



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7/11/2025 2.a. Candidate or Committee Name: Brad Less

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/3/2026

4. Campaign Address: 1661 Aaron Brenner Dr Ste 300
 City: Memphis State: TN Zip Code: 38120 Phone: 9017612720

5. Candidate Home Address: 6599 Ricks Rd
 City: Arlington State: TN Zip Code: 38002 Phone: 9012707249
 Candidate Email Address: brad.less@icloud.com

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

7. Name of Political Treasurer (may be candidate): Tammy Laub
 Political Treasurer Email Address: tthornhill222@gmail.com

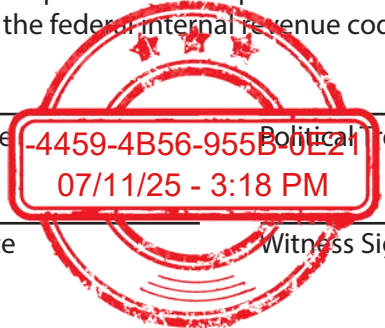
8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025

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.

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date



12. Summary:

a. Balance On Hand Last Report	\$ <u>\$0.00</u>
b. Total Receipts This Period	\$ <u>\$4,660.00</u>
c. Total Disbursements This Period	\$ <u>\$3,219.80</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,440.20</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Brad Less

14. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$455.00
(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) \$ \$4,205.00
- 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.) \$ \$4,660.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$3,219.80
(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.)..... \$ \$3,219.80

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: Brad Less
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
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: Gail Middle Name: _____ Last Name: Mitchell
Address: 16806 Deer Park Dr City: Dallas State: TX Zip Code: 75248
Occupation: Manager Employer: Stryker
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 3/7/2025 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Suzette Middle Name: _____ Last Name: Malkin
Address: 236 N Yates Rd City: Memphis State: TN Zip Code: 38120
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$60.00 Date of Contribution: 3/7/2025 Aggregate This Election: \$ \$60.00

Business or Organization Name: _____ **OR**
First Name: Ashley Middle Name: _____ Last Name: Malkin
Address: 8805 Fairway Gardens Dr City: Cordova State: TN Zip Code: 38016
Occupation: Clerk Employer: USPS
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: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Brad Middle Name: _____ Last Name: Less
Address: 8966 Summer Grove Cv City: Cordova State: TN Zip Code: 38018
Occupation: GDC Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 3/11/2025 Aggregate This Election: \$ \$20.00

Total Contributions: \$ \$205.00

(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: Brad Less
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$205.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Charles Middle Name: _____ Last Name: Glaser
Address: 3628 Waynoka Ave City: Memphis State: TN Zip Code: 38111
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/27/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Kim Middle Name: _____ Last Name: Baltz
Address: 11231 Ewe Turn Dr City: Arlington State: TN Zip Code: 38002
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/11/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Ruijuan Middle Name: _____ Last Name: Li
Address: 1790 Black Bear Cir W City: Cordova State: TN Zip Code: 38016
Occupation: Entrepreneur Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/16/2025 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Todd Middle Name: _____ Last Name: Cockman
Address: 9945 Millington Arlington Rd City: Arlington State: TN Zip Code: 38002
Occupation: Law Enforcement Employer: SCSO
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/16/2025 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$1,555.00

(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: Brad Less
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,555.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Shao Lan Middle Name: _____ Last Name: Zhong
Address: 8311 Floral Spring Dr City: Cordova State: TN Zip Code: 38016
Occupation: Entrepreneur Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/16/2025 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Nicholas Middle Name: _____ Last Name: Sawall
Address: 2498 Kenwood Ln City: Bartlett State: TN Zip Code: 38134
Occupation: Retired Employer: Military
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/16/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Man Yee Middle Name: _____ Last Name: Kan
Address: 9863 Wolf River Blvd City: Germantown State: TN Zip Code: 38139
Occupation: Entrepreneur Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/16/2025 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Allan Middle Name: _____ Last Name: Smith Jr.
Address: 17175 Highway 194 City: Sommerville State: TN Zip Code: 38068
Occupation: Security Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 5/9/2025 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$2,955.00

(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: Brad Less
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,955.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: David Middle Name: _____ Last Name: Treadway
Address: 2004 Gallina Cir City: Collierville State: TN Zip Code: 38017
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 5/15/2025 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Jeremiah Middle Name: _____ Last Name: Cowan
Address: 5384 Shetland Trail Cv City: Arlington State: TN Zip Code: 38002
Occupation: Security Officer Employer: Off Duty Services
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 5/19/2025 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: _____ Last Name: Burrell
Address: 279 Oakleigh Dr City: Collierville State: TN Zip Code: 38017
Occupation: Service Director Employer: Koons
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 6/12/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Mary Middle Name: _____ Last Name: Tapscott
Address: 251 Kaylee Loop City: Hartselle State: AL Zip Code: 35640
Occupation: Registered Nurse Employer: Huntsville Hospital
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 6/23/2025 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$3,655.00

(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: Brad Less
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,655.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Mary Middle Name: _____ Last Name: Tapscott
Address: 251 Kaylee Loop City: Hartselle State: AL Zip Code: 35640
Occupation: Registered Nurse Employer: Huntsville Hospital
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 6/23/2025 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Jeremy Middle Name: _____ Last Name: Less
Address: 1678 Neshoba Oak Ln E City: Germantown State: TN Zip Code: 38138
Occupation: VP Employer: Cadence Bank
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 6/26/2025 Aggregate This Election: \$ \$500.00

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: \$ \$4,205.00

(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: Brad Less
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
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: 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: \$ 3/7/2025

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: \$ \$1.10 Date of Expenditure: \$ 3/11/2025

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: \$ 3/27/2025

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: \$ 4/11/2025

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: \$ 5/15/2025

Total Expenditures: \$ \$18.30

(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: Brad Less
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$18.30

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: \$ \$20.30 Date of Expenditure: \$ 5/19/2025

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: \$ 6/12/2025

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: \$ 6/23/2025

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: \$ 6/23/2025

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: \$ 6/26/2025

Total Expenditures: \$ \$69.80

(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: Brad Less
2. Reporting Period: Start Date: 2/27/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$69.80

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: Griffin Strategies LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 822 Taylor City: Starville State: MS Zip Code: 39759
Purpose of Expenditure: Campaign Consulting
Amount of Expenditure: \$ \$3,150.00 Date of Expenditure: \$ 6/27/2025

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

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

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

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

Total Expenditures: \$ \$3,219.80

(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.)