



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

26 OCT 16 PM 12:4

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/13/26 2.a. Candidate or Committee Name: Committee To Elect Melvin B. Jones

2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____

4. Campaign Address: 263 N. Avalon St
City: Memphis State: TN Zip Code: 38112 Phone: _____

5. Candidate Home Address: SAME
City: _____ State: _____ Zip Code: _____ Phone: _____
Candidate Email Address: _____

6. Office Sought: (include district number, if applicable) SHELBY COUNTY MAYOR

7. Name of Political Treasurer (may be candidate): ESTELLA GREEN
Political Treasurer Email Address: _____

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: 7/1/26 End Date: 9/30/26

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.

Melvin B. Jones 10/13/26
Candidate Signature Date

Estella Green 10/13/26
Political Treasurer Signature Date

Nancy M. Webb 10/13/26
Witness Signature Date

Carol Miller 10/13/26
Witness Signature Date

12. Summary:

- a. Balance On Hand Last Report \$ 6,687
b. Total Receipts This Period..... TRANZTEL Assessment Acct \$ 1,002 + 1,397
c. Total Disbursements This Period..... \$ 6,343
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 2,743 -
e. Total Loans Outstanding \$ 0
f. Total Obligations Outstanding \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Committee To Elect Melvin Burgess Shelby County Mayor
2. Reporting Period: Start Date: 7/1/26 End Date: 9/30/26
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: LOEB LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5264 Poplar City: Memphis State: TN Zip Code: 38119
Occupation: _____ Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,396 Date of Contribution: _____ Aggregate This Election: \$ 1,396-
REFUND OVERPAYMENT HEADQUARTERS

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: \$ _____

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: \$ 1,396-

(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: Committee To Elect Melvin Burgess Shelby County Mayor
2. Reporting Period: Start Date: 7/1/26 End Date: 9/30/26
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: Committee To Elect NATONIA Carpenter STATE EXEC #91 OR
First Name: NATONIA Middle Name: _____ Last Name: Carpenter
Address: 2100 CUNNY City: Memphis State: TN Zip Code: 38108
Purpose of Expenditure: CONTRIBUTION
Amount of Expenditure: \$ 250 - Date of Expenditure: \$ 7/9/26

Business or Organization Name: Committee To Elect Heidi Kuhn Congress OR
First Name: Heidi Middle Name: _____ Last Name: Kuhn
Address: 391 Forest Hill Lane City: Concordia State: TN Zip Code: 38018
Purpose of Expenditure: CONTRIBUTION
Amount of Expenditure: \$ 250 - Date of Expenditure: \$ 7/1/26

Business or Organization Name: Committee To Elect Ariel TN House #91 OR
First Name: ARIEL Middle Name: _____ Last Name: Gipson
Address: 1839 Madison Ave #520 City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: CONTRIBUTION
Amount of Expenditure: \$ 250 Date of Expenditure: \$ 7/1/26

Business or Organization Name: Committee To Elect CHAZ MOLDER US House #5TH OR
First Name: CHAZ Middle Name: _____ Last Name: MOLDER
Address: P.O. Box 41972 City: Nashville State: TN Zip Code: 37204
Purpose of Expenditure: CONTRIBUTION
Amount of Expenditure: \$ 250 - Date of Expenditure: \$ 7/10/20

Business or Organization Name: G OR
First Name: George Middle Name: _____ Last Name: Boydington
Address: 1408 50 Parkway E City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: HQ PAYMENT
Amount of Expenditure: \$ 2,186 - Date of Expenditure: \$ 7/14/26

Total Expenditures: \$ 3,186

(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: Committee To Elect Melvin Burgess Sr./b/ County Mayor
2. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 3.186-

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: MISTY ROSSEN STATE FARM OR
First Name: George Middle Name: _____ Last Name: Boyington
Address: 3872 ELVIS PRESLEY City: MEMPHIS State: TN Zip Code: 38116
Purpose of Expenditure: REIMBURSE PAYMENT INSURANCE H/O (STATE FARM)
Amount of Expenditure: \$ 7566- Date of Expenditure: \$ 7/14/26

Business or Organization Name: NATION WIDE INSURANCE OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3880 ELVIS PRESLEY City: MEMPHIS State: TN Zip Code: 38116
Purpose of Expenditure: QUOTE Fee deposit INSURANCE
Amount of Expenditure: \$ 300- Date of Expenditure: \$ 8/24/26

Business or Organization Name: Home Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1627 Poplar City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: SUPPLIES REIMBURSE SIGNS STAKES / ZIP TIES
Amount of Expenditure: \$ 216- Date of Expenditure: \$ 7/13/26

Business or Organization Name: STEINS CHAR J. ALEXANDER RESTAURANTS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2670 N. GERMANTOWN PKW City: MEMPHIS State: TN Zip Code: 38106
2248 LAUDERDALE 431 SO HIGHWAY Zip Code: 38111 38133
Purpose of Expenditure: CAMPAIGN WORKERS APPRECIATION
Amount of Expenditure: \$ 1.075 Date of Expenditure: \$ 8/12 8/13 8/17

Business or Organization Name: _____ OR
First Name: ANTONIO Middle Name: _____ Last Name: SUGGS
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: CAMPAIGN SIGN REMOVE H/O LOCATIONS POLH
Amount of Expenditure: \$ 1000- Date of Expenditure: \$ 7/15

Total Expenditures: \$ 6.343-

(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: Committee To Elect Melvin Ayala Sr Mayor

2. Reporting Period: Start Date: 7/1/26 End Date: 9/30/26

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

Business Name: <u>N/A</u>	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____				
City: _____				
State: _____ Zip Code: _____				
	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$	\$	\$	\$

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____				
City: _____				
State: _____ Zip Code: _____				
	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$	\$	\$	\$

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____				
City: _____				
State: _____ Zip Code: _____				
	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$	\$	\$	\$

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____				
City: _____				
State: _____ Zip Code: _____				
	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	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$