Name: Lee

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

Purpose of Expenditure: Poll Worker Services

Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/15/2026

Business or Organization Name: Midsouth Solutions **OR**

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

Address: 2209 Whitten Rd. City: Memphis State: TN Zip Code: 38133

Purpose of Expenditure: Campaign Yard & 4x4 Signs

Amount of Expenditure: \$ 455.46 Date of Expenditure: 04/16/2026

Business or Organization Name: Magnolia-Castalia Community **OR**

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

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

Purpose of Expenditure: Magnolia-Castalia Community Spring Brunch & Half Page Advertisement

Amount of Expenditure: \$ 155.00 Date of Expenditure: 04/16/2026

Total Expenditures: \$ 15,624.79

(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: Samuel B. Nelson

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) \$ 15,624.79

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: Victor Middle Name: _____ Last Name: Smith

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

Purpose of Expenditure: Poll Worker Services

Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/17/2026

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Holmes

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

Purpose of Expenditure: Poll Worker Services

Amount of Expenditure: \$ 250.00 Date of Expenditure: 04/17/2026

Business or Organization Name: _____ **OR**

First Name: Rico Middle Name: _____ Last Name: Foster

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

Purpose of Expenditure: Poll Worker Services

Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/17/2026

Business or Organization Name: _____ **OR**

First Name: Pamela Middle Name: _____ Last Name: Lee

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

Purpose of Expenditure: Poll Worker Services

Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/17/2026

Business or Organization Name: Universal Collections System **OR**

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

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

Purpose of Expenditure: Accidental Payment (will pay campaign back)

Amount of Expenditure: \$ 40.00 Date of Expenditure: 04/03/26

Total Expenditures: \$ 16,289.79

(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: Samuel B. Nelson
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) \$ 16,289.79

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: Twilio Inc. **OR**

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

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

Purpose of Expenditure: Mass Text Services for Campaign

Amount of Expenditure: \$ 90.00 Date of Expenditure: 04/06/26

Business or Organization Name: Crawfish Shack Memphis **OR**

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

Address: 964 June Rd. City: Memphis State: TN Zip Code: 38119

Purpose of Expenditure: Lunch for Canvassing

Amount of Expenditure: \$ 36.60 Date of Expenditure: 04/13/26

Business or Organization Name: Wix.com **OR**

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

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

Purpose of Expenditure: Campaign Website

Amount of Expenditure: \$ 26.34 Date of Expenditure: 04/13/26

Business or Organization Name: Canva.com **OR**

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

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

Purpose of Expenditure: Campaign Brochures & Flyers

Amount of Expenditure: \$ 460.95 Date of Expenditure: 04/13/26

Business or Organization Name: Superlo Foods **OR**

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

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

Purpose of Expenditure: Snacks & Water for Poll Workers

Amount of Expenditure: \$ 44.27 Date of Expenditure: 04/13/26

Total Expenditures: \$ 16,947.95

(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: Samuel B. Nelson
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) \$ 16,947.95

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: Walgreens **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Snacks for Poll Workers
Amount of Expenditure: \$ 24.14 Date of Expenditure: 04/16/26

Business or Organization Name: Memphis Sportsmaster **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7915 Winchester Rd. City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Campaign Shirts
Amount of Expenditure: \$ 164.63 Date of Expenditure: 04/16/26

Business or Organization Name: Twilio Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mass Text Services
Amount of Expenditure: \$ 30.94 Date of Expenditure: 04/20/26

Business or Organization Name: Twilio Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mass Text Services
Amount of Expenditure: \$ 33.67 Date of Expenditure: 04/20/26

Business or Organization Name: Twilio Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mass Text Services
Amount of Expenditure: \$ 37.17 Date of Expenditure: 04/20/26

Total Expenditures: \$ 17,238.50

(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: Samuel B. Nelson
2. Reporting Period: Start Date: 04/01/2026 End Date: 04/25/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 17,238.50

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: Twilio Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mass Text Services
Amount of Expenditure: \$ 39.21 Date of Expenditure: 04/20/26

Business or Organization Name: Car Wash USA **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Advertisement
Amount of Expenditure: \$ 16.00 Date of Expenditure: 04/20/26

Business or Organization Name: Walgreens **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Snacks for Poll Workers
Amount of Expenditure: \$ 24.60 Date of Expenditure: 04/20/26

Business or Organization Name: Twilio Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mass Text Services
Amount of Expenditure: \$ 32.21 Date of Expenditure: 04/20/26

Business or Organization Name: Twilio Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mass Text Services
Amount of Expenditure: \$ 30.77 Date of Expenditure: 04/20/26

Total Expenditures: \$ 17,381.29

(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: Samuel B. Nelson
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) \$ 17,381.29

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: Twilio Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mass Text Services
Amount of Expenditure: \$ 31.59 Date of Expenditure: 04/20/26

Business or Organization Name: Twilio Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mass Text Services
Amount of Expenditure: \$ 34.31 Date of Expenditure: 04/20/26

Business or Organization Name: Twilio Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mass Text Services
Amount of Expenditure: \$ 35.60 Date of Expenditure: 04/20/26

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: _____ Last Name: Holmes
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 250.00 Date of Expenditure: 04/20/26

Business or Organization Name: _____ **OR**
First Name: Rico Middle Name: _____ Last Name: Foster
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 250.00 Date of Expenditure: 04/20/26

Total Expenditures: \$ 17,982.79

(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: Samuel B. Nelson
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) \$ 17,982.79

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: Pamela Middle Name: _____ Last Name: Lee
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/20/26

Business or Organization Name: _____ **OR**
First Name: Will Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 120.00 Date of Expenditure: 04/21/26

Business or Organization Name: _____ **OR**
First Name: Pamela Middle Name: _____ Last Name: Lee
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/21/26

Business or Organization Name: _____ **OR**
First Name: Pamela Middle Name: _____ Last Name: Lee
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/22/26

Business or Organization Name: A&B Food Mart **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2134 Lamar Ave. City: Memphis State: TN Zip Code: 38114
Purpose of Expenditure: Drinks for Poll Workers
Amount of Expenditure: \$ 11.81 Date of Expenditure: 04/22/26

Total Expenditures: \$ 18,489.60

(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: Samuel B. Nelson
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) \$ 18,489.60

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: _____ **OR**
First Name: Will Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 60.00 Date of Expenditure: 04/23/26

Business or Organization Name: Canva. com **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Flyers
Amount of Expenditure: \$ 175.60 Date of Expenditure: 04/23/26

Business or Organization Name: _____ **OR**
First Name: Rico Middle Name: _____ Last Name: Foster
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/23/26

Business or Organization Name: _____ **OR**
First Name: Pamela Middle Name: _____ Last Name: Lee
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/23/26

Business or Organization Name: _____ **OR**
First Name: Rico Middle Name: _____ Last Name: Foster
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/24/26

Total Expenditures: \$ 19,100.20

(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: Samuel B. Nelson
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) \$ 19,100.20

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: _____ **OR**
First Name: Michael Middle Name: _____ Last Name: Holmes
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/24/26

Business or Organization Name: _____ **OR**
First Name: Pamela Middle Name: _____ Last Name: Lee
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 150.00 Date of Expenditure: 04/24/26

Business or Organization Name: _____ **OR**
First Name: Ronisha Middle Name: _____ Last Name: Guy
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Poll Worker Services
Amount of Expenditure: \$ 125.00 Date of Expenditure: 04/24/26

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: _____

Total Expenditures: \$ 19,500.20

(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.)