

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Rhonda O'Dell

14. Reporting Period: Start Date: 11/4/2025 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) \$ \$6,459.70
- 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.) \$ \$6,459.70

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,303.73
(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.)..... \$ \$1,303.73

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: Rhonda O'Dell
2. Reporting Period: Start Date: 11/4/2025 End Date: 1/15/2026
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: Friends of Josh Fox **OR**

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

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Occupation: _____ Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$1,459.7 Date of Contribution: 11/18/2025 Aggregate This Election: \$ \$1,459.7

Business or Organization Name: _____ **OR**

First Name: Fred Middle Name: _____ Last Name: Edmaiston

Address: PO Box 80446 City: Memphis State: TN Zip Code: 38108

Occupation: Owner Employer: Mirimichi Golf Course

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$1,900.0 Date of Contribution: 12/3/2025 Aggregate This Election: \$ \$1,900.0

Business or Organization Name: _____ **OR**

First Name: Fred Middle Name: _____ Last Name: Edmaiston

Address: PO Box 80446 City: Memphis State: TN Zip Code: 38108

Occupation: Owner Employer: Golf Course

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$100.00 Date of Contribution: 12/3/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: The Cigna Group Employee PAC **OR**

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

Address: 1601 Chesnut Street TL 16B City: Philadelphia State: PA Zip Code: 19192

Occupation: _____ Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$1,000.0 Date of Contribution: 12/23/2025 Aggregate This Election: \$ \$1,000.0

Total Contributions: \$ \$4,459.70

(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: Rhonda O'Dell
2. Reporting Period: Start Date: 11/4/2025 End Date: 1/15/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$4,459.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Nick Middle Name: _____ Last Name: Sawall
Address: 263 George Ellis Dr City: Munford State: TN Zip Code: 38058
Occupation: Engineer Employer: Kruger Products
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 12/26/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Kenny Middle Name: _____ Last Name: Crenshaw
Address: 9064 N Gragg Rd City: Millington State: TN Zip Code: 38053
Occupation: Owner Employer: Herbi-Systems
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,900.00 Date of Contribution: 12/31/2025 Aggregate This Election: \$ \$1,900.00

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: \$ _____

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: \$ \$6,459.70

(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: Rhonda O'Dell
2. Reporting Period: Start Date: 11/4/2025 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: Patricia Possel Photography **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 581 Fern Meadow Cove City: Cordova State: TN Zip Code: 38018
Purpose of Expenditure: Photography
Amount of Expenditure: \$ \$273.13 Date of Expenditure: \$ 12/2/2025

Business or Organization Name: _____ **OR**
First Name: Jerroll Middle Name: _____ Last Name: Christopher
Address: 4449 Ellen Street City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: Website
Amount of Expenditure: \$ \$950.00 Date of Expenditure: \$ 12/18/2025

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: \$ \$4.30 Date of Expenditure: \$ 12/26/2025

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: \$ \$76.30 Date of Expenditure: \$ 12/31/2025

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ \$1,303.73

(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.)