CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 8/25/2026 2.a. Candidate or Committee Name: MICHAEL D. POE

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

4. Campaign Address: 1468 ALBON DR.

City: CORDOVA State: TN Zip Code: 38016 Phone: 901-395-3781

5. Candidate Home Address: 1468 ALBON DR.

City: CORDOVA State: TN Zip Code: 38016 Phone: 901-395-3781

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: 4/26/2026 End Date: 6/30/2026

10. Detailed Disclosure: (Check one)

☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)

☒ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than $1,000 and/or expenditures total more than $1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Michael D. Poe	8/25/26	Lemon Lowery Jr.	8/25/2026
Candidate Signature	Date	Political Treasurer Signature	Date
James Amadeo	8/25/26	James Amadeo	8/25/2026
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ 5,615.70
b.	Total Receipts This Period	$ 6,170.84
c.	Total Disbursements This Period	$ 11,692.24
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 94.30
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 38.00
(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) ..... $ 6,132.84

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.) ..... $ 6,170.84

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 11,692.24
(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.) ..... $ 11,692.24

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. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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: CRAIG & CATHY WEISS **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: $ 2,400.00 Date of Contribution: 4/27/26 Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: WILLIE Middle Name: _____ Last Name: PALMS

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 962.77 Date of Contribution: 4/28/26 Aggregate This Election: $ _____

Business or Organization Name: UPTOWN EVENT CENTER **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: $ 200.00 Date of Contribution: 4/29/26 Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: DANNY Middle Name: _____ Last Name: MARROW

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 481.27 Date of Contribution: 4/29/26 Aggregate This Election: $ _____

Total Contributions: $ 4,044.04

(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. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 4,044.04

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: CORINE Middle Name: _____ Last Name: COMERS

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 420.00 Date of Contribution: 5/13/2026 Aggregate This Election: $ _____

Business or Organization Name: REVERSE NSF PAID ITEM 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: $ 38.00 Date of Contribution: 5/15/2026 Aggregate This Election: $ _____

Business or Organization Name: REVERSE PD CK# 1027 OR

First Name: SHARON Middle Name: _____ Last Name: ROCKS

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 1,200.00 Date of Contribution: 5/15/2026 Aggregate This Election: $ _____

Business or Organization Name: _____ OR

First Name: ROBERT Middle Name: _____ Last Name: VESTER

Address: 344 CHAMBER RD City: MILLINGTON State: TN Zip Code: 38053

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 468.80 Date of Contribution: _____ Aggregate This Election: $ _____

Total Contributions: $ 6,170.84

(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. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ Ø

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: ATM W/D C# 2533 OR

First Name: Middle Name: Last Name:

Address: 315 POPLAR AVE City: MEMPHIS State: TN Zip Code:

Purpose of Expenditure:

Amount of Expenditure: $ 100.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 921 OR

First Name: ASALEAN Middle Name: Last Name: TUCKER

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER 4/20 - 4/23

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 923 OR

First Name: TIJUANA Middle Name: Last Name: KINARD

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER 4/20 - 4/23

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 924 OR

First Name: CALVIN Middle Name: Last Name: TATE

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER 4/20 - 4/23

Amount of Expenditure: $ 270.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 925 OR

First Name: SHELIA Middle Name: Last Name: RAND

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER 4/20 - 4/23

Amount of Expenditure: $ 180.00 Date of Expenditure: $ 4/29/2026

Total Expenditures: $ 1,270.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: MICHAEL D. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1,270.00

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: C#924 OR

First Name: CLARENCE Middle Name: Last Name: MUNFORD

Address: City: State: Zip Code:

Purpose of Expenditure: Poll Worker 4/20 - 4/23

Amount of Expenditure: $ 180.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C#930 OR

First Name: HELEN Middle Name: Last Name: BUTLER

Address: City: State: Zip Code:

Purpose of Expenditure: Poll Worker 4/20 - 4/23

Amount of Expenditure: $ 90.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 931 OR

First Name: JA VONDA Middle Name: Last Name: HARRIS

Address: City: State: Zip Code:

Purpose of Expenditure: Poll Worker 4/20 - 4/23

Amount of Expenditure: $ 180.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C#932 OR

First Name: ADARA Middle Name: Last Name: BALOGUN

Address: City: State: Zip Code:

Purpose of Expenditure: Poll Worker 4/20 - 4/23

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 933 OR

First Name: JAMES Middle Name: Last Name: SIDNEY

Address: City: State: Zip Code:

Purpose of Expenditure: Poll Worker 4/20 - 4/23

Amount of Expenditure: $ 180.00 Date of Expenditure: $ 4/27/2026

Total Expenditures: $ 2,260.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: MICHAEL D. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 2,260.00

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: C# 934 OR

First Name: ANITA Middle Name: Last Name: BROWN

Address: City: State: Zip Code:

Purpose of Expenditure: Poll Worker 4/26 - 4/23

Amount of Expenditure: $ 180.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 935 OR

First Name: RENITA Middle Name: Gidget Last Name: LANIER

Address: City: State: Zip Code:

Purpose of Expenditure: Poll Worker 4/26 - 4/23

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 936 OR

First Name: MORIAH Middle Name: Last Name: SCRUGGS

Address: City: State: Zip Code:

Purpose of Expenditure: Poll Worker cord. 4/26 - 4/23

Amount of Expenditure: $ 500.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 937 OR

First Name: CARNISA Middle Name: Last Name: Dillard

Address: City: State: Zip Code:

Purpose of Expenditure: Poll Worker Cord. 4/26 - 4/23

Amount of Expenditure: $ 700.00 Date of Expenditure: $ 4/27/2026

Business or Organization Name: C# 938 OR

First Name: MORIAH Middle Name: Last Name: SCRUGGS

Address: City: State: Zip Code:

Purpose of Expenditure: Daryl Dillard cord 4/26 - 4/23

Amount of Expenditure: $ 300.00 Date of Expenditure: $ 4/27/2026

Total Expenditures: $ 4,300.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: MICHAEL D. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 4,300.00

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: GFS STORE # 2906 C# 2533 OR

First Name: Middle Name: Last Name:

Address: 1460 UNION AVE City: MEMPHIS State: TN Zip Code:

Purpose of Expenditure:

Amount of Expenditure: $ 127.51 Date of Expenditure: $ 5/06/2026

Business or Organization Name: RUTH S. CHRIS DBT CRD 1840 5/11/26 OR

First Name: Middle Name: Last Name:

Address: City: MEMPHIS State: TN Zip Code:

Purpose of Expenditure:

Amount of Expenditure: $ 425.28 Date of Expenditure: $ 5/11/2026

Business or Organization Name: NSF PAID ITEM CHARGE OR

First Name: Middle Name: Last Name:

Address: City: State: Zip Code:

Purpose of Expenditure:

Amount of Expenditure: $ 38.00 Date of Expenditure: $ 5/14/2026

Business or Organization Name: NSF RETURNED ITEM CHARGE OR

First Name: Middle Name: Last Name:

Address: City: State: Zip Code:

Purpose of Expenditure:

Amount of Expenditure: $ 38.00 Date of Expenditure: $ 5/15/2026

Business or Organization Name: UPTOWN CENTER OR

First Name: Middle Name: Last Name:

Address: City: State: Zip Code:

Purpose of Expenditure: DEPOSIT WATCH NIGHT BALANCE

Amount of Expenditure: $ 600.00 Date of Expenditure: $ 5/29/2026

Total Expenditures: $ 5,528.79

(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. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 5,528.79

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: C#904 OR

First Name: NICOLE Middle Name: Last Name: JONES

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER 4/15/-4/18

Amount of Expenditure: $ 360.00 Date of Expenditure: $ 5/14/2026

Business or Organization Name: C#922 OR

First Name: MAXINE Middle Name: Last Name: NOINN

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER 4/20 - 4/23

Amount of Expenditure: $ 180.00 Date of Expenditure: $ 5/24/2026

Business or Organization Name: C#926 OR

First Name: NICOLE Middle Name: Last Name: JONES

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER 4/20 - 4/23

Amount of Expenditure: $ 270.00 Date of Expenditure: $ 5/28/2026

Business or Organization Name: C#939 OR

First Name: TIJUANA Middle Name: Last Name: KINARD

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER 4/27 - 4/30

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/24/2026

Business or Organization Name: C#960 OR

First Name: SARAH Middle Name: Last Name: SMITHSON

Address: City: State: Zip Code:

Purpose of Expenditure: CATERING WATCH PARTY

Amount of Expenditure: $ 1,280.00 Date of Expenditure: $ 5/27/2026

Total Expenditures: $ 7,818.79

(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. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 7,818.79

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: C#961 **OR**
First Name: LAKITA Middle Name: Last Name: ESTRIDGE
Address: City: State: Zip Code:
Purpose of Expenditure: Poll Worker Election Day 5/5/26
Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/7/2026

Business or Organization Name: C#962 **OR**
First Name: NICOLE Middle Name: Last Name: JONES
Address: City: State: Zip Code:
Purpose of Expenditure: Poll Worker Election Day 5/5/26
Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/14/2026

Business or Organization Name: C#963 **OR**
First Name: RENITA Middle Name: Last Name: LANIER
Address: City: State: Zip Code:
Purpose of Expenditure: Poll Worker Election Day 5/5/26
Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/6/2026

Business or Organization Name: C#964 **OR**
First Name: ASALEAN Middle Name: Last Name: TUCKER
Address: City: State: Zip Code:
Purpose of Expenditure: Poll Worker Election Day 5/5/26
Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/6/2026

Business or Organization Name: C#965 **OR**
First Name: ANGELA Middle Name: Last Name: EARL
Address: City: State: Zip Code:
Purpose of Expenditure: Poll Worker Election Day
Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/6/2026

Total Expenditures: $ 8,818.79
(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. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 8,818.79

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: C#966 **OR**

First Name: PRINCESS Middle Name: Last Name: WARD

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER ELECTION DAY 5/5/26

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/8/2026

Business or Organization Name: C# 967 **OR**

First Name: IZODUMN Middle Name: Last Name: IGHODARO

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER ELECTION DAY 5/5/26

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/7/2026

Business or Organization Name: C#968 **OR**

First Name: JAMES Middle Name: Last Name: SIDNEY

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER ELECTION DAY 5/5/26

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/11/2026

Business or Organization Name: C#969 **OR**

First Name: ANITA Middle Name: Last Name: BROWN

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER ELECTION DAY 5/5/26

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/6/2026

Business or Organization Name: C#970 **OR**

First Name: BRIDGETT Middle Name: Last Name: TAYLOR

Address: City: State: Zip Code:

Purpose of Expenditure: POLL WORKER ELECTION DAY 5/5/26

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 5/8/2026

Total Expenditures: $ 9,818.79

(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. POE

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 9,818.79

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: C#971 **OR**
First Name: MORIAH Middle Name: Last Name: SCRUGGS
Address: City: State: Zip Code:
Purpose of Expenditure: Poll Worker Card ELECTION DAY 5/5/26
Amount of Expenditure: $ 260.00 Date of Expenditure: $ 5/6/2026

Business or Organization Name: C#972 **OR**
First Name: CARNISA Middle Name: Last Name: DILLARD
Address: City: State: Zip Code:
Purpose of Expenditure: Poll Worker Card ELECTION DAY 5/5/26
Amount of Expenditure: $ 280.00 Date of Expenditure: $ 5/6/2026

Business or Organization Name: C#973 **OR**
First Name: TIJUANA Middle Name: Last Name: KINNARD
Address: City: State: Zip Code:
Purpose of Expenditure: Poll Worker ELECTION DAY 5/5/26
Amount of Expenditure: $ 120.00 Date of Expenditure: $ 5/6/2026

Business or Organization Name: CRAIG & CATHY WEISS C#1047 **OR**
First Name: Middle Name: Last Name:
Address: City: State: Zip Code:
Purpose of Expenditure: CATERING
Amount of Expenditure: $ 1,200.00 Date of Expenditure: $ 5/14/2026

Business or Organization Name: STARBUCKS 10791 C#2533 **OR**
First Name: Middle Name: Last Name:
Address: City: CORDOVA State: TN Zip Code:
Purpose of Expenditure: CAMPAIGN SUMMARY
Amount of Expenditure: $ 13.45 Date of Expenditure: $ 6/29/2026

Total Expenditures: $ 11,692.24
(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.)