



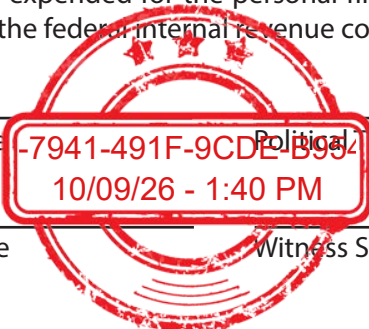
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 10/9/2026 2.a. Candidate or Committee Name: Rhonda O'Dell
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 1661 Aaron Brenner Dr Ste 300
City: Memphis State: TN Zip Code: 38120 Phone: 9017612720
5. Candidate Home Address: 6640 Old Tipton Rd
City: Millington State: TN Zip Code: 38053 Phone: 9014961955
Candidate Email Address: 606766@live.com
6. Office Sought: (include district number, if applicable) Shelby County Commissioner, Dist. 1
7. Name of Political Treasurer (may be candidate): Marlon Evans
Political Treasurer Email Address: 606766@live.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: 7/28/2026 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



12. Summary:
- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$9,630.17</u> |
| b. Total Receipts This Period | \$ <u>\$1,200.00</u> |
| c. Total Disbursements This Period | \$ <u>\$5,084.46</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$5,745.71</u> |
| e. Total Loans Outstanding | \$ <u>\$0.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Rhonda O'Dell

14. Reporting Period: Start Date: 7/28/2026 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) \$ \$1,200.00
- 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.) \$ \$1,200.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$5,084.46
(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.)..... \$ \$5,084.46

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Rhonda O'Dell
2. Reporting Period: Start Date: 7/28/2026 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: Tennessee Realtors PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 901 19th Ave South City: Nashville State: TN Zip Code: 37212
Occupation: NA Employer: NA
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1 000 0 Date of Contribution: 8/4/2026 Aggregate This Election: \$ \$1 000 0

Business or Organization Name: _____ **OR**
First Name: Sharon Middle Name: _____ Last Name: Ohsfeldt
Address: 2464 Cedar Dale Dr 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: \$ \$200 00 Date of Contribution: 8/4/2026 Aggregate This Election: \$ \$200 00

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: \$ _____

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: \$ \$1,200.00
(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rhonda O'Dell
2. Reporting Period: Start Date: 7/28/2026 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: \$ \$8.30 Date of Expenditure: \$ 8/4/2026

Business or Organization Name: _____ **OR**

First Name: Aniyah Middle Name: _____ Last Name: Lemons

Address: 353 Tracy Rd City: Millington State: TN Zip Code: 38053

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$105.00 Date of Expenditure: \$ 8/3/2026

Business or Organization Name: Millington Chamber **OR**

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

Address: 7965 Veterans Pkwy #102 City: Millington State: TN Zip Code: 38053

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$52.08 Date of Expenditure: \$ 8/13/2026

Business or Organization Name: Chick-fil-A **OR**

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

Address: 8492 US-51 City: Millington State: TN Zip Code: 38053

Purpose of Expenditure: Food and Beverage

Amount of Expenditure: \$ \$44.33 Date of Expenditure: \$ 8/10/2026

Business or Organization Name: Lowe's Home Improvement **OR**

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

Address: 8490 US-51 City: Millington State: TN Zip Code: 38053

Purpose of Expenditure: Supplies

Amount of Expenditure: \$ \$16.44 Date of Expenditure: \$ 7/13/2026

Total Expenditures: \$ \$226.15

(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: Rhonda O'Dell
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$226.15

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: Walmart **OR**

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

Address: 8445 US 51 City: Millington State: TN Zip Code: 38053

Purpose of Expenditure: Supplies

Amount of Expenditure: \$ \$134.95 Date of Expenditure: \$ 8/5/2026

Business or Organization Name: RoboCent Inc **OR**

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

Address: 2129 General Booth Blvd Ste 103 City: Virginia Beach State: VA Zip Code: 23454

Purpose of Expenditure: Voter Contact

Amount of Expenditure: \$ \$1,471.13 Date of Expenditure: \$ 8/3/2026

Business or Organization Name: RoboCent Inc **OR**

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

Address: 2129 General Booth Blvd Ste 103 City: Virginia Beach State: VA Zip Code: 23454

Purpose of Expenditure: Voter Contact

Amount of Expenditure: \$ \$585.15 Date of Expenditure: \$ 8/5/2026

Business or Organization Name: RoboCent Inc **OR**

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

Address: 2129 General Booth Blvd Ste 103 City: Virginia Beach State: VA Zip Code: 23454

Purpose of Expenditure: Voter Contact

Amount of Expenditure: \$ \$760.58 Date of Expenditure: \$ 8/5/2026

Business or Organization Name: Perry Strategies **OR**

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

Address: PO Box 38220 City: Germantown State: TN Zip Code: 38183

Purpose of Expenditure: Voter Contact

Amount of Expenditure: \$ \$598.50 Date of Expenditure: \$ 8/26/2026

Total Expenditures: \$ \$3,776.46

(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: Rhonda O'Dell
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,776.46

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: Watkins Uiberall PLLC OR

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

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

Purpose of Expenditure: Accounting

Amount of Expenditure: \$ \$400.00 Date of Expenditure: \$ 9/9/2026

Business or Organization Name: _____ OR

First Name: Elijah Middle Name: Blade Last Name: Griffin

Address: 6391 Chase Rd City: Millington State: TN Zip Code: 38053

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: Pinnacle Bank OR

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

Address: 949 Shady Grove Rd City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: _____ OR

First Name: Cordarian Middle Name: _____ Last Name: Anderson

Address: 3720 Crosswood Cove City: Millington State: TN Zip Code: 38053

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: _____ OR

First Name: Murtle Middle Name: _____ Last Name: ODell

Address: 6640 Old Tipton Rd City: Millington State: TN Zip Code: 38053

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: \$ \$400.00 Date of Expenditure: \$ 8/10/2026

Total Expenditures: \$ \$5,081.46

(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: Rhonda O'Dell
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$5,081.46

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: Pinnacle Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 949 Shady Grove Rd City: Memphis State: TN Zip Code: 38120
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ \$3.00 Date of Expenditure: \$ 8/10/2026

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: \$ _____

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: \$ \$5,084.46

(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.)