



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: 4/28/26 2.a. Candidate or Committee Name: Sonya N Murphy
 2.b. If Committee, Name of Candidate: Sonya N Murphy 3. Election Date: 5/5/2026
 4. Campaign Address: 716 N WILLET ST.
 City: Memphis State: TN Zip Code: 38107 Phone: 901-517-4199
 5. Candidate Home Address: 716 N WILLET ST
 City: MEMPHIS State: TN Zip Code: 38107 Phone: 901-517-4199
 Candidate Email Address: sonyamurphylaw@gmail.com

6. Office Sought: (include district number, if applicable) _____
 7. Name of Political Treasurer (may be candidate): Sonya N Murphy
 Political Treasurer Email Address: sonyamurphylaw@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: 4/1/2026 End Date: 4/25/2026

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.

<u>Sonya N Murphy</u> Candidate Signature	<u>4/28/2026</u> Date	<u>Sonya N Murphy</u> Political Treasurer Signature	<u>4/28/2026</u> Date
<u>Paul Murphy</u> Witness Signature	<u>4/28/2026</u> Date	<u>Paul Murphy</u> Witness Signature	<u>4/28/2026</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>0</u>
b. Total Receipts This Period	\$ <u>775.00</u>
c. Total Disbursements This Period	\$ <u>2445.02</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>-1670.02</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: SANYA N MURPHY

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period)..... \$ 75.00
(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) \$ 700.00
- 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.) \$ 775.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 2445.02
(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.)..... \$ 2445.02

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.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

ORIGINAL DOCUMENT
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ACCEPTED TCA 2-5-102

1. Candidate or Committee Name: Sonya N Murphy
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 6.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: CC Woods Middle Name: _____ Last Name: Woods
Address: _____ City: Memphis State: TN Zip Code: _____
Occupation: Admin/Professional Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/15 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Whitney Middle Name: _____ Last Name: Evans
Address: Shelby city City: Collinsville State: TN Zip Code: _____
Occupation: HR Employer: Med. office
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/12 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Marc Middle Name: _____ Last Name: Jones
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: Banking Employer: First Horizon
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: 4/12 - 4/27 Aggregate This Election: \$ 150

Business or Organization Name: _____ OR
First Name: Mary Middle Name: Earhart Last Name: Brown
Address: Shelby County, TN City: Memphis State: TN Zip Code: _____
Occupation: Education & FIN Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: _____ Aggregate This Election: \$ 100

Total Contributions: \$ 450

(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: Sonya N Murphy
 2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
 3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
 First Name: Tina Middle Name: _____ Last Name: Byrd
 Address: _____ City: Memphis State: TN Zip Code: _____
 Occupation: SNT & TRAVEL Employer: Luxury Travel Co.
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 25 Date of Contribution: 4/9/26 Aggregate This Election: \$ 25

Business or Organization Name: _____ OR
 First Name: Markeisha Middle Name: _____ Last Name: Savage
 Address: _____ City: Memphis State: TN Zip Code: _____
 Occupation: LAWYER Employer: LAWYER GOV'T
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 250 Date of Contribution: 4/3/26 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
 First Name: Adria Middle Name: _____ Last Name: Glenn
 Address: _____ City: Memphis State: TN Zip Code: _____
 Occupation: Entertainment Employer: SELF
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 50 Date of Contribution: 4/10/26 Aggregate This Election: \$ 50

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: \$ 325.00

(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: SONYA N MURPHY
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: Office Depot OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 5510 Poplar Ave City: Memphis State: TN Zip Code: 38119
 Purpose of Expenditure: Prnt supplies (flyers) for Sonya N Murphy
 Amount of Expenditure: \$ 149.10 Date of Expenditure: 4/3/2026

Business or Organization Name: Office Depot OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 5510 Poplar Ave City: Memphis State: TN Zip Code: 38119
 Purpose of Expenditure: flyers, prnt supplies - Sonya N Murphy
 Amount of Expenditure: \$ 386.60 Date of Expenditure: 4/12/2026

Business or Organization Name: Office Depot OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 5510 Poplar Ave City: Memphis State: TN Zip Code: 38119
 Purpose of Expenditure: Campaign yard signs - Sonya N Murphy
 Amount of Expenditure: \$ 472.88 Date of Expenditure: 4/7/2026

Business or Organization Name: JUST MY MEMPHIS OR
 First Name: Jerome Middle Name: R Last Name: Robinson
 Address: jr@justmycities.com City: Memphis State: TN Zip Code: 38103
 Purpose of Expenditure: Ads + Campaign Promotion - Sonya N Murphy
 Amount of Expenditure: \$ 350.00 Date of Expenditure: 4/13/2026

Business or Organization Name: BFirehouseProduction Media OR
 First Name: Bob Middle Name: _____ Last Name: Winbush
 Address: _____ City: Memphis State: TN Zip Code: _____
 Purpose of Expenditure: Campaign Marketing - Sonya N Murphy
 Amount of Expenditure: \$ 200.00 Date of Expenditure: 4/12/2026

Total Expenditures: \$ 1558.58

(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: SONYA N MURPHY
 2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1558.58

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: La Fiesta Supermarket OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 1308 Getwell Road City: Memphis State: TN Zip Code: 38119
 Purpose of Expenditure: food for Meet + Greet - Sonya N Murphy
 Amount of Expenditure: \$ 9.42 Date of Expenditure: 4/10/2026

Business or Organization Name: Kroger Supermarket OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 1366 Poplar Ave City: Memphis State: TN Zip Code: 38104
 Purpose of Expenditure: food for Meet + Greet - Sonya N Murphy
 Amount of Expenditure: \$ 40.02 Date of Expenditure: 4/10/2026

Business or Organization Name: Annscents OR
 First Name: Millie Middle Name: Ann Last Name: Jeffries
 Address: _____ City: Memphis State: TN Zip Code: _____
 Purpose of Expenditure: Tshirts, campaign merchandise - Sonya N Murphy
 Amount of Expenditure: \$ 275.00 Date of Expenditure: 4/9, 4/6/2026

Business or Organization Name: MAC Productions OR
 First Name: Kairys Middle Name: _____ Last Name: Slater
 Address: _____ City: Memphis State: TN Zip Code: _____
 Purpose of Expenditure: Tshirts, dark design - Sonya N Murphy
 Amount of Expenditure: \$ 125.00 Date of Expenditure: 4/9/2026

Business or Organization Name: Re: Poll Workers OR
 First Name: Alvetta Middle Name: _____ Last Name: Reed
 Address: _____ City: Memphis State: TN Zip Code: _____
 Purpose of Expenditure: Visibility, poll interaction - Sonya N Murphy
 Amount of Expenditure: \$ 72.00 Date of Expenditure: 4/21, 4/24/2026

Total Expenditures: \$ 521.44

(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: Sonya N Murphy
- 2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
- 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 521.44

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: RE: Poll Workers OR
 First Name: Jakobi Middle Name: _____ Last Name: Williams
 Address: 602 Western Dr. City: Memphis State: TN Zip Code: 38122
 Purpose of Expenditure: visibility, poll interaction
 Amount of Expenditure: \$ 345.00 Date of Expenditure: (4/20, 4/21, 4/22, 4/23, 4/24/2026)

Business or Organization Name: Sunoco OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: Memphis State: TN Zip Code: _____
 Purpose of Expenditure: Gas Transport for Campaign Appearances - Sonya N. Murphy
 Amount of Expenditure: \$ 20.00 Date of Expenditure: 4/25/2026

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: \$ 365.00

(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.)