



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT BE
ACCEPTED TCA 2-5-102

1. Date: 10/13/26 2.a. Candidate or Committee Name: Friends of Amber Huett-Garcia
- 2.b. If Committee, Name of Candidate: Amber Huett-Garcia 3. Election Date: Aug 2026
4. Campaign Address: 4653 Chickasaw Rd
City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115
5. Candidate Home Address: 4653 Chickasaw Rd
City: Memphis State: TN Zip Code: 38117 Phone: 309-256-4115
Candidate Email Address: Amberhuettgarcia@gmail.com
6. Office Sought: (include district number, if applicable) County Commission - District 13
7. Name of Political Treasurer (may be candidate): Tate Wilson
Political Treasurer Email Address: Tateswilson@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: 07-28-26 End Date: 09-30-26
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.

<u>[Signature]</u> Candidate Signature	<u>10/13/26</u> Date	<u>[Signature]</u> Political Treasurer Signature	<u>10/13/26</u> Date
<u>[Signature]</u> Witness Signature	<u>10/13/26</u> Date	<u>[Signature]</u> Witness Signature	<u>10/13/26</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>13,130.40</u>
b. Total Receipts This Period	\$ <u>7,564.34</u>
c. Total Disbursements This Period	\$ <u>17,490.18</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>3,204.16</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Amber Huett-Garcia

14. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26

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) \$ 7,564.34
- 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.) \$ 7,564.34

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 17,490.18
(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.)..... \$ 17,490.18

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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
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: Kathy Middle Name: _____ Last Name: Ferguson

Address: 1380 Carr Ave City: Memphis State: TN Zip Code: 38104

Occupation: Homemaker Employer: Me

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

Amount of Contribution: \$ 250.00 Date of Contribution: 07/30/2026 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ **OR**

First Name: Rosalva Middle Name: _____ Last Name: King

Address: 4711 Poplar Ave City: Memphis State: TN Zip Code: 38117

Occupation: Manager Employer: V.I.S.A. Inc

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

Amount of Contribution: \$ 50.00 Date of Contribution: 07/31/2026 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ **OR**

First Name: Katy & Joe Middle Name: _____ Last Name: Spake

Address: 1599 Vance Ave City: Memphis State: TN Zip Code: 38104

Occupation: Not employed Employer: Not employed

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

Amount of Contribution: \$ 25.00 Date of Contribution: 07/31/2026 Aggregate This Election: \$ 25.00

Business or Organization Name: _____ **OR**

First Name: DJ Middle Name: _____ Last Name: Naylor

Address: 2190 court City: Memphis State: TN Zip Code: 38104

Occupation: Self Employer: Self

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

Amount of Contribution: \$ 100.00 Date of Contribution: 08/01/2026 Aggregate This Election: \$ 100.00

Total Contributions: \$ 425.00

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 425.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Cardell Middle Name: _____ Last Name: Orrin
Address: 1699 Peach Ave City: Memphis State: TN Zip Code: 38112
Occupation: Director Employer: Stand for Children
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 08/01/2026 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ **OR**
First Name: Adrienne Middle Name: _____ Last Name: Davis
Address: 4911 Helene Road City: Memphis State: TN Zip Code: 38117
Occupation: Product Owner Employer: FNF
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 25.00 Date of Contribution: 08/03/2026 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ **OR**
First Name: Harold Middle Name: _____ Last Name: Byrd
Address: 6911 Petworth Road City: Memphis State: TN Zip Code: 38119
Occupation: Finance Employer: Bank of Bartlett
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ **OR**
First Name: Raumesh Middle Name: _____ Last Name: Akbari
Address: 655 Riverside Drive City: Memphis State: TN Zip Code: 38103
Occupation: Senator Employer: State of TN
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 500.00

Total Contributions: \$ 1,150.00

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Sara Middle Name: _____ Last Name: Kyle

Address: 6421 old orchard cove City: Memphis State: TN Zip Code: 38119

Occupation: State senator Employer: State of Tn

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

Amount of Contribution: \$ 100.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ **OR**

First Name: Brian Middle Name: _____ Last Name: Sullivan

Address: 1800 Linden Ave City: Memphis State: TN Zip Code: 38104

Occupation: ceo Employer: sullivan branding

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

Amount of Contribution: \$ 250.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ **OR**

First Name: Shawn Middle Name: _____ Last Name: Lynch

Address: 340 Hawthorne St City: Memphis State: TN Zip Code: 38112

Occupation: Attorney Employer: Ryan Law

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

Amount of Contribution: \$ 250.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ **OR**

First Name: Gordon Middle Name: _____ Last Name: Stark

Address: 451 S. Prescott St. City: Memphis State: TN Zip Code: 38111

Occupation: Realtor Employer: Self Employed

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

Amount of Contribution: \$ 15.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 15.00

Total Contributions: \$ 1,765.00

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,765.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Van Middle Name: _____ Last Name: Turner
Address: 7201 Nicholas Lane City: Memphis State: TN Zip Code: 38125
Occupation: Healthcare Executive Employer: Regional One Health
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 750.00

Business or Organization Name: _____ OR
First Name: Sanjeev Middle Name: _____ Last Name: Memula
Address: 393 Dogwood Valley Drive City: Collierville State: TN Zip Code: 38017
Occupation: attorney Employer: shelby county
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: LUTHER Middle Name: _____ Last Name: ARMSTRONG JR
Address: 2100 Young Ave City: Memphis State: TN Zip Code: 38104-5641
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: LUTHER Middle Name: _____ Last Name: ARMSTRONG JR
Address: 2100 Young Ave City: Memphis State: TN Zip Code: 38104-5641
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 200.00

Total Contributions: \$ 2,565.00

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,565.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Lee Ardrey Middle Name: _____ Last Name: Harris
Address: P. O. Box 40551 City: Memphis State: TN Zip Code: 38174
Occupation: Shelby County Mayor Employer: Shelby County Government
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 08/04/2026 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ **OR**
First Name: Georgia Middle Name: _____ Last Name: Dawson
Address: 768 Charles Pl City: Munford State: TN Zip Code: 38058
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 25.00 Date of Contribution: 08/05/2026 Aggregate This Election: \$ 25.00

Business or Organization Name: _____ **OR**
First Name: John Middle Name: _____ Last Name: Bradley
Address: 3000 Elkins St City: Memphis State: TN Zip Code: 38114
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 08/05/2026 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ **OR**
First Name: Linda Middle Name: _____ Last Name: Sitler
Address: 405 South Perkins Road Number City: Memphis State: TN Zip Code: 38117
Occupation: Public Telations Employer: Film Commission
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 08/05/2026 Aggregate This Election: \$ 100.00

Total Contributions: \$ 2,990.00

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,990.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Tyrone A. Middle Name: _____ Last Name: Burroughs
Address: 3380 Pearson Rd City: Memphis State: TN Zip Code: 38118
Occupation: CEO Employer: First Choice
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.00 Date of Contribution: 08/05/2026 Aggregate This Election: \$ 1,000.00

Business or Organization Name: _____ OR
First Name: Adrienne Middle Name: _____ Last Name: Davis
Address: 4911 Helene Road City: Memphis State: TN Zip Code: 38117
Occupation: Product development Employer: FNF
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 25.00 Date of Contribution: 08/08/2026 Aggregate This Election: \$ 75.00

Business or Organization Name: _____ OR
First Name: Josh Middle Name: _____ Last Name: Whitehead
Address: 1955 Central Avenue City: Memphis State: TN Zip Code: 38104
Occupation: Attorney Employer: Whitehead Law PLLC
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 08/24/2026 Aggregate This Election: \$ 500.00

Business or Organization Name: United Education Association PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6363 poplar ave, suite 1001 City: Memphis State: TN Zip Code: 38119
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 08/03/2026 Aggregate This Election: \$ 500.00

Total Contributions: \$ 5,015.00

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 5,015.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Jeff Middle Name: _____ Last Name: Etheridge
Address: 5121 Le Chateau Cv City: Memphis State: TN Zip Code: 38125
Occupation: Retired Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 08/05/2026 Aggregate This Election: \$ 250.00

Business or Organization Name: Jobs PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 100 Peabody Place, Suite 1000 City: Memphis State: TN Zip Code: 38103
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.00 Date of Contribution: 08/10/2026 Aggregate This Election: \$ 1,000.00

Business or Organization Name: _____ **OR**
First Name: Nick Middle Name: _____ Last Name: Scully
Address: 4753 Normandy Ave City: Memphis State: TN Zip Code: 38117
Occupation: CEO Employer: Scully Associates
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 08/10/2026 Aggregate This Election: \$ 750.00

Business or Organization Name: Prive Committee PAC / Teamsters 667 **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 25 Louisiana Ave NW City: Washington State: DC Zip Code: 20001
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.00 Date of Contribution: 08/24/2026 Aggregate This Election: \$ 1,000.00

Total Contributions: \$ 7,515.00

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 7,515.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: LEE PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 800 N. King Street, Suite 304 - 411 City: Wilmington State: DE Zip Code: 19801
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 49.34 Date of Contribution: 09/04/2026 Aggregate This Election: \$ 549.34

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: \$ _____

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: \$ 7,564.34

(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.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ _____

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: _____ 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: _____

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: \$ _____

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
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: Texting for Less **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 354 State St. City: Hackensack State: NJ Zip Code: 07601
Purpose of Expenditure: Campaign Texts
Amount of Expenditure: \$ 370.80 Date of Expenditure: \$ 07/29/2026

Business or Organization Name: Green For Governor **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: POB 40049 City: Memphis State: TN Zip Code: 38174
Purpose of Expenditure: Campaign donation
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 07/30/2026

Business or Organization Name: META **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Digital ads
Amount of Expenditure: \$ 84.00 Date of Expenditure: \$ 07/31/2026

Business or Organization Name: META **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Digital ads
Amount of Expenditure: \$ 84.00 Date of Expenditure: \$ 07/31/2026

Business or Organization Name: _____ **OR**
First Name: Jonah Middle Name: _____ Last Name: Leslie
Address: 874 S Cox St City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Paid Intern Hours
Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 07/31/2026

Total Expenditures: \$ 613.80

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 613.80

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: _____ OR
First Name: Jonah Middle Name: _____ Last Name: Leslie
Address: 874 S Cox St City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Paid Intern Hours
Amount of Expenditure: \$ 32.50 Date of Expenditure: \$ 07/31/2026

Business or Organization Name: _____ OR
First Name: Jonah Middle Name: _____ Last Name: Leslie
Address: 874 S Cox St City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Paid Intern Hours
Amount of Expenditure: \$ 35.00 Date of Expenditure: \$ 07/31/2026

Business or Organization Name: _____ OR
First Name: Jack Middle Name: _____ Last Name: Carroll
Address: 3757 Kearney City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Paid Intern Hours
Amount of Expenditure: \$ 173.00 Date of Expenditure: \$ 07/31/2026

Business or Organization Name: _____ OR
First Name: Jack Middle Name: _____ Last Name: Carroll
Address: 3757 Kearney City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Paid Intern Hours
Amount of Expenditure: \$ 20.00 Date of Expenditure: \$ 07/31/2026

Business or Organization Name: _____ OR
First Name: Jack Middle Name: _____ Last Name: Carroll
Address: 3757 Kearney City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Paid Intern Hours
Amount of Expenditure: \$ 237.00 Date of Expenditure: \$ 07/31/2026

Total Expenditures: \$ 1,111.30

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,111.30

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: Amazon OR

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

Address: 410 Terry Avenue North City: Seattle State: WA Zip Code: 98109-5210

Purpose of Expenditure: Event supplies

Amount of Expenditure: \$ 58.64 Date of Expenditure: \$ 07/28/2026

Business or Organization Name: Direct Checks OR

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

Address: Lockbox 1345 P.O. Box 70345 City: Philadelphia State: PA Zip Code: 19176-0345

Purpose of Expenditure: Campaign checks

Amount of Expenditure: \$ 67.48 Date of Expenditure: \$ 07/30/2026

Business or Organization Name: Regions Bank OR

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

Address: 4790 Poplar Ave City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Bank fee

Amount of Expenditure: \$ 3.00 Date of Expenditure: \$ 07/31/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer Street City: Somerville State: MA Zip Code: 02144-3132

Purpose of Expenditure: Fees

Amount of Expenditure: \$ 67.91 Date of Expenditure: \$ 08/01/2026

Business or Organization Name: ActBlue OR

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

Address: 366 Summer Street City: Somerville State: MA Zip Code: 02144-3132

Purpose of Expenditure: Fees

Amount of Expenditure: \$ 62.87 Date of Expenditure: \$ 09/01/2026

Total Expenditures: \$ 1,371.20

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,371.20

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: Meta OR

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

Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Digital ads

Amount of Expenditure: \$ 237.00 Date of Expenditure: \$ 08/03/2026

Business or Organization Name: Texting for Less OR

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

Address: 354 State St. City: Hackensack State: NJ Zip Code: 07601

Purpose of Expenditure: Campaign text

Amount of Expenditure: \$ 340.40 Date of Expenditure: \$ 08/04/2026

Business or Organization Name: Meta OR

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

Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Digital ads

Amount of Expenditure: \$ 237.00 Date of Expenditure: \$ 08/03/2026

Business or Organization Name: Meta OR

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

Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Digital ads

Amount of Expenditure: \$ 246.00 Date of Expenditure: \$ 08/04/2026

Business or Organization Name: Wix OR

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

Address: 500 Terry a Francis BLVD City: San Francisco State: CA Zip Code: 94158

Purpose of Expenditure: website

Amount of Expenditure: \$ 9.21 Date of Expenditure: \$ 08/04/2026

Total Expenditures: \$ 2,440.81

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2,440.81

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: Ariana Geneva Communications OR

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

Address: 1974 Felix Ave City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Events/project support

Amount of Expenditure: \$ 776.40 Date of Expenditure: \$ 08/04/2026

Business or Organization Name: Meta OR

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

Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Digital ads

Amount of Expenditure: \$ 246.00 Date of Expenditure: \$ 08/05/2026

Business or Organization Name: Campfire Collective OR

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

Address: 111 S Highland St City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Communications

Amount of Expenditure: \$ 2,500.00 Date of Expenditure: \$ 08/05/2026

Business or Organization Name: Texting for Less OR

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

Address: 354 State St. City: Hackensack State: NJ Zip Code: 07601

Purpose of Expenditure: Campaign text

Amount of Expenditure: \$ 235.34 Date of Expenditure: \$ 08/06/2026

Business or Organization Name: Meta OR

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

Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Digital ads

Amount of Expenditure: \$ 246.00 Date of Expenditure: \$ 08/06/2026

Total Expenditures: \$ 6,444.55

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 6,444.55

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: Texting for Less OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 354 State St. City: Hackensack State: NJ Zip Code: 07601
Purpose of Expenditure: Campaign text
Amount of Expenditure: \$ 257.32 Date of Expenditure: \$ 08/10/2026

Business or Organization Name: _____ OR
First Name: Willie Middle Name: _____ Last Name: Hall
Address: best effort City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Sign removal
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 08/10/2026

Business or Organization Name: Local2Global OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1225 Lamboll Ave City: Jacksonville State: FL Zip Code: 32205
Purpose of Expenditure: Robo call
Amount of Expenditure: \$ 141.95 Date of Expenditure: \$ 08/11/2026

Business or Organization Name: Wix OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 500 Terry a Francis BLVD City: San Francisco State: CA Zip Code: 94158
Purpose of Expenditure: website
Amount of Expenditure: \$ 64.75 Date of Expenditure: \$ 08/28/2026

Business or Organization Name: Green for Governor OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: POB 40049 City: Memphis State: TN Zip Code: 38174
Purpose of Expenditure: Campaign donation
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 08/31/2026

Total Expenditures: \$ 7,018.57

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 7,018.57

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: Shutterfly OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 10 Almaden Blvd, Suite 900 City: San Jose State: CA Zip Code: 95113
Purpose of Expenditure: Team photos
Amount of Expenditure: \$ 57.14 Date of Expenditure: \$ 08/20/2026

Business or Organization Name: _____ OR
First Name: Luis Middle Name: _____ Last Name: Rangel
Address: 4895 Lynbar Rd City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 105.00 Date of Expenditure: \$ 08/11/2026

Business or Organization Name: _____ OR
First Name: Logan Middle Name: _____ Last Name: Henley
Address: 7291 3rd Rd City: Bartlett State: TN Zip Code: 38135
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 106.00 Date of Expenditure: \$ 08/05/2026

Business or Organization Name: _____ OR
First Name: Logan Middle Name: _____ Last Name: Henley
Address: 7291 3rd Rd City: Bartlett State: TN Zip Code: 38135
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 60.00 Date of Expenditure: \$ 08/05/2026

Business or Organization Name: _____ OR
First Name: Ashlynn Middle Name: _____ Last Name: Robinson
Address: 240 Cole Creek Cv City: Oakland State: TN Zip Code: 38060
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 24.00 Date of Expenditure: \$ 08/04/2026

Total Expenditures: \$ 7,370.71

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 7,370.71

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: _____ OR
First Name: Logan Middle Name: _____ Last Name: Henley
Address: 7291 3rd Rd City: Bartlett State: TN Zip Code: 38135
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 162.00 Date of Expenditure: \$ 08/05/2026

Business or Organization Name: _____ OR
First Name: Mackenzie Middle Name: _____ Last Name: Stanton
Address: 5017 Henry Heights Dr City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 08/03/2026

Business or Organization Name: _____ OR
First Name: Luis Middle Name: _____ Last Name: Rangel
Address: 4895 Lynbar Rd City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 20.00 Date of Expenditure: \$ 08/11/2026

Business or Organization Name: _____ OR
First Name: Logan Middle Name: _____ Last Name: Henley
Address: 7291 3rd Rd City: Bartlett State: TN Zip Code: 38135
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 175.00 Date of Expenditure: \$ 08/05/2026

Business or Organization Name: _____ OR
First Name: Adele Middle Name: _____ Last Name: Thompson
Address: 4893 Walnut Grove Rd City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 40.00 Date of Expenditure: \$ 08/03/2026

Total Expenditures: \$ 7,967.71

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 7,967.71

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: _____ OR
First Name: Chad Middle Name: _____ Last Name: Turner
Address: 1653 Durhamshire Cv City: Cordova State: TN Zip Code: 38016
Purpose of Expenditure: Poll worker
Amount of Expenditure: \$ 150.00 Date of Expenditure: \$ 08/03/2026

Business or Organization Name: _____ OR
First Name: Luis Middle Name: _____ Last Name: Rangel
Address: 4895 Lynbar Rd City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 08/11/2026

Business or Organization Name: _____ OR
First Name: Luis Middle Name: _____ Last Name: Rangel
Address: 4895 Lynbar Rd City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 225.00 Date of Expenditure: \$ 08/11/2026

Business or Organization Name: _____ OR
First Name: Logan Middle Name: _____ Last Name: Henley
Address: 7291 3rd Rd City: Bartlett State: TN Zip Code: 38135
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 245.00 Date of Expenditure: \$ 08/14/2026

Business or Organization Name: _____ OR
First Name: Innocence Middle Name: _____ Last Name: Brown
Address: 1437 Leafhaven Cv City: Cordova State: TN Zip Code: 38016
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 130.00 Date of Expenditure: \$ 08/10/2026

Total Expenditures: \$ 8,817.71

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 8,817.71

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: _____ **OR**
First Name: Mackenzie Middle Name: _____ Last Name: Stanton
Address: 5017 Henry Heights Dr City: Memphis State: TN Zip Code: 38117
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 350.00 Date of Expenditure: \$ 08/11/2026

Business or Organization Name: _____ **OR**
First Name: Jack Middle Name: _____ Last Name: Carroll
Address: 3757 Kearney City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 08/10/2026

Business or Organization Name: _____ **OR**
First Name: Jonah Middle Name: _____ Last Name: Leslie
Address: 874 S Cox St City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 130.00 Date of Expenditure: \$ 08/12/2026

Business or Organization Name: _____ **OR**
First Name: Logan Middle Name: _____ Last Name: Henley
Address: 7291 3rd Rd City: Bartlett State: TN Zip Code: 38135
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 08/14/2026

Business or Organization Name: _____ **OR**
First Name: Jack Middle Name: _____ Last Name: Carroll
Address: 3757 Kearney City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 08/10/2026

Total Expenditures: \$ 9,747.71

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 9,747.71

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: _____ OR
First Name: Jonah Middle Name: _____ Last Name: Leslie
Address: 874 S Cox St City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 08/12/2026

Business or Organization Name: _____ OR
First Name: Todd Middle Name: _____ Last Name: Wilson
Address: best effort City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Lit drop
Amount of Expenditure: \$ 135.00 Date of Expenditure: \$ 08/10/2026

Business or Organization Name: _____ OR
First Name: Innocence Middle Name: _____ Last Name: Brown
Address: 1437 Leafhaven Cv City: Cordova State: TN Zip Code: 38016
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 20.00 Date of Expenditure: \$ 08/10/2026

Business or Organization Name: Kroger OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 54 S Mendenhall Rd City: Memphis State: TN Zip Code: 38120
Purpose of Expenditure: Election night party food/drink
Amount of Expenditure: \$ 190.57 Date of Expenditure: \$ 08/10/2026

Business or Organization Name: _____ OR
First Name: Deborah Middle Name: _____ Last Name: Kim
Address: 2000 N Pkwy City: Memphis State: TN Zip Code: 38112
Purpose of Expenditure: Paid intern hours
Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 08/12/2026

Total Expenditures: \$ 10,393.28

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 10,393.28

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: Mint Mobile OR

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

Address: 1550 Scenic Ave, Ste 100 City: Costa Mesa State: CA Zip Code: 92626

Purpose of Expenditure: Data for canvassing

Amount of Expenditure: \$ 62.00 Date of Expenditure: \$ 08/12/2026

Business or Organization Name: _____ OR

First Name: Mackenzie Middle Name: _____ Last Name: Stanton

Address: 5017 Henry Heights Dr City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Paid intern hours

Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 08/18/2026

Business or Organization Name: Meta OR

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

Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Digital ads

Amount of Expenditure: \$ 25.64 Date of Expenditure: \$ 09/01/2026

Business or Organization Name: Campfire Collective OR

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

Address: 111 S Highland St City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Communications

Amount of Expenditure: \$ 1,000.00 Date of Expenditure: \$ 09/02/2026

Business or Organization Name: Ariana Geneva Communications OR

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

Address: 1974 Felix Ave City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Events / project support

Amount of Expenditure: \$ 750.18 Date of Expenditure: \$ 09/02/2026

Total Expenditures: \$ 12,331.10

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 12,331.10

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: Heidi Kuhn for Congress OR

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

Address: P.O. Box 11300 City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Campaign donation

Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 09/03/2026

Business or Organization Name: Wix OR

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

Address: 500 Terry a Francis BLVD City: San Francisco State: CA Zip Code: 94158

Purpose of Expenditure: website

Amount of Expenditure: \$ 9.21 Date of Expenditure: \$ 09/04/2026

Business or Organization Name: Molder for Congress OR

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

Address: PO Box 1468 City: Columbia State: TN Zip Code: 38402

Purpose of Expenditure: Campaign donation

Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 09/14/2026

Business or Organization Name: Wix OR

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

Address: 500 Terry a Francis BLVD City: San Francisco State: CA Zip Code: 94158

Purpose of Expenditure: website

Amount of Expenditure: \$ 64.75 Date of Expenditure: \$ 09/28/2026

Business or Organization Name: Green for Governor OR

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

Address: POB 40049 City: Memphis State: TN Zip Code: 38174

Purpose of Expenditure: Campaign donation

Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 09/29/2026

Total Expenditures: \$ 13,015.06

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 13,015.06

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: Ariana Geneva Communications OR

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

Address: 1974 Felix Ave City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Event / project support

Amount of Expenditure: \$ 400.00 Date of Expenditure: \$ 09/29/2026

Business or Organization Name: Friends of Jesse Huseh OR

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

Address: 3125 poplar ave City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Campaign donation

Amount of Expenditure: \$ 1,900.00 Date of Expenditure: \$ 09/21/2026

Business or Organization Name: David Weatherspoon for TN Senate OR

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

Address: 436 Poplar Estates Parkway City: Germantown State: TN Zip Code: 38138

Purpose of Expenditure: Campaign donation

Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 09/03/2026

Business or Organization Name: McEwen's OR

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

Address: 120 Monroe Ave City: Memphis State: TN Zip Code: 38103

Purpose of Expenditure: Campaign team dinner

Amount of Expenditure: \$ 724.36 Date of Expenditure: \$ 09/01/2026

Business or Organization Name: _____ OR

First Name: Shantaye Middle Name: _____ Last Name: Dincsoy

Address: 4653 Chickasaw Rd City: Memphis State: TN Zip Code: 38117

Purpose of Expenditure: Campaign closeout

Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 09/01/2026

Total Expenditures: \$ 16,839.42

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 16,839.42

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: Louis Connolly's Bar OR

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

Address: 322 N Cleveland St City: Memphis State: TN Zip Code: 38104

Purpose of Expenditure: Campaign Fundraiser Costs

Amount of Expenditure: \$ 400.76 Date of Expenditure: \$ 09/25/2026

Business or Organization Name: Friends of Jesse Huseh OR

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

Address: 3125 poplar ave City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Campaign donation

Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 09/30/2026

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: \$ _____

Total Expenditures: \$ 17,490.18

(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: Friends of Amber Huett-Garcia
2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26
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) \$ _____
Loans Received \$ _____
Loan Payments \$ _____
Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Amber Huett-Garcia

2. Reporting Period: Start Date: 07-28-26 End Date: 09-30-26

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)
\$	\$	\$	\$