



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7/7/26 2.a. Candidate or Committee Name: Michele Dial
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/26
4. Campaign Address: 9054 Breckenridge Lane
City: Lakeland State: TN Zip Code: 38002 Phone: 901-487-8130
5. Candidate Home Address: 9054 Breckenridge Lane
City: Lakeland State: TN Zip Code: 38002 Phone: 901-487-8130
Candidate Email Address: dial4shelby3@gmail.com
6. Office Sought: (include district number, if applicable) Shelby County Commission, Position 3
7. Name of Political Treasurer (may be candidate): Amber Sawyer
Political Treasurer Email Address: dial4shelby3@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: 4/26/26 End Date: 6/30/26
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.

Michele Dial 7/8/26
Candidate Signature Date

Amber Sawyer 7/8/26
Political Treasurer Signature Date

Adrian B. Sawyer 7/8/26
Witness Signature Date

Adrian B. Sawyer 7/8/26
Witness Signature Date

12. Summary:

- a. Balance On Hand Last Report \$ 4,202.70
- b. Total Receipts This Period \$ 3,050.00
- c. Total Disbursements This Period \$ 2,382.05
- d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 4,870.65
- e. Total Loans Outstanding \$ 0
- f. Total Obligations Outstanding \$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Michele Dial

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

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) \$ 3,050
- 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.) \$ 3,050

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 2,382.05
(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.) \$ 2,382.05

17. In-Kind Contributions:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Michele Dial
2. Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Julie Middle Name: _____ Last Name: Minnick
Address: 10140 Nighthawk Lane City: Collierville State: TN Zip Code: 38017
Occupation: retired Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 5/9/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Keith Middle Name: _____ Last Name: Action
Address: 10126 Oakseed Ln City: Lakeland State: TN Zip Code: 38002
Occupation: President Employer: Silver Tree Residential, LLC
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 6/20/26 Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: Barry Middle Name: _____ Last Name: Thomas
Address: 4160 Aston Park Lane City: Ends State: TN Zip Code: 38028
Occupation: Self-employed/owner Employer: Hometown Disposal
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 6/22/26 Aggregate This Election: \$ 250

Business or Organization Name: Wolf PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5940 Griffin Rd City: Arlington State: TN Zip Code: 38002
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 5/23/26 Aggregate This Election: \$ 250

Total Contributions: \$ 800.00

(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: Michele Dial
2. Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 800.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Retirement Companies of America OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6465 N. Quail Hollow Rd City: Memphis State: TN Zip Code: 38120
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 5/10/26 Aggregate This Election: \$ 500.00

Business or Organization Name: Farris Bobango PLC PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 999 S. Shady Grove Rd S500 City: Memphis State: TN Zip Code: 38120
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 5/10/26 Aggregate This Election: \$ 500.00

Business or Organization Name: _____ OR
First Name: Crandall Middle Name: _____ Last Name: Quinn
Address: 2943 Sycamore View Rd City: Bartlett State: TN Zip Code: 38134
Occupation: CPD Employer: Memphis Zoo
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: _____ Aggregate This Election: \$ 250.00

Business or Organization Name: Shelby County Republican Women's Club PAC 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: \$ 1,000 Date of Contribution: 6/15/26 Aggregate This Election: \$ 1,000.00

Total Contributions: \$ 3,050

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

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: Delta Designs OR

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

Address: 6230 Stage Rd S. 10 City: Bartlett State: TN Zip Code: 38134

Purpose of Expenditure: t-shirts

Amount of Expenditure: \$ 1,363 Date of Expenditure: 5/15/26

Business or Organization Name: _____ OR

First Name: Laura Middle Name: _____ Last Name: Starnes

Address: 8222 Windersville Dr. City: Bartlett State: TN Zip Code: 38133

Purpose of Expenditure: Tech Services

Amount of Expenditure: \$ 1,000 Date of Expenditure: 5/20/26

Business or Organization Name: Square OR

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

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

Purpose of Expenditure: fees for processing donations

Amount of Expenditure: \$ 19.05 Date of Expenditure: 6/20/26

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: \$ 2,382.05

(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: Michele Dial
2. Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
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: _____ Middle Name: _____ Last Name: _____

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

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

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

Date of Loan: _____

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) \$ 0

Loans Received \$ 0

Loan Payments \$ 0

Outstanding Loan (End)..... \$ 0

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Michele Dial
2. Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 0	\$ 0	\$ 0

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