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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

25 JUL 15 PM 04:26:42

1. Date: 7/15/25 2.a. Candidate or Committee Name: MICHAEL D. POPE

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

4. Campaign Address: 1468 ALBON DR
City: CORDOVA State: TN Zip Code: 38016 Phone: 901-305-3781

5. Candidate Home Address: 1468 ALBON DR.
City: CORDOVA State: TN Zip Code: 38016 Phone: 901-305-3781
Candidate Email Address: MPOPE1964@GMAIL.COM

6. Office Sought: (include district number, if applicable) SHERIFF

7. Name of Political Treasurer (may be candidate): LEMON LOWERY, JR
Political Treasurer Email Address: LEMON1949@COMCAST.NET

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: 1/16/2025 End Date: 7/15/2025

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.

Michael D. Pope 7/15/25 Lemon Lowery Jr 7/15/25
Candidate Signature Date Political Treasurer Signature Date
James Aradondo 7/15/25 James Aradondo 7/15/25
Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>0</u>
b. Total Receipts This Period	\$	<u>13,906.54</u>
c. Total Disbursements This Period	\$	<u>13,336.52</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>570.02</u>
e. Total Loans Outstanding	\$	<u>0</u>
f. Total Obligations Outstanding	\$	<u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: MICHAEL D. POPE

14. Reporting Period: Start Date: 1/16/2025 End Date: 7/15/2025

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 773,86
(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) \$ 13,132.68
- c. Loans Received This Reporting Period..... \$ Ø
- d. Interest Received This Reporting Period \$ Ø
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 13,906.54

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 13,336.52
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ Ø
- c. Total Obligation Payments Made This Period..... \$ Ø
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 13,336.52

17. In-Kind Contributions:

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

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/19/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ Ø

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: GENE Middle Name: _____ Last Name: COMER
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 650.⁰⁰ Date of Contribution: 1/7/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: JAMES Middle Name: _____ Last Name: ARRADONDO
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 1/15/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: MICHAEL Middle Name: D. Last Name: POPE
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.⁰⁰ Date of Contribution: 2/6/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: LEMON Middle Name: _____ Last Name: LOWERY
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.⁰⁰ Date of Contribution: 2/12/25 Aggregate This Election: \$ _____

Total Contributions: \$ 1,450.⁰⁰

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: PAm Mgmt 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: \$ 500.00 Date of Contribution: 3/7/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: CAMERON Middle Name: _____ Last Name: JOHNSON
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 3/7/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: JAMES Middle Name: _____ Last Name: ARRADENDO
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1.00 Date of Contribution: 3/7/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: LEXIE Middle Name: _____ Last Name: CARTER
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 3/7/25 Aggregate This Election: \$ _____

Total Contributions: \$ 2,051.00

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,051.⁰⁰

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: HARRIS REALTY 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: \$ 500.⁰⁰ Date of Contribution: 3/7/2025 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: SHARON Middle Name: _____ Last Name: FRANKLIN
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1.⁰⁰ Date of Contribution: 3/7/2025 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: MARY Middle Name: _____ Last Name: ANDRUS
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 300.⁰⁰ Date of Contribution: 3/7/2025 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: NORMA Middle Name: JEAN Last Name: BARRETT
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 3/7/2025 Aggregate This Election: \$ _____

Total Contributions: \$ 2,952.⁰⁰
(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,952.⁰⁰

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: CEDRIC Middle Name: _____ Last Name: PATE
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 3/8/2025 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: PATRICK Middle Name: _____ Last Name: MOSSES
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.⁰⁰ Date of Contribution: 3/8/2025 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: B. Middle Name: _____ Last Name: POLLARD
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: JAMES Middle Name: _____ Last Name: ARRANDONDO
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 2.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Total Contributions: \$ 3,454.⁰⁰

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3,454.⁰⁰

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: STEPHANIE Middle Name: _____ Last Name: JONES
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 25.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: KIA Middle Name: _____ Last Name: SHAW
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 300.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: JOHN Middle Name: _____ Last Name: ROBERSON
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: WHITMORE
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Total Contributions: \$ 4,379.⁰⁰

(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: MICHAEL A. PAGE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4,379.⁰⁰

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: AMBER Middle Name: _____ Last Name: NOLLOWAY
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: SAMMIE Middle Name: _____ Last Name: NOLLOWAY
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: ANTHONY Middle Name: _____ Last Name: WILLIAMS
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: SAVANNAH Middle Name: _____ Last Name: SIMON
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Total Contributions: \$ 6,579.⁰⁰

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 6,579.⁰⁰

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: JOHNNY Middle Name: C Last Name: FAYNE
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.⁰⁰ Date of Contribution: 3/8/25 Aggregate This Election: \$ _____

Business or Organization Name: ELECTION CALOGAN 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: \$ 300.⁰⁰ Date of Contribution: 3/9/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: KENNETH Middle Name: _____ Last Name: LEAKS
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.⁰⁰ Date of Contribution: 3/9/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: CHRISTOPHER Middle Name: _____ Last Name: ISARC
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 105.⁰⁰ Date of Contribution: 3/9/25 Aggregate This Election: \$ _____

Total Contributions: \$ 7,484

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 7,484.⁰⁰

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: CLARENCE Middle Name: _____ Last Name: CARR
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1878.⁰⁰ Date of Contribution: 3/10/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: MICHAEL Middle Name: D. Last Name: POPE
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.⁰⁰ Date of Contribution: 3/11/25 Aggregate This Election: \$ _____

Business or Organization Name: ACT BLUE 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: \$ 96.⁰⁷ Date of Contribution: 3/12/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: MICHAEL Middle Name: _____ Last Name: POPE II
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 10.⁰⁰ Date of Contribution: 3/7/25 Aggregate This Election: \$ _____

Total Contributions: \$ 9,965.⁰⁷

(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: MICHAEL D. PEPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 9,965.07

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: LORRAINE Middle Name: _____ Last Name: MOHAMMED
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.⁰⁰ Date of Contribution: 3/13/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: GARY Middle Name: _____ Last Name: DE BERRY
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 3/13/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: SHARON Middle Name: _____ Last Name: MOSS
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 300.⁰⁰ Date of Contribution: 3/16/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: KENNETH Middle Name: _____ Last Name: MONTGOMERY
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 3/16/25 Aggregate This Election: \$ _____

Total Contributions: \$ 10,665.07

(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: MICHAEL D. Pape
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/25
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 10,665.⁰⁷

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: SHARON Middle Name: _____ Last Name: JOHANSON
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 3/24/25 Aggregate This Election: \$ _____

Business or Organization Name: ACT BLUE 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: \$ 1,733.¹⁷ Date of Contribution: 3/13/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: JAMES Middle Name: _____ Last Name: ARRANDO
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.⁰⁰ Date of Contribution: 3/17/25 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: \$ 12,748.²⁴

(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: MICHAEL D. PEPPE
2. Reporting Period: Start Date: 1/16/25 End Date: 6/30/25
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 12,748.24

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: LEMON Middle Name: _____ Last Name: LOWERY
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.⁰⁰ Date of Contribution: 3/28/25 Aggregate This Election: \$ _____

Business or Organization Name: ACT BLUE 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: \$ 96.⁰⁷ Date of Contribution: 4/14/25 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: MICHAEL Middle Name: D. Last Name: PEPPE
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 300.⁰⁰ Date of Contribution: 4/25/25 Aggregate This Election: \$ _____

Business or Organization Name: ACT BLUE 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: \$ 96.⁰⁷ Date of Contribution: 5/14/25 Aggregate This Election: \$ _____

Total Contributions: \$ 13,340.38

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/25 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 13,340.³⁸

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ACT BLUE 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: \$ 96.⁰⁷ Date of Contribution: 6/2/25 Aggregate This Election: \$ _____

Business or Organization Name: ACT BLUE 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: \$ 104.⁵¹ Date of Contribution: 6/4/25 Aggregate This Election: \$ _____

Business or Organization Name: ACT BLUE 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: \$ 8.⁴⁴ Date of Contribution: 6/5/25 Aggregate This Election: \$ _____

Business or Organization Name: MICHAEL D. POPE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: 1 Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 165.⁰⁰ Date of Contribution: 6/5/25 Aggregate This Election: \$ _____

Total Contributions: \$ 13,714.⁴⁰

(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: MICHAEL D. POPP
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 13,714.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ACT BLUE 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: \$ 96.97 Date of Contribution: 6/12/25 Aggregate This Election: \$ _____

Business or Organization Name: ACT BLUE 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: \$ 96.97 Date of Contribution: 6/23/25 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: \$ 13,906.54

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
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: MLE MEDIA OR
First Name: JAMES Middle Name: _____ Last Name: DAVIS
Address: 629 S. COOPER City: MEMPHIS State: TN Zip Code: 38104
Purpose of Expenditure: PUSH CARDS
Amount of Expenditure: \$ 350.⁰⁰ Date of Expenditure: \$ 2/20/25

Business or Organization Name: MLE MEDIA OR
First Name: JAMES Middle Name: _____ Last Name: DAVIS
Address: 629 S. COOPER City: MEMPHIS State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Material CK#1001
Amount of Expenditure: \$ 755.⁰⁰ Date of Expenditure: \$ 2/13/25

Business or Organization Name: WAL-MART #2322 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: Decon + Supplies for event
Amount of Expenditure: \$ 141.⁷⁵ Date of Expenditure: \$ 3/26/25

Business or Organization Name: AR BAR B QUE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: Food for meet + guest
Amount of Expenditure: \$ 172.⁰⁷ Date of Expenditure: \$ 3/27/25

Business or Organization Name: _____ CK#1003 OR
First Name: RENICE Middle Name: _____ Last Name: BELL
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Entertainment
Amount of Expenditure: \$ 250.⁰⁰ Date of Expenditure: \$ 3/11/25

Total Expenditures: \$ 1,668.82

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,668.82

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: _____ CK# 1004 OR
First Name: CHRIS Middle Name: _____ Last Name: HAWKINS
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Security
Amount of Expenditure: \$ 375.⁰⁰ Date of Expenditure: \$ 3/12/25

Business or Organization Name: _____ CK# 1005 OR
First Name: FRANK Middle Name: _____ Last Name: COLE
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Food for event
Amount of Expenditure: \$ 2,000.⁰⁰ Date of Expenditure: \$ 3/20/25

Business or Organization Name: _____ CK# 1007 OR
First Name: JAMES Middle Name: _____ Last Name: DAVIS
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Camping material
Amount of Expenditure: \$ 575.⁰⁰ Date of Expenditure: \$ 3/13/25

Business or Organization Name: _____ CK# 1008 OR
First Name: AMY Middle Name: _____ Last Name: HAYER
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: T-Shirts Design
Amount of Expenditure: \$ 204.⁰⁰ Date of Expenditure: \$ 3/21/25

Business or Organization Name: PERKINS RESTAURANT III OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: Meet Location + Food
Amount of Expenditure: \$ 153.22 Date of Expenditure: \$ 4/21/25

Total Expenditures: \$ 4,970.⁰⁴

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 4,976.04

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: SOUL FISH CAFE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: Campaign Meeting Food
Amount of Expenditure: \$ 43.57 Date of Expenditure: \$ 4/30/25

Business or Organization Name: MLE MEDIA OR
First Name: JAMES Middle Name: _____ Last Name: DAVIS
Address: 629 S. COOPER City: MEMPHIS State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Material
Amount of Expenditure: \$ 850.⁰⁰ Date of Expenditure: \$ 4/11/25

Business or Organization Name: POWER MEDINA SOLUTION CK#1009 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Flyer / Campaign Material
Amount of Expenditure: \$ 4,000.⁰⁰ Date of Expenditure: \$ 4/23/25

Business or Organization Name: THE HOME DEPOT OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7260 INTERSTATE BL City: HORN LAKE State: MS Zip Code: _____
Purpose of Expenditure: Stakes for Signs
Amount of Expenditure: \$ 102.89 Date of Expenditure: \$ 5/6/25

Business or Organization Name: FTB / ATM OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 315 POPLAR AVE City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: Phone Banking Number From Election
Amount of Expenditure: \$ 60.⁰⁰ Date of Expenditure: \$ 5/14/25

Total Expenditures: \$ 10,032.50

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 10,032.50

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: AR BAR B QUE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Food for company meeting
Amount of Expenditure: \$ 90.94 Date of Expenditure: \$ 5/19/25

Business or Organization Name: COSTCO WHSE #3 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: Decor for event
Amount of Expenditure: \$ 145.82 Date of Expenditure: \$ 5/14/25

Business or Organization Name: SOUL FISH CAFE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 16.78 Date of Expenditure: \$ 5/20/25

Business or Organization Name: COSTCO WHSE #3 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: Chairs for campaign
Amount of Expenditure: \$ 72.18 Date of Expenditure: \$ 5/20/25

Business or Organization Name: SHELBY COUNTY FCU ATM w/D OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 201 Poplar Ave City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: Printing material
Amount of Expenditure: \$ 103.00 Date of Expenditure: \$ 5/20/25

Total Expenditures: \$ 10,461.22

(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.)

5

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 10,461.22

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: STARBUCKS STORE 58461 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: LAKE LAND State: TN Zip Code: _____
Purpose of Expenditure: Meeting w/workers
Amount of Expenditure: \$ 21.74 Date of Expenditure: \$ 5/27/25

Business or Organization Name: PERKINS 3829 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: GERMANTOWN State: TN Zip Code: _____
Purpose of Expenditure: Meeting w/workers
Amount of Expenditure: \$ 110.00 Date of Expenditure: \$ 5/27/25

Business or Organization Name: SOUL FISH CAFE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: Meeting w/workers
Amount of Expenditure: \$ 136.81 Date of Expenditure: \$ 5/27/25

Business or Organization Name: TRUSTMARK NATIONAL BANK ATM W/D 14560R
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1283 N. HOUSTON LE City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: Printing materials
Amount of Expenditure: \$ 63.50 Date of Expenditure: \$ 5/27/25

Business or Organization Name: TRUSTMARK NATIONAL BANK ATM W/D 1617 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1283 N. HOUSTON LE City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: T-Shirts
Amount of Expenditure: \$ 203.50 Date of Expenditure: \$ 5/27/25

Total Expenditures: \$ 10,996.77

(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: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 10,996.77

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: MARCOS PIZZA 8322 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: SOUTHAVEN State: MS Zip Code: _____
Purpose of Expenditure: Campaign meeting
Amount of Expenditure: \$ 45.65 Date of Expenditure: \$ _____ 5/28/25

Business or Organization Name: FARM BURGER MEMPHIS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: meeting
Amount of Expenditure: \$ 49.79 Date of Expenditure: \$ _____ 5/20/25

Business or Organization Name: POWER MEDIA SOLUTIONS CK# 1010 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign materials
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ _____ 5/13/25

Business or Organization Name: REGINA CK# 1011 OR
First Name: REGINALD Middle Name: _____ Last Name: DAVIS
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: signs + stakes
Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ _____ 5/19/25

Business or Organization Name: _____ CK# 1012 OR
First Name: HENRY Middle Name: _____ Last Name: GRAY
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Signs + Stakes
Amount of Expenditure: \$ 90.00 Date of Expenditure: \$ _____ 5/21/25

Total Expenditures: \$ 11,982.21

(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

7

1. Candidate or Committee Name: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/25 End Date: 6/30/25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 11,982.21

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: ZAXBY #51201 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: LAKELAND State: TN Zip Code: _____
Purpose of Expenditure: Campaign Meeting
Amount of Expenditure: \$ 25.88 Date of Expenditure: \$ 6/5/25

Business or Organization Name: WAYFAIR OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: BOSTON State: MA Zip Code: _____
Purpose of Expenditure: Campaign Tent
Amount of Expenditure: \$ 305.82 Date of Expenditure: \$ _____

Business or Organization Name: LEADERSHIP MEMPHIS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: MIDDLETOWN State: DE Zip Code: _____
Purpose of Expenditure: Campaign Meeting
Amount of Expenditure: \$ 100.⁰⁰ Date of Expenditure: \$ 6/13/25

Business or Organization Name: WAL-MART #2322 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 577 N. GERMAN TOWN City: CORDOVA State: TN Zip Code: _____
Purpose of Expenditure: Paper Supplies
Amount of Expenditure: \$ 21.61 Date of Expenditure: \$ 6/23/25

Business or Organization Name: FTB ATM W/D 1715 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 89 S. HIGHLAND City: MEMPHIS State: TN Zip Code: _____
Purpose of Expenditure: Campaign Supplies + Water for Volunteers
Amount of Expenditure: \$ 340.⁰⁰ Date of Expenditure: \$ 6/23/25

Total Expenditures: \$ 12,775.52

(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.)

8

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: MICHAEL D. POPE
2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 12,775.52

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: ILLINOIS OR
First Name: AMY Middle Name: _____ Last Name: HAVER
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: T-Shirts & Designs
Amount of Expenditure: \$ 561.00 Date of Expenditure: \$ 6/13/25

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: \$ 13,336.52

(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.)