CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/22/2026 2.a. Candidate or Committee Name: Missy Marshall

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

4. Campaign Address: 641 Warwick Oaks Ln E

City: Collierville State: TN Zip Code: 38017 Phone: 9015526171

5. Candidate Home Address: 641 Warwick Oaks Ln E

City: Collierville State: TN Zip Code: 38017 Phone: 9015526171

Candidate Email Address: melissarmarshall@icloud.com

6. Office Sought: (include district number, if applicable) Collierville Alderman, Pos. 4

7. Name of Political Treasurer (may be candidate): Mollie Walker

Political Treasurer Email Address: mollie.e.walker@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: 7/1/2026 End Date: 9/30/2026

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

C250-4E6B-874D-1D22
10/22/26 - 10:54 AM

12. Summary:

a. Balance On Hand Last Report ..... $ $2,858.70

b. Total Receipts This Period ..... $ $3,450.00

c. Total Disbursements This Period ..... $ $1,330.30

d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... $ $4,978.40

e. Total Loans Outstanding ..... $ $0.00

f. Total Obligations Outstanding ..... $ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Missy Marshall

14. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026

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) ..... $ $3,450.00

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.) ..... $ $3,450.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $1,330.30
(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.) ..... $ $1,330.30

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $1,975.50

c. Total In-Kind Contributions Received This Period ..... $ $1,975.50

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Missy Marshall

2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026

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: Friends to Elect Ron Gant **OR**

First Name: Middle Name: Last Name:

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

Occupation: NA Employer: NA

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

Amount of Contribution: $ $500.00 Date of Contribution: 7/2/2026 Aggregate This Election: $ $500.00

Business or Organization Name: **OR**

First Name: John Middle Name: Last Name: Worley

Address: 9819 Frank Rd 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: $ $250.00 Date of Contribution: 7/2/2026 Aggregate This Election: $ $250.00

Business or Organization Name: **OR**

First Name: Jay Middle Name: Last Name: Fletcher

Address: 1176 S Indian Wells Dr City: Collierville State: TN Zip Code: 38017

Occupation: Medical Sales Employer: Self Employed

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

Amount of Contribution: $ $200.00 Date of Contribution: 7/10/2026 Aggregate This Election: $ $200.00

Business or Organization Name: **OR**

First Name: James Middle Name: G. Last Name: Robbins

Address: 6484 Robbins Ridge Lane City: Memphis State: TN Zip Code: 38119

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $500.00 Date of Contribution: 9/9/2026 Aggregate This Election: $ $500.00

Total Contributions: $ $1,450.00

(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: Missy Marshall

2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Halle

Address: 506 Halle Park Drive City: Collierville State: TN Zip Code: 38017

Occupation: Developer Employer: Self Employed

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 9/9/2026 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: Hal Middle Name: _____ Last Name: Crenshaw

Address: 160 Cherry Rd City: Memphis State: TN Zip Code: 38117

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $250.00 Date of Contribution: 9/9/2026 Aggregate This Election: $ $250.00

Business or Organization Name: Friends of John Stamps **OR**

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

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

Occupation: NA Employer: NA

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

Amount of Contribution: $ $500.00 Date of Contribution: 9/15/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Mollie Middle Name: _____ Last Name: Walker

Address: 1040 Travelers Cove City: Collierville State: TN Zip Code: 38017

Occupation: Director of Cash Mgmt Employer: Guaranty Bank

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

Amount of Contribution: $ $250.00 Date of Contribution: 9/21/2026 Aggregate This Election: $ $250.00

Total Contributions: $ $3,450.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Missy Marshall

2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026

3. Total in-kind contributions from preceding page (enter $0 if first page) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

First Name: Barry Middle Name: _____ Last Name: Marshall

Address: 641 Warwick Oaks Ln E City: Collierville State: TN Zip Code: 38017

Occupation: Airline Pilot Employer: American Airlines

In-Kind Contribution Received For: Primary Election ■ General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $$1,900 In-Kind Contribution Date: 9/3/2026 Aggregate This Election: $ $1,900.00

Description of In-Kind Contribution: Signs

Business or Organization Name: _____ **OR**

First Name: Barry Middle Name: _____ Last Name: Marshall

Address: 641 Warwick Oaks Ln E City: Collierville State: TN Zip Code: 38017

Occupation: Airline Pilot Employer: American Airlines

In-Kind Contribution Received For: ■ Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $$75.50 In-Kind Contribution Date: 9/3/2026 Aggregate This Election: $ $75.50

Description of In-Kind Contribution: Signs

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: $ $1,975.50

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Missy Marshall
2. Reporting Period: Start Date: 7/1/2026 End Date: 9/30/2026
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: Anedot **OR**
First Name: Middle Name: Last Name:
Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Service Fees
Amount of Expenditure: $ $10.30 Date of Expenditure: $ 9/21/2026

Business or Organization Name: Politcal Finance Management **OR**
First Name: Middle Name: Last Name:
Address: 95 White Bridge Rd Ste 207 City: Nashville State: TN Zip Code: 37205
Purpose of Expenditure: Campaign Management
Amount of Expenditure: $ $420.00 Date of Expenditure: $ 6/27/2026

Business or Organization Name: Margin of Victory **OR**
First Name: Middle Name: Last Name:
Address: PO Box 196 City: Collierville State: TN Zip Code: 38027
Purpose of Expenditure: Printing
Amount of Expenditure: $ $900.00 Date of Expenditure: $ 9/24/2026

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: $

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: $ $1,330.30
(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.)