



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/29/2026 2.a. Candidate or Committee Name: Keeley Greer
- 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: 618 Charleston Ct # 102
City: Memphis State: TN Zip Code: 38120 Phone: 9012128182
Candidate Email Address: keeleygreer08@gmail.com
6. Office Sought: (include district number, if applicable) Shelby County Commissioner, Dist. 8
7. Name of Political Treasurer (may be candidate): James Forbes
Political Treasurer Email Address: jcforges09@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: 7/27/2026
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

-2444-4857-95DC-CEB

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$7,428.50</u> |
| b. Total Receipts This Period | \$ <u>\$2,500.00</u> |
| c. Total Disbursements This Period | \$ <u>\$3,433.34</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$6,495.16</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: Keeley Greer

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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) \$ \$2,500.00
- 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.) \$ \$2,500.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$3,433.34
(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.)..... \$ \$3,433.34

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: Keeley Greer
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
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: _____ **OR**

First Name: Tiger Middle Name: _____ Last Name: Bryant

Address: 2119 Young Ave City: Memphis State: TN Zip Code: 38104

Occupation: Owner Employer: Young Ave Deli

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 7/13/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Ed Middle Name: _____ Last Name: Harris

Address: 555 Perkins Extended Ste 490 City: Memphis State: TN Zip Code: 38117

Occupation: Owner Employer: Ed Harris Jewelry

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 7/7/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Henry Middle Name: _____ Last Name: Hutton

Address: 2471 Mt Moriah City: Memphis State: TN Zip Code: 38115

Occupation: Retired Employer: Retired

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

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

Business or Organization Name: _____ **OR**

First Name: Meghan Middle Name: _____ Last Name: Medford

Address: 3687 Summer Ave City: Memphis State: TN Zip Code: 38122

Occupation: President Employer: Medford Roofing

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 7/16/2026 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$1,500.00

(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: Keeley Greer
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Dewayne Middle Name: _____ Last Name: Miller
Address: 38 Riverview Drive West Apt 101 City: Memphis State: TN Zip Code: 38103
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 7/8/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Mary Middle Name: _____ Last Name: O'Brien
Address: 1924 Harbert Ave City: Memphis State: TN Zip Code: 38104
Occupation: Parish Chef Employer: Calvary Episcopal Church
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 7/9/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Bob Middle Name: _____ Last Name: Rasch
Address: 1856 Peabody Ave City: Memphis State: TN Zip Code: 38104
Occupation: Consulting Employer: Self Employed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 7/7/2026 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Jeremy Middle Name: _____ Last Name: White
Address: 589 Dunwick Cv City: Collierville State: TN Zip Code: 38017
Occupation: Municipal Employer: Self Employed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 7/16/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$2,100.00
(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: Keeley Greer
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,100.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Amy Middle Name: _____ Last Name: Roberts

Address: 256 Pine Street City: Memphis State: TN Zip Code: 38104

Occupation: Admin Employer: Standard Electric Company Inc

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 7/21/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Gary Middle Name: _____ Last Name: Coleman

Address: 30 Riverview Drive East Ste 101 City: Memphis State: TN Zip Code: 38103

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 7/27/2026 Aggregate This Election: \$ \$150.00

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: \$ \$2,500.00

(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: Keeley Greer
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
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: Apparel Pro **OR**

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

Address: 1625 Olive St City: St Louis State: MO Zip Code: 63103

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$54.88 Date of Expenditure: \$ 7/9/2026

Business or Organization Name: Apparel Pro **OR**

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

Address: 1625 Olive St City: St Louis State: MO Zip Code: 63103

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$135.00 Date of Expenditure: \$ 7/9/2026

Business or Organization Name: Apparel Pro **OR**

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

Address: 1625 Olive St City: St Louis State: MO Zip Code: 63103

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$211.83 Date of Expenditure: \$ 7/9/2026

Business or Organization Name: McDonald Outdoor Advertising **OR**

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

Address: 2478 Casino Strip Resort Blvd City: Tunica Resorts State: MS Zip Code: 38664

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$2,776.65 Date of Expenditure: \$ 7/9/2026

Business or Organization Name: FedEx **OR**

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

Address: 1359 Poplar Ave City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Office Supplies

Amount of Expenditure: \$ \$116.32 Date of Expenditure: \$ 7/9/2026

Total Expenditures: \$ \$3,294.68

(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: Keeley Greer
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,294.68

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: Good Party LLC **OR**

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

Address: 174 Collins Street St 104 City: Memphis State: TN Zip Code: 38112

Purpose of Expenditure: Office Supplies

Amount of Expenditure: \$ \$45.96 Date of Expenditure: \$ 7/9/2026

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: \$ \$32.60 Date of Expenditure: \$ 7/7/2026

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: \$ \$4.30 Date of Expenditure: \$ 7/8/2026

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: \$ \$4.30 Date of Expenditure: \$ 7/9/2026

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: \$ \$20.30 Date of Expenditure: \$ 7/13/2026

Total Expenditures: \$ \$3,402.14

(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: Keeley Greer
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,402.14

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: \$ \$14.60 Date of Expenditure: \$ 7/16/2026

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: \$ 7/21/2026

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: \$ \$6.30 Date of Expenditure: \$ 7/27/2026

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: \$ \$3,433.34

(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.)