CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 1/25/2026 2.a. Candidate or Committee Name: Kemp Conrad

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 1/1/2015

4. Campaign Address: 1661 Aaron Brenner Dr Ste 300

City: Memphis State: TN Zip Code: 38120 Phone: 9017612720

5. Candidate Home Address: 6059 River Oaks Blvd

City: Memphis State: TN Zip Code: 38120 Phone: 9017674343

Candidate Email Address: kconrad@commadv.com

6. Office Sought: (include district number, if applicable) Memphis City Council, Dist. 9, Pos. 1

7. Name of Political Treasurer (may be candidate): Patrick Walton

Political Treasurer Email Address: kconrad@commadv.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: 1/15/2026

10. Detailed Disclosure: (Check one)

☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)

☑ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than $1,000 and/or expenditures total more than $1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Candidate Signature	Date	Political Treasurer Signature	Date

Witness Signature	Date	Witness Signature	Date

-5A5F-4244-B7F1-7FE8
01/25/26 - 5:35 PM

12. Summary:

a. Balance On Hand Last Report ..... $ $6,531.75

b. Total Receipts This Period ..... $ $0.00

c. Total Disbursements This Period ..... $ $3,546.00

d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... $ $2,985.75

e. Total Loans Outstanding ..... $ $0.00

f. Total Obligations Outstanding ..... $ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Kemp Conrad

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

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ _____
(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) ..... $ _____

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.) ..... $ _____

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $3,546.00
(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.) ..... $ $3,546.00

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Kemp Conrad

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

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $0.00

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: Watkins Uiberall PLLC **OR**
First Name: Middle Name: Last Name:
Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120
Purpose of Expenditure: Accounting
Amount of Expenditure: $ $250.00 Date of Expenditure: $ 8/7/2025

Business or Organization Name: Renasant Bank **OR**
First Name: Middle Name: Last Name:
Address: 5575 Poplar Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Bank Fees
Amount of Expenditure: $ $46.00 Date of Expenditure: $ 7/15/2025

Business or Organization Name: Brent Taylor for Senate **OR**
First Name: Middle Name: Last Name:
Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120
Purpose of Expenditure: Donation
Amount of Expenditure: $ $1,000.00 Date of Expenditure: $ 8/12/2025

Business or Organization Name: Friends of John Gillespie **OR**
First Name: Middle Name: Last Name:
Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120
Purpose of Expenditure: Donation
Amount of Expenditure: $ $250.00 Date of Expenditure: $ 10/28/2025

Business or Organization Name: Marsha Blackburn for Governor **OR**
First Name: Middle Name: Last Name:
Address: PO Box 336 City: Brentwood State: TN Zip Code: 37024
Purpose of Expenditure: Donation
Amount of Expenditure: $ $1,000.00 Date of Expenditure: $ 10/28/2025

Total Expenditures: $ $2,546.00
(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: Kemp Conrad

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

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2,546.00

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: Senator Bo Watson **OR**

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

Address: 425 Rep John Lewis Way N Ste 7(City: Nashville State: TN Zip Code: 37243

Purpose of Expenditure: Donation

Amount of Expenditure: $ $1,000.00 Date of Expenditure: $ 12/9/2025

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: $ $3,546.00

(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.)