



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/28/26 2.a. Candidate or Committee Name: Friends of Marie Feagin
 2.b. If Committee, Name of Candidate: Marie Feagin 3. Election Date: 5/5/26
 4. Campaign Address: 2170 Mahve Dr
 City: Memphis State: TN Zip Code: 38127 Phone: 205-886-8100
 5. Candidate Home Address: 4514 New Bransville Rd
 City: Memphis State: TN Zip Code: 38135 Phone: 205-886-8100
 Candidate Email Address: info@mariefeagin.com
 6. Office Sought: (include district number, if applicable) Shelby County Mayor
 7. Name of Political Treasurer (may be candidate): Telise Ezell - Turner
 Political Treasurer Email Address: tezzell3@yahoo.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: 4/1/26 End Date: 4/25/26

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.

<u>[Signature]</u> Candidate Signature	<u>4/28/2026</u> Date	<u>[Signature]</u> Political Treasurer Signature	<u>4/28/26</u> Date
<u>[Signature]</u> Witness Signature	<u>4/28/26</u> Date	<u>[Signature]</u> Witness Signature	<u>4/28/26</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>21,218.40</u>
b. Total Receipts This Period	\$ <u>5,060.00</u>
c. Total Disbursements This Period	\$ <u>12,226.99</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>14,051.41</u>
e. Total Loans Outstanding	\$ <u>—</u>
f. Total Obligations Outstanding	\$ <u>220</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Marie Feagins

14. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26

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) \$ 5,060
- 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.) \$ 5,060

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 12,226.99
(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.)..... \$ 12,226.99

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ —
- b. Itemized In-Kind Contributions Received This Period \$ 200
- c. Total In-Kind Contributions Received This Period \$ 200

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ NO

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Malle Feagins
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Nakita Middle Name: _____ Last Name: Cannady
Address: 12116 Macon City: Cottleville State: TN Zip Code: 38017
Occupation: Daycare Operator Employer: Harvest N Charge Learning Academy
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 4/1/26 Aggregate This Election: \$ 102

Business or Organization Name: _____ OR
First Name: Adaam Middle Name: _____ Last Name: Shacknai
Address: 1910 Madison Ave 505 City: Memphis State: TN Zip Code: 38104
Occupation: River Pilot Employer: Blessey Marine
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/1/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Celia Middle Name: _____ Last Name: Newman
Address: 2809 Kirby Pkwy City: Memphis State: TN Zip Code: 38125
Occupation: CEO Employer: She Got Game League
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/2/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Kerry Middle Name: _____ Last Name: William
Address: 4208 Old Stone Cr City: Memphis State: TN Zip Code: 38125
Occupation: Utilities Employer: MLGW
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/2/26 Aggregate This Election: \$ 629

Total Contributions: \$ 350

(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/15/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 350

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Judy Middle Name: _____ Last Name: Brown
Address: 5672 Tulip Hill Dr City: Memphis State: TN Zip Code: 38135
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 30 Date of Contribution: 4/5/26 Aggregate This Election: \$ 190

Business or Organization Name: _____ OR
First Name: Kerinique Middle Name: _____ Last Name: Davis
Address: 5421 Summer Place Pkwy City: Hoover State: AL Zip Code: 35244
Occupation: Educator Employer: Jetco
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 20 Date of Contribution: 4/5/26 Aggregate This Election: \$ 52

Business or Organization Name: _____ OR
First Name: Bayard Middle Name: _____ Last Name: Snoden
Address: 231 West Cherry Cir City: Memphis State: TN Zip Code: 38117
Occupation: Real Estate Employer: Colliers - Memphis
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: 4/7/26 Aggregate This Election: \$ 500

Business or Organization Name: _____ OR
First Name: Samuel Middle Name: _____ Last Name: Wuraola
Address: 382 Williford City: Memphis State: TN Zip Code: 38112
Occupation: Owner Employer: P3 Ventures
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 4/13/26 Aggregate This Election: \$ 250

Total Contributions: \$ 1,156

(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,156

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Tiffany Middle Name: _____ Last Name: Odom-Rodriguez
Address: 1912 Alenby Rd City: Germantown State: TN Zip Code: 38139
Occupation: Attorney Employer: Tiffany Odom-Rodriguez
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 52 Date of Contribution: 4/9/26 Aggregate This Election: \$ 52

Business or Organization Name: _____ OR
First Name: Bitnah Middle Name: _____ Last Name: Carter
Address: 1601 Canton Ave City: Milton State: MA Zip Code: 02186
Occupation: Philanthropy Employer: Self-Bitnah Carter
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/9/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Ebony Middle Name: _____ Last Name: Bady
Address: 5492 Scottsdale Ave City: Memphis State: TN Zip Code: 38115
Occupation: Nurse Employer: SOM Health
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/9/26 Aggregate This Election: \$ 26

Business or Organization Name: _____ OR
First Name: Judy Middle Name: _____ Last Name: Brown
Address: 5672 Tulip Hill Dr City: Memphis State: TN Zip Code: 38135
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 10 Date of Contribution: 4/11/26 Aggregate This Election: \$ 190

Total Contributions: \$ 1,344

(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: Friendr # Marie Feagins
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,344

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Gwendyn Middle Name: _____ Last Name: Woods
Address: 9203 Crastain Place City: Cardova State: TN Zip Code: 38018
Occupation: NA Employed Employer: NA Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/11/26 Aggregate This Election: \$ 26

Business or Organization Name: _____ OR
First Name: Andrew Middle Name: _____ Last Name: Horton
Address: 2391 Emure Park Rd City: Bartlett State: TN Zip Code: 38034
Occupation: Analyst Employer: Medline
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/11/26 Aggregate This Election: \$ 26

Business or Organization Name: _____ OR
First Name: Sarah Middle Name: _____ Last Name: Gum
Address: 1032 Fernbank City: Memphis State: TN Zip Code: 38125
Occupation: Teacher Employer: MCS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 6 Date of Contribution: 4/13/26 Aggregate This Election: \$ 44

Business or Organization Name: _____ OR
First Name: Camille Middle Name: _____ Last Name: Collins
Address: 3532 Old Hudsonville Rd City: Spring State: MS Zip Code: 38635
Occupation: Teacher Employer: GHS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 51 Date of Contribution: 4/11/26 Aggregate This Election: \$ 310

Total Contributions: \$ 1,454

(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: Friends of Marie Figini
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1454

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Sharon Middle Name: _____ Last Name: Baker
Address: 4548 Lake Vista Dr City: Memphis State: TN Zip Code: 38128
Occupation: Medical Employer: Methodist Hospital
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 20 Date of Contribution: 4/13/26 Aggregate This Election: \$ 40

Business or Organization Name: _____ OR
First Name: Josh Middle Name: _____ Last Name: Spickler
Address: 2070 Nelson Ave City: Memphis State: TN Zip Code: 38104
Occupation: Attorney Employer: Just City
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/13/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Stephen Middle Name: _____ Last Name: Harris
Address: 301 Rosa L Parks Ave City: Nashville State: TN Zip Code: 37203
Occupation: Political Consultant Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 15 Date of Contribution: 4/13/26 Aggregate This Election: \$ 1035.79

Business or Organization Name: _____ OR
First Name: Martha Middle Name: _____ Last Name: Butler
Address: 5017 Wingdale Rd City: Memphis State: TN Zip Code: 38117
Occupation: NA Employed Employer: NA Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/13/26 Aggregate This Election: \$ 100

Total Contributions: \$ 1,749
(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/23/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,749

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Erin Middle Name: _____ Last Name: Jay-Jethro
Address: 3674 Boeingshire Dr City: Memphis State: TN Zip Code: 38115
Occupation: Teacher Employer: MSCS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/16/26 Aggregate This Election: \$ 26

Business or Organization Name: _____ OR
First Name: Brittani Middle Name: _____ Last Name: Leake
Address: 4403 Moragatann Cove City: Memphis State: TN Zip Code: 38141
Occupation: Caterer Employer: LGE
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 10 Date of Contribution: 4/17/26 Aggregate This Election: \$ 10

Business or Organization Name: _____ OR
First Name: Jessica Middle Name: _____ Last Name: Aldover
Address: 4334 Jeffery St City: Millington State: TN Zip Code: 38053
Occupation: Educator Employer: Pathways
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 10 Date of Contribution: 4/18/26 Aggregate This Election: \$ 110

Business or Organization Name: _____ OR
First Name: Camille Middle Name: _____ Last Name: Collins
Address: 3332 Old Hudsonville Rd City: Holly Springs State: MS Zip Code: 38635
Occupation: Teacher Employer: GHS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 15 Date of Contribution: 4/16/26 Aggregate This Election: \$ 310

Total Contributions: \$ 1,810

(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: Friends of Marie Feagins
2. Reporting Period: Start Date: 4/1/26 End Date: 4/15/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,810

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Elle Middle Name: _____ Last Name: Hinton
Address: 1201 Church Ct City: Henrico State: VA Zip Code: 23123
Occupation: Self Employed Employer: Elle Hinton
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 75 Date of Contribution: 4/13/26 Aggregate This Election: \$ 75

Business or Organization Name: _____ OR
First Name: Deborah Middle Name: _____ Last Name: Hayer
Address: 3046 Estes St City: Memphis State: TN Zip Code: 38115
Occupation: USPS Worker Employer: USPS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 00 Date of Contribution: 4/19/26 Aggregate This Election: \$ 50

Business or Organization Name: _____ OR
First Name: Janice Middle Name: _____ Last Name: Tankson
Address: 8062 Chrysalis Cove City: Cordova State: TN Zip Code: 38016
Occupation: Educator Employer: MSCS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/19/26 Aggregate This Election: \$ 450

Business or Organization Name: _____ OR
First Name: Eddie Middle Name: _____ Last Name: Koen
Address: 421 Oneida Pl NW City: Washington State: DC Zip Code: 20011
Occupation: Business Development Employer: Habitat for Humanity of Metro Denver
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/21/26 Aggregate This Election: \$ 200

Total Contributions: \$ 2,135

(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: Friends of Marie Keagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2135

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Casey Middle Name: _____ Last Name: Deakins
Address: 190 Stockbridge Ln 104 City: Cardova State: TN Zip Code: 38018
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/24/26 Aggregate This Election: \$ 26

Business or Organization Name: _____ OR
First Name: Keevia Middle Name: _____ Last Name: Porter
Address: 9643 Kings Landing City: Olive Branch State: MS Zip Code: 38654
Occupation: Professor Employer: Sacred Heart University
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 4/24/26 Aggregate This Election: \$ 225

Business or Organization Name: _____ OR
First Name: Phillisha Middle Name: _____ Last Name: Gailes
Address: 1446 Singing Trees Dr City: Memphis State: TN Zip Code: 38116
Occupation: Claims Specialist Employer: General Electric
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/24/26 Aggregate This Election: \$ 128

Business or Organization Name: _____ OR
First Name: Spence Middle Name: _____ Last Name: Wilson
Address: 4207 Gwynne Rd City: Memphis State: TN Zip Code: 38117
Occupation: Chairman Employer: KWC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1900 Date of Contribution: 4/17/26 Aggregate This Election: \$ 1900

Total Contributions: \$ 4,137

(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: Friends 4 Marre Feagins
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4,137

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Kenneth Middle Name: _____ Last Name: Whalum
Address: 1081 Wedgewood St City: Memphis State: TN Zip Code: 38111
Occupation: Pastor Employer: New Olivet Worship Center
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/3/26 Aggregate This Election: \$ 126

Business or Organization Name: _____ OR
First Name: Jaqueline Middle Name: _____ Last Name: Richmond
Address: 2327 Rose Haven Ave City: Memphis State: TN Zip Code: 38127
Occupation: NA Employed Employer: NA Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/1/26 Aggregate This Election: \$ 76

Business or Organization Name: _____ OR
First Name: Will Middle Name: _____ Last Name: McCain
Address: 1313 Dorwood Hollow Dr City: Olive Branch State: MS Zip Code: 38861
Occupation: NA Employed Employer: NA Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/23/26 Aggregate This Election: \$ 152

Business or Organization Name: _____ OR
First Name: James Middle Name: _____ Last Name: Jefferson
Address: 1085 North Belvedere Blvd City: Memphis State: TN Zip Code: 38107
Occupation: NA Employed Employer: NA Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 101 Date of Contribution: 4/22/26 Aggregate This Election: \$ 101

Total Contributions: \$ 4,390

(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: Friends of Marie Feagins
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4,390

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Jun S Middle Name: _____ Last Name: Jurbergs
Address: 4223 Minden Rd City: Memphis State: TN Zip Code: 38117
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/16/26 Aggregate This Election: \$ 26

Business or Organization Name: _____ OR
First Name: Nakita Middle Name: _____ Last Name: Cannady
Address: 7416 Macon City: Collierville State: TN Zip Code: 38017
Occupation: Daycare Employer: Youngest N Charge Learning Academy
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/3/26 Aggregate This Election: \$ 102

Business or Organization Name: 626, LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 470 NW 11th Ave unit 508 City: Portland State: OR Zip Code: 97209
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 600 Date of Contribution: 4/16/26 Aggregate This Election: \$ 600

Business or Organization Name: _____ OR
First Name: Debra Middle Name: _____ Last Name: Harner-Briggs
Address: P.O. Box 477 City: Cardova State: TN Zip Code: 38088
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 30 Date of Contribution: 4/24/26 Aggregate This Election: \$ 30

Total Contributions: \$ 4,972

(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/15/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4,972

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Nakita Middle Name: _____ Last Name: Cannady
Address: 1216 Macon City: Collierville State: TN Zip Code: 38017
Occupation: Daycare Employer: Youngest N Charge Learning Academy
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 4/16/26 Aggregate This Election: \$ 102

Business or Organization Name: _____ OR
First Name: Keneeka Middle Name: _____ Last Name: Beller
Address: 3990 Deer Creek Rd City: Memphis State: TN Zip Code: 38128
Occupation: Owner Employer: Natural Love Hair Company
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 52 Date of Contribution: 4/20/26 Aggregate This Election: \$ 52

Business or Organization Name: _____ OR
First Name: Yvette Middle Name: _____ Last Name: Warren
Address: 1272 Bridgefield Dr City: Cordova State: TN Zip Code: 38018
Occupation: Licensed Esthetician Employer: Yvette Warren
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 10 Date of Contribution: 4/20/26 Aggregate This Election: \$ 10

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: \$ 5,060

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: T.E.G. Field Svcs of Tennessee & T.E.G Properties OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3426 Park Ave City: Memphis State: TN Zip Code: 38111
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 200 In-Kind Contribution Date: 4/21/26 Aggregate This Election: \$ 200
Description of In-Kind Contribution: gift card

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ 200
(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Marre Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
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: Microsoft OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: One Microsoft Way City: Redmond State: WA Zip Code: 98052
Purpose of Expenditure: Communications
Amount of Expenditure: \$ 94.80 Date of Expenditure: 4/25/26

Business or Organization Name: Kreative Concepts Event Management OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 516 Tennessee St City: Memphis State: TN Zip Code: 38103
Purpose of Expenditure: Sponsorship
Amount of Expenditure: \$ 211.34 Date of Expenditure: 4/24/26

Business or Organization Name: DirectFX OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8811 Hwy 51 N City: Southaven State: MS Zip Code: 38671
Purpose of Expenditure: Signs
Amount of Expenditure: \$ 1,728.66 Date of Expenditure: 4/24/26

Business or Organization Name: _____ OR
First Name: Quentisa Middle Name: _____ Last Name: Saulsberry
Address: 5556 Brookshade Lane City: Memphis State: TN Zip Code: 38126
Purpose of Expenditure: Catering Service
Amount of Expenditure: \$ 600 Date of Expenditure: 4/23/26

Business or Organization Name: InheartMedia, Inc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 125 W 55th St City: New York State: NY Zip Code: 10019
Purpose of Expenditure: Marketing
Amount of Expenditure: \$ 991.95 Date of Expenditure: 4/21/26

Total Expenditures: \$ 3,626.65

(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/30/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 3626.65

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: Superlo OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2155 Covington Pike City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Money Order Fees
Amount of Expenditure: \$ 2.38 Date of Expenditure: 4/20/26

Business or Organization Name: _____ OR
First Name: Walter Middle Name: _____ Last Name: Whitaker
Address: 182 Hillview Ave Apt 4 City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Poll Worker
Amount of Expenditure: \$ 437.50 Date of Expenditure: 4/20/26

Business or Organization Name: _____ OR
First Name: Tampla Middle Name: _____ Last Name: Moore
Address: 182 Hillview Ave Apt 4 City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Poll Worker
Amount of Expenditure: \$ 437.50 Date of Expenditure: 4/20/26

Business or Organization Name: Germantown Hardware OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1083 S Germantown Rd City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Supply / Tool
Amount of Expenditure: \$ 41.70 Date of Expenditure: 4/17/26

Business or Organization Name: John Smith Marketing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 901 Broadway City: Nashville State: TN Zip Code: 37203
Purpose of Expenditure: Marketing Supplies / Yard Sign
Amount of Expenditure: \$ 2,048.44 Date of Expenditure: 4/15/26

Total Expenditures: \$ 6,594.17

(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 6,594.17

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: John Smith Marketing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 901 Broadway City: Nashville State: TN Zip Code: 37203
Purpose of Expenditure: Marketing Materials
Amount of Expenditure: \$ 573.56 Date of Expenditure: 4/14/26

Business or Organization Name: Wal-Mart OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6721 Raleigh-Lagrave Rd City: Memphis State: TN Zip Code: 38134
Purpose of Expenditure: Roll Worker Supplies
Amount of Expenditure: \$ 129.98 Date of Expenditure: 4/14/26

Business or Organization Name: Costco OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2431 N Germantown Pkwy City: Cordova State: TN Zip Code: 38016
Purpose of Expenditure: Roll Worker Supplies
Amount of Expenditure: \$ 55.41 Date of Expenditure: 4/14/26

Business or Organization Name: Run 1 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 651 N Broad St Ste 201 City: Middleton State: DE Zip Code: 19709
Purpose of Expenditure: Website
Amount of Expenditure: \$ 500 Date of Expenditure: 4/13/26

Business or Organization Name: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5510 Poplar Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Marketing Materials
Amount of Expenditure: \$ 477.41 Date of Expenditure: 4/13/26

Total Expenditures: \$ 8,380.16

(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: Friends of Marie Feagins
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 8,380.16

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: _____ OR
First Name: Marques Middle Name: _____ Last Name: COOK
Address: 6044 Maiden Lane. CV City: Southaven State: MS Zip Code: 38672
Purpose of Expenditure: Marketing
Amount of Expenditure: \$ 200 Date of Expenditure: 4/13/26

Business or Organization Name: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5510 Poplar Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Printing
Amount of Expenditure: \$ 14.73 Date of Expenditure: 4/13/26

Business or Organization Name: Bartlett Parks & Recreation Dept OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5808 Stage Rd City: Bartlett State: TN Zip Code: 38134
Purpose of Expenditure: Deposit Return
Amount of Expenditure: \$ -200 Date of Expenditure: 4/13/26

Business or Organization Name: TNDP OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4900 Centennial Blvd 308 City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Vote Builder
Amount of Expenditure: \$ 000 Date of Expenditure: 4/10/26

Business or Organization Name: USPS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5821 Park Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Postage
Amount of Expenditure: \$ 23.81 Date of Expenditure: 4/10/26

Total Expenditures: \$ 8,918.70

(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 8,918.70

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: Telisa Franklin Marketing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2908 Austin Peay Hwy City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Marketing
Amount of Expenditure: \$ 1000 Date of Expenditure: 4/6/26

Business or Organization Name: Floodesk OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2093 Philadelphia Pike City: Claymont State: DE Zip Code: 19703
Purpose of Expenditure: Emailing Subscription Service
Amount of Expenditure: \$ 64.76 Date of Expenditure: 4/6/26

Business or Organization Name: Scale to Win OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 455 Market St Ste 1940 City: San Francisco State: CA Zip Code: 94105
Purpose of Expenditure: Marketing Service
Amount of Expenditure: \$ 600.28 Date of Expenditure: 4/1/26

Business or Organization Name: Microsoft OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: One Microsoft Way City: Redmond State: WA Zip Code: 98052
Purpose of Expenditure: Communication
Amount of Expenditure: \$ 171.20 Date of Expenditure: 4/2/26

Business or Organization Name: DST OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 370 City: Memphis State: TN Zip Code: 38101
Purpose of Expenditure: Registration - Literacy Luncheon
Amount of Expenditure: \$ 135.72 Date of Expenditure: 4/1/26

Total Expenditures: \$ 11,978.66

(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 11,978.66

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: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fee
Amount of Expenditure: \$ 93.70 Date of Expenditure: 4/1/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fee
Amount of Expenditure: \$ 57.72 Date of Expenditure: 4/2/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fee
Amount of Expenditure: \$ 6.01 Date of Expenditure: 4/3/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fee
Amount of Expenditure: \$ 7.86 Date of Expenditure: 4/6/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fee
Amount of Expenditure: \$ 10.67 Date of Expenditure: 4/7/26

Total Expenditures: \$ 12,154.62

(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 12,154.62

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: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Help Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payment Fee
Amount of Expenditure: \$ 2.53 Date of Expenditure: 4/8/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Help Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payment Fee
Amount of Expenditure: \$ 18.73 Date of Expenditure: 4/9/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Help Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payment Fee
Amount of Expenditure: \$ 7.27 Date of Expenditure: 4/13/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Help Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payment Fee
Amount of Expenditure: \$ 17.42 Date of Expenditure: 4/15/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Help Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payment Fee
Amount of Expenditure: \$ 1.19 Date of Expenditure: 4/17/26

Total Expenditures: \$ 12,201.70

(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: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 12,221.76

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: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 266 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Printing Fee
Amount of Expenditure: \$ 5.32 Date of Expenditure: 4/20/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 266 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Printing Fee
Amount of Expenditure: \$ 0.60 Date of Expenditure: 4/21/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 266 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Printing Fee
Amount of Expenditure: \$ 10.22 Date of Expenditure: 4/22/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 266 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Printing Fee
Amount of Expenditure: \$ 9.09 Date of Expenditure: 4/24/26

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: \$ 12,226.99
(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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: KWAM

First Name: _____ Middle Name: _____

Last Name: _____

Address: 5496 Murray Ave

City: Memphis

State: TN Zip Code: 38119

Description of Obligation:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$ 0	\$ 220	\$ —	\$ 220

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$	\$	\$	\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$	\$	\$	\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of Obligation:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 220	\$ —	\$ 220