CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
ForStateandLocal Candidates
For Single-Candidate Committees

1.Date: 07/10/2026 2.a. Candidate or Committee Name:Friends of Andrea Bell Campaign
2.b. If Committee, Name of Candidate:Andrea Bell 3. Election Date:08/06/2026
4.Campaign Address: 1028 Cresthaven Road Ste 200
City: Memphis State: TN Zip Code: 38119 Phone: 901-665-8445

5.Candidate Home Address: 5445 Bridge Meadow Lane
City: Memphis State: TN Zip Code: 38125 Phone: 901-665-8442 Candidate Email Address: andreabelldistrict12@gmail.com

6.Office Sought: (include district number, if applicable) Shelby County Commissioner, District 12

7.Name of Political Treasurer (may be candidate):Wendy Osario Political Treasurer Email Address: natallison91@icloud.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: 04/26/2026 End Date: 06/30/2026

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.

Candidate Signature	Date	Political Treasurer Signature	Date
Andrea Bell	7/10/2026		7/10/26
Witness Signature	Date	Witness Signature	Date
	7/10/2026		7/10/2026

12. Summary:

a.	Balance On Hand Last Report	$ 1,934.07
b.	Total Receipts This Period	$ 2,276.00
c.	Total Disbursements This Period	$ $1,652.86
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$2,557.21
e.	Total Loans Outstanding	$ 4,108.00
f.	Total Obligations Outstanding	$ 0.00

SUMMARY PAGE - CANDIDATE

13.Name of Candidate or Committee: Friends of Andrea Bell Campaign

14.Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 376.00
(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) ..... $ 1900.00

c. Loans Received This Reporting Period ..... $ 0.00

d. Interest Received This Reporting Period ..... $ 0.00

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 2276.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1,652.86
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 0.00

c. Total Obligation Payments Made This Period ..... $ 0.00

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) $1,652.86

17.In-Kind Contributions: 0.00

a. Unitemized In-Kind Contributions Received This Period ..... $ 0.00

b. Itemized In-Kind Contributions Received This Period ..... $ 0.00

c. Total In-Kind Contributions Received This Period ..... $ 0.00

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) $0.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1.Candidate orCommittee Name: Friends of Andrea Bell Campaign

2.Reporting Period: Start Date: 04/26/2026 End Date:06/30/2026

3.Total campaign contributions from preceding page (enter $0 if first page) $ 2276.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _ ___ Zip Code: _____

Occupation: _____ Employer: _____

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

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

Business or Organization Name: Fun City **OR**

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

Address: Memphis City: Tennessee State: IN Zip Code: 38125

Occupation:business Employer: _____

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

Amount of Contribution: $ 1900.00 Date of Contribution:06/03/2026 Aggregate This Election: $1900.00

Business or Organization Name: _____ **OR** First

Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _ ___ Zip Code: _____

Occupation: _____ Employer: _____

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

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

Business or Organization Name: _____ **OR** First

Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _ ___ Zip Code: _____

Occupation: _____ Employer: _____

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

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

Total Contributions: $ 1,900.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1.Candidate orCommittee Name: ______

2.Reporting Period: Start Date: ______ End Date: ______

3.Total in-kind contributions from preceding page (enter $0 if first page) $ ______

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: ______ **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: ______

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: $ ______
(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 orCommittee Name: Friends of Andrea Bell Campaign

2.Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026

3.Total campaign expenditures from preceding page (enter $0 if first page) $ 1652.86

COMPLETETHEAPPROPRIATEITEMS FOREACH 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: Robocent **OR**

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

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

Purpose of Expenditure: Phone marketing campaign

Amount of Expenditure: $150.00 Date of Expenditure: 04/27/2026

Business or Organization Name: Good Party LLC **OR**

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

Address: 916 Silver Spur City: Rolling Hills Estate State: CA Zip Code: 90274

Purpose of Expenditure: campaign education Amount of Expenditure: $ 4.99 Date of Expenditure: 04/30/2026

Business or Organization Name: Campaign Partner **OR**

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

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

Purpose of Expenditure: _____

Amount of Expenditure: $ 29.00 Date of Expenditure: 04/30/2026

Business or Organization Name: Little Caesars **OR**

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

Address: _____ City: Memphis State: TN Zip Code: _____ Purpose of Expenditure: Campaign expense

Amount of Expenditure: $ 17.54 Date of Expenditure: 05/05/2026

Business or Organization Name: Kroger **OR**

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

Address: _____ City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: Campaign Supplies for volunteers

Amount of Expenditure: $26.53 Date of Expenditure: 05/06/2026

Total Expenditures: $ 228.06

(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 orCommittee Name: Friends of Andrea Bell Campaign

2.Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026

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

COMPLETETHEAPPROPRIATEITEMS FOREACH 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: The Podcast Center **OR**

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

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

Purpose of Expenditure: Radio

Amount of Expenditure: $1.00 Date of Expenditure: 05/11/2026

Business or Organization Name: Good Party LLC **OR**

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

Address: 916 Silver Spur City: Rolling Hills Estate State: CA Zip Code: 90274

Purpose of Expenditure: campaign education Amount of Expenditure: $ 10.00 Date of Expenditure: 05/13/2026

Business or Organization Name: USPS **OR**

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

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

Purpose of Expenditure: _postage

Amount of Expenditure: $ 15.60 Date of Expenditure: 05/18/2026

Business or Organization Name: Campaign Partner **OR**

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

Address: _____ City: _State: MA Zip Code: _____

Purpose of Expenditure:website

Amount of Expenditure: $ 29.00 Date of Expenditure: 06/01/2026

Business or Organization Name:Walgreens **OR**

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

Address: _____ City:Memphis State: TN Zip Code: _____

Purpose of Expenditure: Campaign Supplies

Amount of Expenditure: $39.08 Date of Expenditure: 06/01/2026

Total Expenditures: $ 94.68

(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 orCommittee Name: Friends of Andrea Bell Campaign

2.Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026

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

COMPLETETHEAPPROPRIATEITEMS FOREACH 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: OT Cheap **OR**

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

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

Purpose of Expenditure: Signs

Amount of Expenditure: $881.78 Date of Expenditure: 06/03/2026

Business or Organization Name: Good Party LLC **OR**

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

Address: 916 Silver Spur City: Rolling Hills Estate State: CA Zip Code: 90274

Purpose of Expenditure: campaign education Amount of Expenditure: $ 10.00 Date of Expenditure: 06/15/2026

Business or Organization Name: Home Depot **OR**

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

Address: _____ City: Memphis State: TN Zip Code: _____ Purpose of Expenditure: Stakes for signs

Amount of Expenditure: $ 106.17 Date of Expenditure: 06/22/2026

Business or Organization Name: 901 Print Shop **OR**

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

Address: _____ City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: campaign materials

Amount of Expenditure: $ 118.92 Date of Expenditure: 06/24/2026

Business or Organization Name: Little Caesars **OR**

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

Address: _____ City:Memphis State: TN Zip Code: _____

Purpose of Expenditure: Food for Campaign volunteers

Amount of Expenditure: $14.25 Date of Expenditure: 06/29/2026

Total Expenditures: $ 1,131.12

(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 orCommittee Name: Friends of Andrea Bell Campaign

2.Reporting Period: Start Date: 04/26/2026 End Date: 06/30/2026

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

COMPLETETHEAPPROPRIATEITEMS FOREACH 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: Campaign Partner **OR**

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

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

Purpose of Expenditure: website

Amount of Expenditure: $29.00 Date of Expenditure: 06/30/2026

Business or Organization Name: Little Caesars **OR**

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

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

Purpose of Expenditure: Food Campaign Amount of Expenditure: $ 30.00 Date of Expenditure:05/26/2026

Business or Organization Name: _____ **OR**

FirstName:Jamilla Middle Name: _____ Last Name: Armstrong

Address: _____ City: Memphis State:TN Zip Code: _____

Purpose of Expenditure: Photography Amount of Expenditure: $130.00 Date of Expenditure: 05/22/2026

Business or Organization Name: Bank of Bartlett **OR**

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

Address: _____ City: Memphis State: TN Zip Code: _____

Purpose of Expenditure: bank expense

Amount of Expenditure: 10.00 Date of Expenditure: 06/30/2026

Business or Organization Name: **OR**

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

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

Purpose of Expenditure: _____

Amount of Expenditure: $_____ Date of Expenditure: _____

Total Expenditures: $199.00

(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 LOANS - CANDIDATE

1.Candidate or Committee Name: _____

2.Reporting Period: Start Date: _____ End Date: _____

3.Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following forthesourceof each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: _ ___ Zip Code: _____

Outstanding Loan Balance (Beginning) ..... $ _____

Loans Received ..... $ _____

Loan Payments ..... $ _____

Outstanding Loan (End) ..... $ _____

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

Date of Loan: _____

List allendorsersorguarantorsforaboveloan (Ifmorespace isneeded,please attachadditionalpages.)

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 OBLIGATIONS - CANDIDATE

1.Candidate orCommittee Name: ____________________

2.Reporting Period: Start Date: ____________ End Date: ____________

3.Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

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)
$	$	$	$

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 I ncurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

SS-1127 (Rev. 1/2023)