



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/10/26 2.a. Candidate or Committee Name: Lashanta Ridd for County Comm
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/10/26
4. Campaign Address: _____
- City: _____ State: _____ Zip Code: _____ Phone: _____
5. Candidate Home Address: 1700 David St
- City: Memphis State: TN Zip Code: 38114 Phone: 901-486-1624
- Candidate Email Address: vote lashanta ridd 10@gmail.com
6. Office Sought: (include district number, if applicable) Shelby County Commissioner D-10
7. Name of Political Treasurer (may be candidate): Lashanta Ridd
- Political Treasurer Email Address: Vote lashanta ridd 10@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: 4/26/2026 End Date: 6/30/2026
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.

Lashanta Ridd 7/10/26
Candidate Signature Date

Lashanta Ridd 7/10/26
Political Treasurer Signature Date

Janyra Ridd 7/10/26
Witness Signature Date

Janyra Ridd 7/10/26
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>32.40</u>
b. Total Receipts This Period	\$	<u>1325.00</u>
c. Total Disbursements This Period	\$	<u>1010.91</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>346.49</u>
e. Total Loans Outstanding	\$	<u>0</u>
f. Total Obligations Outstanding	\$	<u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Lashanta Rudd for County Commissioner

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/26

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) \$ 1325.00
- 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.) \$ 1325.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 1010.91
(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.) \$ 1010.91

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: LaShonda Ridd for County Commissioner D-11
2. Reporting Period: Start Date: 4/24/2026 End Date: 4/30/2026
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: Jobs PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 22 North 7th St City: Memphis State: TN Zip Code: 38103
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1000 Date of Contribution: 5/20/26 Aggregate This Election: \$ 1000

Business or Organization Name: Mary Tate Lee Consulting OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2102 Berkham City: Collierville State: TN Zip Code: 38017
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 5/20/26 Aggregate This Election: \$ 200

Business or Organization Name: Democratic Women of Shelby County OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 912311 City: Memphis State: TN Zip Code: 38117
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 125 Date of Contribution: 5/20/26 Aggregate This Election: \$ 125

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: \$ 1325.00

(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 or Committee Name: Lashonda Ridd for County Commissioner D / O
2. Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: \$ 0

(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 or Committee Name: Cashanla Luck for County Commissioner D-10
2. Reporting Period: Start Date: 4/20/20 End Date: 6/30/20
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 Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Monthly Bank fee
Amount of Expenditure: \$ 3.00 Date of Expenditure: 4/30/20

Business or Organization Name: AT&T OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ 41.62 Date of Expenditure: 5/15/20

Business or Organization Name: JLM OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Community Event
Amount of Expenditure: \$ 250.00 Date of Expenditure: 5/22/20

Business or Organization Name: Sam's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Community Event
Amount of Expenditure: \$ 72.36 Date of Expenditure: _____

Business or Organization Name: Mapco OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: GAS
Amount of Expenditure: \$ 50.55 Date of Expenditure: 5/20/2020

Total Expenditures: \$ 417.53

(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: Lashanta Rudder for County Commissioner
2. Reporting Period: Start Date: 4/24/26 End Date: 6/30/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 417.53

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: Hicks Conventional Rental OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Community Event
Amount of Expenditure: \$ 66.00 Date of Expenditure: 5/26/26

Business or Organization Name: Krogers OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Community Event
Amount of Expenditure: \$ 60.19 Date of Expenditure: 5/26/2026

Business or Organization Name: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Copies
Amount of Expenditure: \$ 9.33 Date of Expenditure: 5/26/2026

Business or Organization Name: Bop OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: GAS
Amount of Expenditure: \$ 52.35 Date of Expenditure: 5/26/26

Business or Organization Name: Marathon OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: GAS
Amount of Expenditure: \$ 51.31 Date of Expenditure: 5/27/26

Total Expenditures: \$ 244.18

(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: Lashana Rudek for County Commissioner D10
2. Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 661.71

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: Marathon OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: CAS
Amount of Expenditure: \$ 50.01 Date of Expenditure: 5/27/26

Business or Organization Name: BKP OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: CAS
Amount of Expenditure: \$ 58.95 Date of Expenditure: 5/29/26

Business or Organization Name: First Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Monthly Bank Fee
Amount of Expenditure: \$ 3.00 Date of Expenditure: 5/29/26

Business or Organization Name: BAP OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: CAS
Amount of Expenditure: \$ 59.16 Date of Expenditure: 6/2/2026

Business or Organization Name: Marathon OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: CAS
Amount of Expenditure: \$ 30.00 Date of Expenditure: 6/8/2026

Total Expenditures: \$ 201.12

(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 or Committee Name: Cashanta Ludd for County Commissioner
2. Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 862.83

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 fuel OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Gas
Amount of Expenditure: \$ 58.14 Date of Expenditure: \$ 6/8/26

Business or Organization Name: AT&T OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Data
Amount of Expenditure: \$ 41.62 Date of Expenditure: \$ 6/12/2026

Business or Organization Name: B&P OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Gas
Amount of Expenditure: \$ 48.32 Date of Expenditure: \$ 6/22/26

Business or Organization Name: First Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Monthly Fee
Amount of Expenditure: \$ 3.00 Date of Expenditure: \$ 6/30/26

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: \$ 1010.91

(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: Lashata Luckett for County Commission D.10
2. Reporting Period: Start Date: 4/20/26 End Date: 6/30/26
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: _____ 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 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 OBLIGATIONS - CANDIDATE

- Candidate or Committee Name: Lashantia Rndlo for County Commission P.10
- Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
- 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 Incurred	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 0	\$ 0	\$ 0