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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 2/2/2026 2.a. Candidate or Committee Name: MICHAEL D. POPE
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 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.NET

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: 7/1/2025 End Date: 1/15/2026

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 Sr. 2/2/26
 Candidate Signature Date

Lemon Lowery Jr. 2/2/2026
 Political Treasurer Signature Date

James W. Aradondo 2/2/2026
 Witness Signature Date

James W. Aradondo 2/2/2026
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>570.02</u>
b. Total Receipts This Period	\$	<u>8,421.54</u>
c. Total Disbursements This Period	\$	<u>5,160.34</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>3,831.22</u>
e. Total Loans Outstanding	\$	<u>Ø</u>
f. Total Obligations Outstanding	\$	<u>Ø</u>

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 722.94
(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) \$ 7,698.60
- 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.) \$ 8,421.54

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 5,160.34
(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.)..... \$ 5,160.34

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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
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: JEFF Middle Name: L Last Name: KIESTLER
Address: 2640 FORRESTEVAN CV City: EADS State: TN Zip Code: 38028
Occupation: _____ Employer: REGIONS CK#103
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,900.⁰⁰ Date of Contribution: 8/29/25 Aggregate This Election: \$ _____

Business or Organization Name: SHEA MOSKOVITZ PLLC OR
First Name: _____ Middle Name: _____ Last Name: PARAYEN CK#1471
Address: 530 OAK CT DR#355 City: MEMPHIS State: TN Zip Code: 38117
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.⁰⁰ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ FIRST TN CK#156 OR
First Name: SHERRIE Middle Name: W. Last Name: VENTERS
Address: 2536 HOWKHURST ST, City: MEMPHIS State: TN Zip Code: 38119
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.⁰⁰ Date of Contribution: 8/30/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: SIDNEY Middle Name: L. Last Name: CHISM
Address: 5335 BETHUNE CV City: MEMPHIS State: TN Zip Code: 38109
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.⁰⁰ Date of Contribution: 8/29/25 Aggregate This Election: \$ _____

Total Contributions: \$ 3,900.⁰⁰

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3,900.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

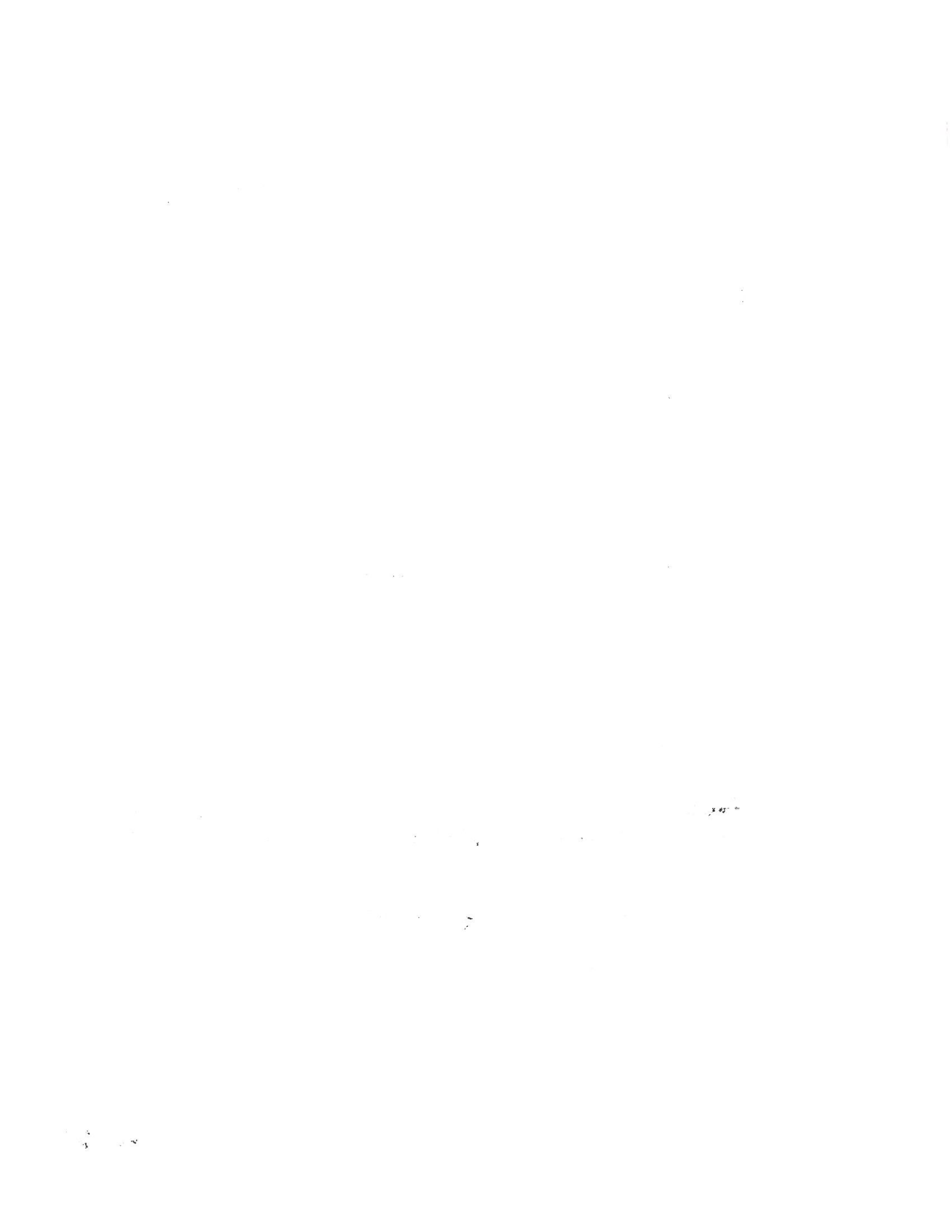
Business or Organization Name: SHELBY COUNTY SHERIFFS OFFICE OR
First Name: CLARENCE Middle Name: --- Last Name: TURKS, JR
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 8/29/25 Aggregate This Election: \$ _____
CASH

Business or Organization Name: _____ Wells Fargo CR#355 OR
First Name: FLOYD Middle Name: D. Last Name: REED
Address: 9010 RIVERWOOD FARMS PKWY City: CORNOVA State: TN Zip Code: 38016
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 8/29/25 Aggregate This Election: \$ _____
CASH

Business or Organization Name: _____ OR
First Name: LESEB Middle Name: _____ Last Name: CARTER
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 8/29/25 Aggregate This Election: \$ _____
CASH

Business or Organization Name: _____ OR
First Name: JAMES Middle Name: _____ Last Name: ARRADONDO
Address: 3792 OAK LAKE LANE City: MEMPHIS State: TN Zip Code: 38118
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 104.51 Date of Contribution: 7/1/25 Aggregate This Election: \$ _____

Total Contributions: \$ 4,604.51
(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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4,604.51

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: CORY Middle Name: _____ Last Name: MITCHELL
Address: 5464 Brook SHADE LANE City: MEMPHIS State: TN Zip Code: 38125
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 96.07 Date of Contribution: 7/14/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: TIFFANY Middle Name: _____ Last Name: SHAW
Address: 1976 CHANTRIDGE DR. City: CORDOVA State: TN Zip Code: 38016
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 8.44 Date of Contribution: 7/16/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: MICHAEL D. Middle Name: D. Last Name: POPE
Address: 1468 ALBON DR City: CORDOVA State: TN Zip Code: 38016
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 7/21/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: RUTH Middle Name: _____ Last Name: JACKSON
Address: 10135 BLOOMSBURY AVE City: SHELBY COU State: TN Zip Code: 38016
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 17.84 Date of Contribution: 7/30/25 Aggregate This Election: \$ _____

Total Contributions: \$ 4,926.86

(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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4,926.86

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ACT BLUE OR
First Name: JAMES Middle Name: _____ Last Name: ARRANDONDO
Address: 3792 OAK LAKE LAKE City: MEMPHIS State: TN Zip Code: 38118
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 104.51 Date of Contribution: 8/13/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: CLARENCE Middle Name: _____ Last Name: CARR
Address: 569 W. RIVERSIDE DR City: CONDORA State: TN Zip Code: 38018
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1500.00 Date of Contribution: 8/22/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: MARY Middle Name: _____ Last Name: PRUITT
Address: 5036 LAUREL FOREST CV City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 47.92 Date of Contribution: 8/19/25 Aggregate This Election: \$ _____

Business or Organization Name: TRUSTMANK NATIONAL BANK (SC WAIVED) OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 16790 HIGHWAY 64 City: SOMERVILLE State: TN Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 3.50 Date of Contribution: 12/8/25 Aggregate This Election: \$ _____

Total Contributions: \$ 6,582.79

(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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 6,582.79

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ACT BLUE 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: \$ 96.07 Date of Contribution: 12/12/25 Aggregate This Election: \$ _____

Business or Organization Name: ACT BLUE 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: \$ 96.07 Date of Contribution: 11/13/25 Aggregate This Election: \$ _____

Business or Organization Name: TRUSTMARK NATIONAL BANK (ATM S/C WAIVED) OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1283 N. HOUSTON LEVY City: CORDOVA State: TN Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 3.50 Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: CASH APP OR
First Name: MICHAEL Middle Name: D. Last Name: POPE
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 536.58 Date of Contribution: 11/19/25 Aggregate This Election: \$ _____

Total Contributions: \$ 7,315.01
(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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 7,315.01

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: SOUL FISH CAFE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ 59.12 Date of Expenditure: \$ _____ 11/24/25

Business or Organization Name: COSTCO WHSE #03 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ 89.06 Date of Expenditure: \$ _____ 11/24/25

Business or Organization Name: PATRIOT BANK OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3535 AUSTIN PENY City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ 103.00 Date of Expenditure: \$ _____ 11/24/25

Business or Organization Name: ZAXBY #51205 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ 52.35 Date of Expenditure: \$ _____ 11/20/25

Business or Organization Name: LERIE CARTER OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: CAMPAIGN AD /SHELBY DEM
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 11/17/2025

Total Expenditures: \$ 7,818.54

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: MICHAEL D. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 7,818.54

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: PATRIOT BANK OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3535 AUSTIN PEAY City: MEMPHIS State: TN Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 3.00 Date of Contribution: 11/24/25 Aggregate This Election: \$ _____

Business or Organization Name: REGULAR DEPOSIT 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: \$ 300.00 Date of Contribution: 11/24/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: DANNY Middle Name: _____ Last Name: MORROW
Address: 1431 REDMOND CIRCLE City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 1/15/26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: JOSEPH Middle Name: _____ Last Name: ATIENZA
Address: 11636 DEMPSEY DRIVE City: ARLINGTON State: TN Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 1/15/25 Aggregate This Election: \$ _____

Total Contributions: \$ 8,421.54

(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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
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: RAFFERTY OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: MEET & GREET CAMPAIGN
Amount of Expenditure: \$ 30.22 Date of Expenditure: \$ _____ 7/1/25

Business or Organization Name: _____ OR
First Name: SHARON Middle Name: _____ Last Name: ROOKS
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: FOOD MEET & GREET CK 1016
Amount of Expenditure: \$ 140.00 Date of Expenditure: \$ _____ 7/14/25

Business or Organization Name: RED FISH OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: ARLINGTON State: TN Zip Code: _____
Purpose of Expenditure: CAMPAIGN MEETING
Amount of Expenditure: \$ 78.09 Date of Expenditure: \$ _____ 7/16/25

Business or Organization Name: PAPA JOHN OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: ARLINGTON State: TN Zip Code: _____
Purpose of Expenditure: CAMPAIGN GREETING
Amount of Expenditure: \$ 43.65 Date of Expenditure: \$ _____ 7/18/25

Business or Organization Name: AR BAN B.Q. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: CAMPAIGN LUNCH
Amount of Expenditure: \$ 28.26 Date of Expenditure: \$ _____ 7/21/25

Total Expenditures: \$ 320.22

(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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 320.22

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: RED FISH OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: ARLINGTON State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 51.53 Date of Expenditure: \$ _____ 7/21/25

Business or Organization Name: THE FOUR WAY OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 14.52 Date of Expenditure: \$ _____ 7/28/25

Business or Organization Name: COSTCO WHSE #3 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: CAMPAIGN ITEMS Fund Admin
Amount of Expenditure: \$ 157.60 Date of Expenditure: \$ _____ 8/1/25

Business or Organization Name: JJS TROPICAL OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 66.32 Date of Expenditure: \$ _____ 8/11/25

Business or Organization Name: COUTURE CARES. ORG OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: T-Shirts
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ _____ 8/25/25

Total Expenditures: \$ 860.19

(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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 860.19

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: KFC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: LUNCH MEETING
Amount of Expenditure: \$ 23.04 Date of Expenditure: \$ _____ 8/26/25

Business or Organization Name: J. ALEXANDER #14 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: CAMPAIGN DINNER
Amount of Expenditure: \$ 146.21 Date of Expenditure: \$ _____ 8/20/25

Business or Organization Name: TRUSTMARK NATIONAL BANK (ATM W/D) OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: MEETING
Amount of Expenditure: \$ 63.50 Date of Expenditure: \$ _____ 8/26/25

Business or Organization Name: FIREHOUSE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: BARTLETT State: TN Zip Code: _____
Purpose of Expenditure: CAMPAIGN MEETING
Amount of Expenditure: \$ 26.28 Date of Expenditure: \$ _____ 8/27/25

Business or Organization Name: TRUSTMARK NATIONAL BANK (ATM W/D) OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: BANNER
Amount of Expenditure: \$ 203.50 Date of Expenditure: \$ _____ 8/27/25

Total Expenditures: \$ 1,322.72

(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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1322.72

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: REGINALD JOHNSON OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ 40.25 Date of Expenditure: \$ _____ 8/28/25

Business or Organization Name: ZAXBY #51205 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 15.79 Date of Expenditure: \$ _____ 8/29/25

Business or Organization Name: TRUSTMARK NATIONAL BANK OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 16790 Highway 64 City: SOMERVILLE State: TN Zip Code: _____
Purpose of Expenditure: Campaign Push Cards
Amount of Expenditure: \$ 403.50 Date of Expenditure: \$ _____ 12/17/25

Business or Organization Name: LENNY GRILL OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 49.96 Date of Expenditure: \$ _____ 12/17/25

Business or Organization Name: VENICE KITCHEN OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 70.63 Date of Expenditure: \$ _____ 12/23/25

Total Expenditures: \$ 1902.85

(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. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,902.85

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: OLIVE GARDEN OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 22.75 Date of Expenditure: \$ _____ 11/12/25

Business or Organization Name: TRUSTMARK NATIONAL BANK (ATM w/d) OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: Phone Bank list
Amount of Expenditure: \$ 103.50 Date of Expenditure: \$ _____ 11/17/25

Business or Organization Name: RED LOBSTER 6216 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 83.04 Date of Expenditure: \$ _____ 11/19/25

Business or Organization Name: CASH APP / MICHAEL POPE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ 273.07 Date of Expenditure: \$ _____ 11/19/25

Business or Organization Name: AR BAR B QUE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 25.13 Date of Expenditure: \$ _____ 11/24/25

Total Expenditures: \$ 2,410.34

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: MICHAEL D. POPE
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,410.34

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: KEVIN Middle Name: _____ Last Name: WHITMONE
Address: 363 Lida Lane City: CORDOVA State: TN Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.⁰⁰ Date of Contribution: 1/15/26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: MICHAEL Middle Name: D. Last Name: POPE
Address: 1468 ALBON DR City: CORDOVA State: TN Zip Code: 38016
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.⁰⁰ Date of Contribution: 12/17/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: MICHAEL Middle Name: D. Last Name: POPE
Address: 1468 ALBON DR. City: CORDOVA State: TN Zip Code: 38016
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.⁰⁰ Date of Contribution: 12/22/25 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: \$ 5,160.34

(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.)

