



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 2/12/2026 2.a. Candidate or Committee Name: Michael Pryor

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

4. Campaign Address: 1306 Island Place East
 City: Memphis State: TN Zip Code: 38013 Phone: 901-500-3377

5. Candidate Home Address: Same as above
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: _____

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

7. Name of Political Treasurer (may be candidate): Jan Hill
 Political Treasurer Email Address: jan-remy@hotmail.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: 7/1/2025 End Date: ~~12/30/2025~~ 1/15/26

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.

[Signature] 2/12/2026
 Candidate Signature Date

[Signature] 2/12/2026
 Political Treasurer Signature Date

[Signature] 2/12/2026
 Witness Signature Date

[Signature] 2/12/2026
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>1,000</u>
b. Total Receipts This Period	\$	<u>8,054.17</u>
c. Total Disbursements This Period	\$	<u>8,730.51</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>323.66</u>
e. Total Loans Outstanding	\$	<u>6,104.17</u>
f. Total Obligations Outstanding	\$	<u>6,104.17</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Michael Pryor

14. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ Ø
(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) \$ 1950.00
- c. Loans Received This Reporting Period..... \$ 6104.17
- 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.) \$ 8054.17

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 8,730.51
(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.)..... \$ 8,730.51

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.) \$ 6104.17

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Michael Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
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: Elevated Concepts OR

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

Address: 1099 Boulevard St City: Atlanta State: GA Zip Code: 30310

Purpose of Expenditure: Marketing + Branding Services

Amount of Expenditure: \$ 362.00 Date of Expenditure: 7/2/25

Business or Organization Name: Lifestyle Screen Printing OR

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

Address: 4077 Thomas St City: Memphis State: TN Zip Code: 38127

Purpose of Expenditure: Printing Services (e.g., promotional posters, signs)

Amount of Expenditure: \$ 288.49 Date of Expenditure: 7/9/25

Business or Organization Name: Square Space OR

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

Address: 8 Clarkson St City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Monthly Campaign Website Domain Fees

Amount of Expenditure: \$ 79.02 Date of Expenditure: 7/22/25 + 8/22/25

Business or Organization Name: W/ Brands Entertainment/Hutch Ent OR

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

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

Purpose of Expenditure: Campaign Kick Off Entertainment / Fundraiser

Amount of Expenditure: \$ 250.00 Date of Expenditure: 8/25/25

Business or Organization Name: Orange Mound Community Parade OR

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

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

Purpose of Expenditure: Participation fees - Community Campaign Outreach Event

Amount of Expenditure: \$ 250.00 Date of Expenditure: 9/4/25

Total Expenditures: \$ 1229.49

(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 Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 11/15/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1229.49

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: Lifestyle Screen Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4077 Thomas St. City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Printing Services Promotional Items (eg. Shirts, Magnets)
Amount of Expenditure: \$ 139.15 Date of Expenditure: 9/18/25

Business or Organization Name: Iterated Concepts OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1099 Boulevard SE City: Atlanta State: GA Zip Code: 30310
Purpose of Expenditure: Campaign Marketing Services
Amount of Expenditure: \$ 305.00 Date of Expenditure: 9/25/25

Business or Organization Name: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Campaign Domain Website Monthly Fees
Amount of Expenditure: \$ 39.51 Date of Expenditure: 9/22/25

Business or Organization Name: Exxon Corporation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 542 Polar Ave City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Participation in Community Parade - Fuel Expenses
Amount of Expenditure: \$ 50.11 Date of Expenditure: 10/14/25

Business or Organization Name: Stacey Dawson Entertainment OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Entertainment for Fundraising Event
Amount of Expenditure: \$ 460.00 Date of Expenditure: 8/23/25

Total Expenditures: \$ 2,223.26

(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 Prior
2. Reporting Period: Start Date: 7/1/25 End Date: 11/8/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2223.26

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: Saafir Muhammed Photography OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Photos (Professional headshots)
Amount of Expenditure: \$ 150.00 Date of Expenditure: 8/29/25

Business or Organization Name: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Monthly E-commerce fees
Amount of Expenditure: \$ 39.51 Date of Expenditure: 1/13/25

Business or Organization Name: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Monthly E-commerce fees
Amount of Expenditure: \$ 39.51 Date of Expenditure: 12/22/25

Business or Organization Name: Saltwater Crab OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2059 Madison Ave. City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Refreshments / Campaign Meetings
Amount of Expenditure: \$ 69.21 Date of Expenditure: 10/14/25

Business or Organization Name: Elevated Concepts OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1099 Boulevard SE City: Atlanta State: GA Zip Code: 30310
Purpose of Expenditure: Marketing + Branding Services
Amount of Expenditure: \$ 2150.00 Date of Expenditure: 10/27/25

Total Expenditures: \$ 2971.49

(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 Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2971.49

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: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website/Domain - E-commerce fees
Amount of Expenditure: \$ 79.02 Date of Expenditure: 10/22/25; 11/24/25

Business or Organization Name: King Palace OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4430 Elvis Presley City: Mps State: TN Zip Code: 38110
Purpose of Expenditure: Facility Rental fees - Campaign Fundraising Event
Amount of Expenditure: \$ 3,000.00 Date of Expenditure: 10/17/25

Business or Organization Name: Bearfruit, LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Management Services
Amount of Expenditure: \$ 2450.00 Date of Expenditure: 7/27/25

Business or Organization Name: _____ OR
First Name: Demario Middle Name: _____ Last Name: Hunter
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Fees - Campaign Organizing
Amount of Expenditure: \$ 130.00 Date of Expenditure: 11/10/25

Business or Organization Name: Tracey Blackmon Catering OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Catering fees for Campaign Event
Amount of Expenditure: \$ 100.00 Date of Expenditure: _____

Total Expenditures: \$ 8730.51

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Michael Pryor
2. Reporting Period: Start Date: 7-1-25 End Date: 1/15/26
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: Tania Middle Name: _____ Last Name: Marr
Address: 4876 Bluewing City: Memphis State: TN Zip Code: 38141
Occupation: NCSW Employer: Department of Veteran Affairs
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/29/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Sandra Middle Name: _____ Last Name: Pryor
Address: 905 Biggs City: Memphis State: TN Zip Code: 38108
Occupation: _____ Employer: Shelby County Gov.
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 7/28/25 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ OR
First Name: Chrystal Middle Name: _____ Last Name: Russell
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: Higher Education Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/23/25 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Shontelle Middle Name: _____ Last Name: Williams-Moore
Address: 5449 Goldleaf Ln City: Memphis State: TN Zip Code: 38125
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/29/25 Aggregate This Election: \$ 100.00

Total Contributions: \$ 350.00
(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: Michael Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 350.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Ida Middle Name: _____ Last Name: Marshall
Address: 4469 Deerland St City: Memphis State: TN Zip Code: 38109

Occupation: _____ Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 7/29/25 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR

First Name: Gail Middle Name: _____ Last Name: Mull
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: 7/29/25 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR

First Name: Stan Middle Name: _____ Last Name: Sawyer
Address: 435 Poplar Ave City: Memphis State: TN Zip Code: 38104

Occupation: _____ Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 10/4/25 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR

First Name: Aubrey Middle Name: _____ Last Name: Howard
Address: 1858 S. Rainbow City: Memphis State: TN Zip Code: 38107

Occupation: _____ Employer: Shelby County Gov.

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 10/4/25 Aggregate This Election: \$ 450.00

Total Contributions: \$ 300.00

(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: Michael Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1300.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Fubrey Howard Middle Name: _____ Last Name: Howard
Address: 1858 S. Rainbow City: Memphis State: TN Zip Code: 38107
Occupation: _____ Employer: Shelby County Gov
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 12/5/25 Aggregate This Election: \$ 450.00

Business or Organization Name: _____ OR
First Name: Herman Middle Name: _____ Last Name: Morris
Address: 254 Court Ave City: Memphis State: TN Zip Code: 38103
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 12/5/25 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: Lorris Middle Name: _____ Last Name: Holt
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: 12/10/25 Aggregate This Election: \$ 200.00

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: \$ _____

Total Contributions: \$ 1950.00
(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Michael Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**
First Name: April Middle Name: _____ Last Name: Armstrong
Address: 306 Island Pl. E. City: Memphis State: TN Zip Code: 38103
Outstanding Loan Balance (Beginning) \$ _____
Loans Received \$ 715.00
Loan Payments \$ 0
Outstanding Loan (End) \$ 715.00
Loan Received For: Primary Election General Election Runoff (Local Elections Only)
Date of Loan: 8/20/25

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____
Loans Received \$ _____
Loan Payments \$ _____
Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Michael Fryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ OR
First Name: Michael Middle Name: _____ Last Name: Fryor
Address: Bole Island Pl. E City: MPS State: NJ Zip Code: 38103
Outstanding Loan Balance (Beginning) \$ 0
Loans Received \$ 5389.17
Loan Payments \$ 0
Outstanding Loan (End)..... \$ 5389.17
Loan Received For: Primary Election General Election Runoff (Local Elections Only)
Date of Loan: 7/10/25

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ 0
Loans Received \$ 6104.17
Loan Payments \$ 0
Outstanding Loan (End)..... \$ 6104.17

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Michael Pryor
2. Reporting Period: Start Date: 7/1/25 End Date: 1/15/26
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____

First Name: April Middle Name: _____

Last Name: Armstrong

Address: 1306 Island Place E.

City: Mps

State: TN Zip Code: 38103

Description of Obligation: <u>Loan</u>			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ <u>0</u>	\$ <u>715.00</u>	\$ <u>0</u>	\$ <u>715.00</u>

Business Name: _____

First Name: Michael Middle Name: _____

Last Name: Pryor

Address: 1306 Island Place E.

City: Mps

State: TN Zip Code: 38103

Description of Obligation: <u>Loan</u>			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ <u>0</u>	\$ <u>5389.17</u>	\$	\$ <u>5389.17</u>

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 6104.17

(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	Payments This Period	Outstanding Balance (Period End)
\$ <u>0</u>	\$ <u>6104.17</u>	\$ <u>0</u>	\$ <u>6104.17</u>



Regions Bank
 Downtown 88 Union
 88 Union Ave.
 Memphis, TN 38103



0055180 01 AB 0.641 001
 FRIENDS OF MICHAEL PRYOR
 1306 ISLAND PL E
 MEMPHIS TN 38103-9023



ACCOUNT # 0358112529

Cycle 053
 Enclosures 26
 Page 0
 1 of 2

LIFEGREEN BUSINESS CHECKING
 January 1, 2026 through January 30, 2026

SUMMARY

Beginning Balance	\$376.25	Minimum Balance	\$335
Deposits & Credits	\$0.00 +	Average Balance	\$363
Withdrawals	\$40.59 -		
Fees	\$12.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$323.66		

WITHDRAWALS

01/13	Recurring Card Transaction Audible*n47yi94 5968 Amzn.Com/Bill NJ 07102 8177	1.08
01/22	Recurring Card Transaction Sqsp* Websit#21 7372 Squarespace.C Ny 10014 8177	39.51
	Total Withdrawals	\$40.59

FEEs

01/30	Monthly Fee	12.00
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DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
01/13	375.17	01/22	335.66	01/30	323.66

PLEASE BE AWARE THAT REGIONS HAS PERMANENTLY DISCONTINUED THE MINI-STATEMENT OPTION AT ITS ATMS. OTHER STATEMENT OPTIONS REMAIN AVAILABLE.

For all your banking needs, please call 1-800-REGIONS (734-4667) or visit us on the Internet at www.regions.com. (TTY/TDD 1-800-374-5791)



Thank You For Banking With Regions!
 2026 Regions Bank Member FDIC. All loans subject to credit approval.