

2026 JAN 15 PM 2:42
ROV 15 JAN 15

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



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1-15-2026 2.a. Candidate or Committee Name: Committee To Re-Elect Deborah Henderson
2.b. If Committee, Name of Candidate: Deborah Means Henderson 3. Election Date: 8-4-2022
4. Campaign Address: 4674 Barkley Estates Drive
City: Collierville State: TN Zip Code: 38017 Phone: 901-219-8206
5. Candidate Home Address: 4674 Barkley Estates Drive
City: Collierville State: TN Zip Code: 38017 Phone: 901-757-9201
Candidate Email Address: attydeb@bellsouth.net
6. Office Sought: (include district number, if applicable) General Sessions Court, Judge DIV 4
7. Name of Political Treasurer (may be candidate): Tamara Henderson
Political Treasurer Email Address: THenderson04@yahoo.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: 7-1-2025 End Date: 12-31-2025

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.

Deborah M. Henderson Jan 15, 2026
Candidate Signature Date

Tamara Henderson 1/15/26
Political Treasurer Signature Date

Justin McShaw 1/16/26
Witness Signature Date

Justin McShaw 1/15/26
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>143.03</u>
b. Total Receipts This Period	\$ <u>0</u>
c. Total Disbursements This Period	\$ <u>42.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>101.03</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

2026 JAN 15 PM 2:42
REV 2026 JAN 15

SUMMARY PAGE - CANDIDATE

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

13. Name of Candidate or Committee: Committee To Re-Elect Deborah Henderson

14. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(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) \$ 0
- c. Loans Received This Reporting Period \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 0

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 42.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 42.00

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

2026 JAN 14
RCN 2025 100

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee To Re Elect Deborah Henderson
2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025
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: _____ 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: \$ _____

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: \$ 0

(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.)

2026 JAN 15 PM 2:43
RCVD 2026 JAN 15

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT BE
ACCEPTED TCA 2-5-02

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Committee To Re Elect Deborah Henderson
2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025
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: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3577 Hacks Cross City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Bank Fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ July 31, 2025

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3577 Hacks Cross City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Bank Fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ August 29, 2025

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3577 Hacks Cross City: Memphis State: TN Zip Code: _____
Purpose of Expenditure: Bank Fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ September 30, 2025

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3577 Hacks Cross City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Bank Fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ October 31, 2025

Business or Organization Name: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3577 Hacks Cross City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Bank Fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ November 28, 2025

Total Expenditures: \$ 35.00

(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: Committee To Re-Elect Deborah Henderson
2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 35.00

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: Regions Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3577 Hack's Cross City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Bank Fee
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ December 31, 2025

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: \$ 42.00

(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.)

2026 JAN 15 PM 2:45
RCUD 2026 JAN 15

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

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Committee To ReElect Deborah Henderson

2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025

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) \$ 0

Loans Received \$ 0

Loan Payments \$ 0

Outstanding Loan (End) \$ 0

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee To Re-Elect Deborah Henderson
2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: \$ 0

(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.)

2026 JAN 15 PM 2:43
2026 JAN 15

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

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Committee To Re-Elect Deborah Henderson

2. Reporting Period: Start Date: 7-1-2025 End Date: 12-31-2025

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

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)
\$ 0	\$ 0	\$ 0	\$ 0