



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 8/2/2026 2.a. Candidate or Committee Name: Dedriene Rogers
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026
4. Campaign Address: 2248 Stovall Avenue
City: Memphis State: TN Zip Code: 38108 Phone: 9016772277
5. Candidate Home Address: 2248 Stovall Avenue
City: Memphis State: TN Zip Code: 38108 Phone: 9013312260
Candidate Email Address: dr.rogers@electdedrienerogers.org
6. Office Sought: (include district number, if applicable) Shelby County Commissioner, Dist. 7
7. Name of Political Treasurer (may be candidate): Tangela Richmond-Duckett
Political Treasurer Email Address: tangela@electdedrienerogers.org
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: 4/26/2026 End Date: 6/30/2026
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
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$4,422.27</u>
b. Total Receipts This Period	\$ <u>\$22.34</u>
c. Total Disbursements This Period	\$ <u>\$4,422.54</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$22.07</u>
e. Total Loans Outstanding	\$ <u>\$10,000.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Dedriene Rogers

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$22.34
(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) \$ _____
- 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.) \$ \$22.34

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,422.54
(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.)..... \$ \$4,422.54

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Dedriene Rogers
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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: MetroPrinting OR

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

Address: 3840 Robinson Road City: Jackson State: MS Zip Code: 39204

Purpose of Expenditure: Campaign Literature

Amount of Expenditure: \$ \$197.54 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: _____ OR

First Name: Catherine Middle Name: _____ Last Name: Baker

Address: 3737 Helmwood Street City: Memphis State: TN Zip Code: 38127

Purpose of Expenditure: Poll Worker

Amount of Expenditure: \$ \$675.00 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: _____ OR

First Name: Jamela Middle Name: _____ Last Name: Holmes

Address: 2533 Goodwill Lane Apt 2 City: Memphis State: TN Zip Code: 38108

Purpose of Expenditure: Poll Worker

Amount of Expenditure: \$ \$525.00 Date of Expenditure: \$ 4/30/2026

Business or Organization Name: _____ OR

First Name: Evelyn Middle Name: _____ Last Name: Stone- Bailey

Address: 2830 Summit Arbors Circle Apt 10 City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Poll Worker

Amount of Expenditure: \$ \$675.00 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: _____ OR

First Name: Emma Middle Name: _____ Last Name: Bond

Address: 1479 Boxwood City: Memphis State: TN Zip Code: 38108

Purpose of Expenditure: Poll Worker

Amount of Expenditure: \$ \$150.00 Date of Expenditure: \$ 5/5/2026

Total Expenditures: \$ \$2,222.54

(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: Dedriene Rogers
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,222.54

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: Connie Middle Name: _____ Last Name: Fulton
Address: 3450 East Rolling Woods City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Poll Worker
Amount of Expenditure: \$ \$700.00 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: _____ **OR**
First Name: Venus Middle Name: _____ Last Name: Britton
Address: 411 Leath Street City: Memphis State: TN Zip Code: 38105
Purpose of Expenditure: Poll Worker
Amount of Expenditure: \$ \$675.00 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: _____ **OR**
First Name: Shenika Middle Name: _____ Last Name: Shells
Address: 3616 Voltare Avenue City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Poll Worker
Amount of Expenditure: \$ \$675.00 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: _____ **OR**
First Name: Jackie Middle Name: _____ Last Name: Eggston
Address: 457 Brightside Apt 425 City: Memphis State: TN Zip Code: 38126
Purpose of Expenditure: Poll Worker
Amount of Expenditure: \$ \$150.00 Date of Expenditure: \$ 5/5/2026

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: \$ \$4,422.54

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Dedriene Rogers
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
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: Dedriene Middle Name: _____ Last Name: Rogers

Address: 2248 Stovall Avenue City: Memphis State: TN Zip Code: 38108

Outstanding Loan Balance (Beginning) \$ \$10,000.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$10,000.00

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

Date of Loan: 4/13/2026

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) \$ \$10,000.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$10,000.00