

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Marco Yzaguirre

14. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026

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) \$ \$7,000.00
- 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.) \$ \$7,000.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$3,989.24
(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.)..... \$ \$3,989.24

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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
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: Alex Middle Name: _____ Last Name: Pina
Address: 641 Whittenburg Dr City: Collierville State: TN Zip Code: 38017
Occupation: Owner Operator Employer: Pina Elite Restaurant Group LLC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 7/9/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Isidro Middle Name: Gonzalez Last Name: Torres
Address: 6496 Summer Ave Ste 103 City: Memphis State: TN Zip Code: 38134
Occupation: Owner Employer: El Molino
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 9/3/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Bo Middle Name: _____ Last Name: Isbell
Address: 490 Rutledge Cove City: Collierville State: TN Zip Code: 38017
Occupation: Electrician Employer: MSCAA
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$350.00 Date of Contribution: 9/22/2025 Aggregate This Election: \$ \$350.00

Business or Organization Name: _____ **OR**
First Name: Larry Middle Name: W. Last Name: Frye
Address: 3631 Lauren Ashley Cv City: Memphis State: TN Zip Code: 38133
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 9/30/2025 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$1,300.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,300.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Isabel Middle Name: Cristina Last Name: Izaguirre
Address: 1085 Breezy Valley Dr City: Cordova State: TN Zip Code: 38018
Occupation: Medical Records Employer: Caballero Family Healthcare Group
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 9/30/2025 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Greg Middle Name: _____ Last Name: Ziskind
Address: 1734 Enclave Green Cv City: Germantown State: TN Zip Code: 38139
Occupation: Attorney Employer: Closetrak
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 10/7/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Kayle Middle Name: _____ Last Name: Moore
Address: 900 Golden Pond Dr City: Coldwater State: MS Zip Code: 38618
Occupation: Founder Employer: Dream Team
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 10/8/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Russ Middle Name: _____ Last Name: Wheaton
Address: 725 Coleherne Rd City: Collierville State: TN Zip Code: 38017
Occupation: VP Employer: Enterprise Architecture & Data
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$400.00 Date of Contribution: 10/16/2025 Aggregate This Election: \$ \$400.00

Total Contributions: \$ \$2,550.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,550.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Rachel Middle Name: _____ Last Name: Belz
Address: 1277 Heron Oaks Cove City: Memphis State: TN Zip Code: 38120
Occupation: Homemaker Employer: None
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 10/30/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Paul Middle Name: _____ Last Name: Boyle
Address: 5900 Poplar Ave Ste 100 City: Memphis State: TN Zip Code: 38119
Occupation: President Employer: Boyle Investment Co
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,900.00 Date of Contribution: 10/30/2025 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: _____ **OR**
First Name: Joseph Middle Name: _____ Last Name: Brown
Address: 3396 Hollow Creek Rd City: Germantown State: TN Zip Code: 38138
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 11/21/2025 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Arthur Middle Name: _____ Last Name: Rosario
Address: 303 Locust Grove Dr City: Cordova State: TN Zip Code: 38018
Occupation: Director of Information Technoloc Employer: Memphis Goodwill Inc
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 11/21/2025 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$5,000.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$5,000.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Patricia Middle Name: _____ Last Name: Possel
Address: 581 Fern Meadow Cove City: Cordova State: TN Zip Code: 38018
Occupation: Photographer Employer: Patricia Possell Photography
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 12/5/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Francis Middle Name: L. Last Name: Neaulieu
Address: 8049 Cross Village Dr City: Germantown State: TN Zip Code: 38138
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 12/5/2025 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Sabrina Middle Name: _____ Last Name: Brown
Address: PO Box 750634 City: Memphis State: TN Zip Code: 38175
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 12/10/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Carmen Middle Name: _____ Last Name: Shaver
Address: 2418 Walnut Dr NW City: Cleveland State: TN Zip Code: 37311
Occupation: Dental Hygienist Employer: Peterson Family Dentistry
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 12/30/2025 Aggregate This Election: \$ \$700.00

Total Contributions: \$ \$5,650.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$5,650.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: James Middle Name: _____ Last Name: Byars
Address: 12302 S Fork Dr City: Arlington State: TN Zip Code: 38002
Occupation: Criminal Investigator Employer: Shelby County District Attorney General
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 1/5/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Susan Middle Name: Migonne Last Name: Booth Read
Address: 20 Greyson Cv City: Oakland State: TN Zip Code: 38060
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 1/8/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Riki Middle Name: _____ Last Name: Stone
Address: 1064 Treadwell St City: Memphis State: TN Zip Code: 38122
Occupation: Owner Employer: K Stone Cleaning Service
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 1/12/2026 Aggregate This Election: \$ \$250.00

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: \$ \$7,000.00

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
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: directFX MS LLC **OR**

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

Address: 601 N 3rd St City: Memphis State: TN Zip Code: 38107

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$411.95 Date of Expenditure: \$ 9/5/2025

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: \$ \$650.00 Date of Expenditure: \$ 9/2/2025

Business or Organization Name: O'Ryan Group **OR**

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

Address: 4935 Outland Center Dr #101 City: Memphis State: TN Zip Code: 38118

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$333.73 Date of Expenditure: \$ 7/9/2025

Business or Organization Name: Think Threads LLC **OR**

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

Address: 2093 Thomas Rd Ste 21 City: Memphis State: TN Zip Code: 38134

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$365.13 Date of Expenditure: \$ 7/17/2025

Business or Organization Name: O'Ryan Group **OR**

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

Address: 4935 Outland Center Dr #101 City: Memphis State: TN Zip Code: 38118

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$324.45 Date of Expenditure: \$ 9/8/2025

Total Expenditures: \$ \$2,085.26

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,085.26

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: O'Ryan Group **OR**

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

Address: 4935 Outland Center Dr #101 City: Memphis State: TN Zip Code: 38118

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$154.50 Date of Expenditure: \$ 9/8/2025

Business or Organization Name: Think Threads LLC **OR**

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

Address: 2093 Thomas Rd Ste 21 City: Memphis State: TN Zip Code: 38134

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$396.58 Date of Expenditure: \$ 10/3/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$10.30 Date of Expenditure: \$ 7/9/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$14.30 Date of Expenditure: \$ 9/22/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$12.30 Date of Expenditure: \$ 9/30/2025

Total Expenditures: \$ \$2,673.24

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,673.24

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: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 10/7/2025

Business or Organization Name: anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$20.30 Date of Expenditure: \$ 10/8/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$10.30 Date of Expenditure: \$ 10/30/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$12.60 Date of Expenditure: \$ 11/21/2025

Business or Organization Name: directFX MS LLC **OR**

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

Address: 601 N 3rd St City: Memphsi State: TN Zip Code: 38107

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$139.10 Date of Expenditure: \$ 9/5/2025

Total Expenditures: \$ \$2,857.84

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,857.84

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: directFX MS LLC **OR**

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

Address: 601 N 3rd St City: Memphis State: TN Zip Code: 38107

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$139.10 Date of Expenditure: \$ 9/25/2025

Business or Organization Name: directFX MS LLC **OR**

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

Address: 601 N 3rd St City: Memphis State: TN Zip Code: 38107

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$797.53 Date of Expenditure: \$ 10/7/2025

Business or Organization Name: O'Ryan Group **OR**

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

Address: 4935 Outland Center Dr #101 City: Memphis State: TN Zip Code: 38118

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$169.57 Date of Expenditure: \$ 12/8/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$2.30 Date of Expenditure: \$ 12/10/2025

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$8.30 Date of Expenditure: \$ 12/30/2025

Total Expenditures: \$ \$3,974.64

(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: Marco Yzaguirre
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/16/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,974.64

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: Anedot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 1/5/2026

Business or Organization Name: Anedot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ \$10.30 Date of Expenditure: \$ 1/12/2026

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: \$ \$3,989.24

(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.)