



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 2/10/2026 a. Candidate or Committee Name: Stephanie Love
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/4/2024
 4. Campaign Address: 2253 Bells
 City: Memphis State: TN Zip Code: 38127 Phone: (901) 588-9603
 5. Candidate Home Address: 4405 Grand Cedar Lane
 City: Memphis State: TN Zip Code: 38128 Phone: (901) 649-8044
 Candidate Email Address: Sprovermycareer@yahoo.com
 6. Office Sought: (include district number, if applicable) County School Board, District 3
 7. Name of Political Treasurer (may be candidate): Tania Combs Starks
 Political Treasurer Email Address: Anscombs83@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: 7/23/2024 End Date: 9/30/2024

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>S Love</u>	<u>2-10-26</u>	<u>[Signature]</u>	<u>2-10-26</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>2/10/2026</u>	<u>Tonia Moxon</u>	<u>2-10-26</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>200.28</u>
b. Total Receipts This Period	\$	<u>9802.05</u>
c. Total Disbursements This Period	\$	<u>16551.07</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>-4548.74</u>
e. Total Loans Outstanding	\$	<u>-0-</u>
f. Total Obligations Outstanding	\$	<u>-0-</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Stephanie Love

14. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0-
(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) \$ 9802.05
- c. Loans Received This Reporting Period..... \$ 0-
- d. Interest Received This Reporting Period \$ 0-
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 9802.05

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 14551.07
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0-
- c. Total Obligation Payments Made This Period..... \$ 0-
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 14551.07

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: _____

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

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

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: Kroger's OR

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

Address: Fraser Blvd. City: Memphis State: TN Zip Code: 38127

Purpose of Expenditure: Gas

Amount of Expenditure: \$ 16.05 Date of Expenditure: \$ 7/31/24 f

Business or Organization Name: Kroger's OR

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

Address: Fraser Blvd. City: Memphis State: TN Zip Code: 38127

Purpose of Expenditure: Gas

Amount of Expenditure: \$ 35.00 Date of Expenditure: \$ 7/31/24 f

Business or Organization Name: Kroger's OR

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

Address: Fraser Blvd. City: Memphis State: TN Zip Code: 38127

Purpose of Expenditure: Gas

Amount of Expenditure: \$ 40.39 Date of Expenditure: \$ 7/31/24 f

Business or Organization Name: Kroger's OR

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

Address: Fraser Blvd. City: Memphis State: TN Zip Code: 38127

Purpose of Expenditure: Gas

Amount of Expenditure: \$ 20.00 Date of Expenditure: \$ 7/31/24 f

Business or Organization Name: Kroger's OR

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

Address: Fraser Blvd. City: Memphis State: TN Zip Code: 38127

Purpose of Expenditure: Gas

Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 7/31/24 f

Total Expenditures: \$ 2,734.15

(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: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: Kroger's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Frayser Blvd. City: Memphis State: TN Zip Code: 38127
Purpose of Expenditure: Gas
Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 7/31/24 ✓

Business or Organization Name: Kroger's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Frayser Blvd. City: Memphis State: TN Zip Code: 38127
Purpose of Expenditure: 60.00 Gas
Amount of Expenditure: \$ 60.00 Date of Expenditure: \$ 7/31/24 ✓

Business or Organization Name: Krogers OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Frayser Blvd. City: Memphis State: TN Zip Code: 38127
Purpose of Expenditure: Gas
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 7/31/24 ✓

Business or Organization Name: _____ OR
First Name: Gene Middle Name: _____ Last Name: Burse
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Mgr. Stipend
Amount of Expenditure: \$ 1,000.00 Date of Expenditure: \$ 8/2/24 ✓

Business or Organization Name: _____ OR
First Name: Tania Middle Name: _____ Last Name: Combs-Starks
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Treasurer Stipend
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 8/2/24 ✓

Total Expenditures: \$ 4,369.15
(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: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: Shep Middle Name: _____ Last Name: Wilbur
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Strategist
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 8/2/24 ✓

Business or Organization Name: _____ OR
First Name: Tamika Middle Name: _____ Last Name: Morton
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Campaign Assistant
Amount of Expenditure: \$ 1,000.00 Date of Expenditure: \$ 7/18/24 ✓

Business or Organization Name: Black Market Strategies OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Direct Mail
Amount of Expenditure: \$ 2407.90 Date of Expenditure: \$ 7/16/24 ✓

Business or Organization Name: PS & S OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Direct Mail
Amount of Expenditure: \$ 2,027.79 Date of Expenditure: \$ 7/30/24 ✓

Business or Organization Name: _____ OR
First Name: Jason Middle Name: _____ Last Name: Starks
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Signs
Amount of Expenditure: \$ 145.00 Date of Expenditure: \$ 7/3/24 ✓

Total Expenditures: \$ 10,449.84
(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: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: Direct FX OF
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Direct Mail
Amount of Expenditure: \$ 2,417.90 Date of Expenditure: \$ 7/16/24 ✓

Business or Organization Name: Sign Team OF
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Early Vote Signs (Team 1)
Amount of Expenditure: \$ 410.00 Date of Expenditure: \$ 7/16/24 ✓

Business or Organization Name: Sign Team OF
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Early Vote Signage (Team 2)
Amount of Expenditure: \$ 410.00 Date of Expenditure: \$ 7/17/24 ✓

Business or Organization Name: Black Market Strategies OF
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Graphic Design Services
Amount of Expenditure: \$ 2,168.00 Date of Expenditure: \$ 8/2/24 ✓

Business or Organization Name: _____ OF
First Name: De'Niah Middle Name: _____ Last Name: Fleming
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Phone Banking & Canvassing
Amount of Expenditure: \$ 1,010.00 Date of Expenditure: \$ 7/18/24 ✓

Total Expenditures: \$ _____

(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: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: Sign Team OF _____

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

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

Purpose of Expenditure: ~~Election Day~~ Vote Sign Distribution

Amount of Expenditure: \$ 657.00 Date of Expenditure: \$ 8/1/24 ✓

Business or Organization Name: _____ OF _____

First Name: Tudy Middle Name: _____ Last Name: Morris

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

Purpose of Expenditure: Payroll

Amount of Expenditure: \$ 1,002.00 Date of Expenditure: \$ 7/31/24 p

Business or Organization Name: Sign Team OF _____

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

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

Purpose of Expenditure: Sign Removal

Amount of Expenditure: \$ 302.00 Date of Expenditure: \$ 8/3/24 p

Business or Organization Name: _____ OF _____

First Name: Romecia Middle Name: _____ Last Name: Love

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

Purpose of Expenditure: Campaign Coordinator

Amount of Expenditure: \$ 510.00 Date of Expenditure: \$ 7/22/24 ✓

Business or Organization Name: _____ OF _____

First Name: Angela Middle Name: _____ Last Name: Schaeffer

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

Purpose of Expenditure: Campaign Payroll

Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 7/03/24 ✓

Total Expenditures: \$ _____

(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: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: _____ OF

First Name: Da'Hah Middle Name: _____ Last Name: Fleming

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

Purpose of Expenditure: Can Vassing

Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 7/16/24 ✓

Business or Organization Name: _____ OF

First Name: Darrius Middle Name: _____ Last Name: Kimbrell

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 7/16/24 ✓

Business or Organization Name: _____ OF

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

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

Purpose of Expenditure: Early Vote Coordinator

Amount of Expenditure: \$ 310.00 Date of Expenditure: \$ 7/22/24 ✓

Business or Organization Name: _____ OF

First Name: Darrius Middle Name: _____ Last Name: Kimbrell

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

Purpose of Expenditure: Poll Worker

Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 7/22/24 ✓

Business or Organization Name: _____ OF

First Name: Johnnie Middle Name: _____ Last Name: Mae

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

Purpose of Expenditure: Early Vote Poll Worker

Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 7/22/24 ✓

Total Expenditures: \$ _____

(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: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: _____ OF _____

First Name: Alexis Middle Name: _____ Last Name: Blackmon

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

Purpose of Expenditure: Election Day Worker

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 8/2/24 ✓

Business or Organization Name: _____ OF _____

First Name: Da'Zria Middle Name: _____ Last Name: Love

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

Purpose of Expenditure: Election Day Worker

Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 8/2/24 ✓

Business or Organization Name: _____ OF _____

First Name: Darrius Middle Name: _____ Last Name: Watkins

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

Purpose of Expenditure: Election Day Worker

Amount of Expenditure: \$ 125.00 Date of Expenditure: \$ 8/2/24 ✓

Business or Organization Name: _____ OF _____

First Name: Tudy Middle Name: _____ Last Name: Morris

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

Purpose of Expenditure: Telephone Bank

Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 7/16/24 ✓

Business or Organization Name: _____ OF _____

First Name: Tandre Middle Name: _____ Last Name: Morris

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

Purpose of Expenditure: Canvassing

Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 7/16/24 ✓

Total Expenditures: \$ _____

(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

- COPY**
1. Candidate or Committee Name: _____
 2. Reporting Period: Start Date: _____ End Date: _____
 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: _____
First Name: Tandre Middle Name: _____ Last Name: Morris
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker
Amount of Expenditure: \$ 125.00 Date of Expenditure: \$ 8/2/24 p

Business or Organization Name: _____
First Name: Kyah Middle Name: _____ Last Name: Fleming
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker
Amount of Expenditure: \$ \$60 Date of Expenditure: \$ 8/2/24 f

Business or Organization Name: _____
First Name: Jayla Middle Name: _____ Last Name: Smith
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker
Amount of Expenditure: \$ 60.00 Date of Expenditure: \$ 8/2/24 f

Business or Organization Name: _____
First Name: Ricky Middle Name: _____ Last Name: Jones
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 8/2/24 f

Business or Organization Name: _____
First Name: Daniah Middle Name: _____ Last Name: Fleming
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: ~~\$50~~ Election Day Worker
Amount of Expenditure: \$ 50 Date of Expenditure: \$ 8/2/24 f

Total Expenditures: \$ _____

(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: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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

Business or Organization Name: _____ C
First Name: Keyon Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Captain
Amount of Expenditure: \$ 235 Date of Expenditure: \$ 8/2/24 φ

Business or Organization Name: _____ C
First Name: Angie Middle Name: _____ Last Name: Jones
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Millington Day Worker
Amount of Expenditure: \$ \$125 Date of Expenditure: \$ 8/2 φ

Business or Organization Name: _____ C
First Name: Lewis Middle Name: _____ Last Name: Jones
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker
Amount of Expenditure: \$ 125.00 Date of Expenditure: \$ 8/2/24 φ

Business or Organization Name: _____ C
First Name: Beverly Middle Name: _____ Last Name: Jones
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker
Amount of Expenditure: \$ \$50 Date of Expenditure: \$ 8/2/24 φ

Business or Organization Name: _____ C
First Name: Ezra Middle Name: _____ Last Name: McKey
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Election Day Worker
Amount of Expenditure: \$ 60.00 Date of Expenditure: \$ 8/2/24 φ

Total Expenditures: \$ _____
(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.)