



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/10/2026 2.a. Candidate or Committee Name: Keeley Greer

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

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

5. Candidate Home Address: 618 Charleston Ct #102
 City: Memphis State: TN Zip Code: 38120 Phone: 9012128182
 Candidate Email Address: keeleygreer08@gmail.com

6. Office Sought: (include district number, if applicable) Shelby County Commissioner, Dist. 8

7. Name of Political Treasurer (may be candidate): Hannah Christopher
 Political Treasurer Email Address: hchrstph2@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: 1/16/2026 End Date: 3/31/2026

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.

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>\$415.00</u>
c. Total Disbursements This Period	\$ <u>\$19.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$396.00</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: Keeley Greer

14. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$415.00
- 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.) \$ \$415.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$19.00
(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.)..... \$ \$19.00

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: Keeley Greer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Keeley Middle Name: _____ Last Name: Greer
Address: 618 Charleston Ct 102 City: Memphis State: TN Zip Code: 38103
Occupation: Police Officer Employer: City of Memphis
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$20.00

Business or Organization Name: _____ **OR**
First Name: Laura Middle Name: _____ Last Name: Forbes
Address: 62 Viking Dr City: Cordova State: TN Zip Code: 38018
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Gene Middle Name: _____ Last Name: Geiger
Address: PO Box 1609 City: Lewiston State: ME Zip Code: 04241
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Trent Middle Name: _____ Last Name: Dirks
Address: 621 S Front St City: Memphis State: TN Zip Code: 38103
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$20.00

Total Contributions: \$ \$240.00

(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: Keeley Greer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$240.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Tim Middle Name: _____ Last Name: Fleischer
Address: 604 Montaigne Blvd City: Memphis State: TN Zip Code: 38103
Occupation: Marketing & Technology Employer: CERTUS Home
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$20.00

Business or Organization Name: _____ **OR**
First Name: Jerry Middle Name: _____ Last Name: Gmetro
Address: 505 Tennessee St #126 City: Memphis State: TN Zip Code: 38103
Occupation: HR Employer: Bioventus
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Tim Middle Name: _____ Last Name: Fleischer
Address: 604 Montaigne Blvd City: Memphis State: TN Zip Code: 38103
Occupation: Marketing & Technology Employer: CERTUS Home
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$30.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$30.00

Business or Organization Name: _____ **OR**
First Name: Leigh Middle Name: _____ Last Name: Horton
Address: 272 S Main Street #405 City: Memphis State: TN Zip Code: 38103
Occupation: Occupational Therapy Employer: Baptist Memorial Hospital
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$415.00

(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: Keeley Greer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: 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: \$ 3/31/2026

Business or Organization Name: Anedot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ \$17.90 Date of Expenditure: \$ 3/31/2026

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

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

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

Total Expenditures: \$ \$19.00

(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.)