



# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Rhonda O'Dell

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ \_\_\_\_\_  
(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) ..... \$ \$3,100.00
- c. Loans Received This Reporting Period..... \$ \_\_\_\_\_
- d. Interest Received This Reporting Period ..... \$ \_\_\_\_\_
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ \$3,100.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,320.79  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ \_\_\_\_\_
- c. Total Obligation Payments Made This Period..... \$ \_\_\_\_\_
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$4,320.79

17. In-Kind Contributions:

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

18. Obligations:

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

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Rhonda O'Dell
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Friends of Amber Mills **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Occupation: NA Employer: NA

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 4/8/2026 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: James Middle Name: G. Last Name: Graves

Address: 4832 Bateman Rd City: Millington State: TN Zip Code: 38053

Occupation: Government Employer: City of Millington

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/8/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Hugh Middle Name: E. Last Name: Lamar

Address: 5685 Hayes Rd City: Arlington State: TN Zip Code: 38002

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 4/8/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Wanda Middle Name: \_\_\_\_\_ Last Name: Marlow

Address: 12330 Longhorn Dr City: Arlington State: TN Zip Code: 38002

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/8/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$2,250.00

(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: Rhonda O'Dell
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,250.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Charles Middle Name: Rick Last Name: Mays Jr  
Address: 4042 E Fir Hill Dr City: Lakeland State: TN Zip Code: 38002  
Occupation: Law Enforcement Employer: SCSO  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/8/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Stephen Middle Name: \_\_\_\_\_ Last Name: Rossi  
Address: 288 Gladney Rd City: Covington State: TN Zip Code: 38019  
Occupation: Retired Employer: Retired  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/8/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Harry Middle Name: \_\_\_\_\_ Last Name: Sinis  
Address: 2764 Portersville Rd City: Atoka State: TN Zip Code: 38004  
Occupation: Owner Employer: Olympic Steak & Pizza  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/9/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Karl Middle Name: \_\_\_\_\_ Last Name: Schledwitz  
Address: 427 Tennessee St City: Memphis State: TN Zip Code: 38103  
Occupation: CEO Employer: Monogram Foods  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/24/2026 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$3,100.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rhonda O'Dell
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: Watkins Uiberall PLLC **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Accounting

Amount of Expenditure: \$ \$400.00 Date of Expenditure: \$ 4/7/2026

Business or Organization Name: SignPrintz **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1389 Faulkner Rd City: Atoka State: TN Zip Code: 38004

Purpose of Expenditure: Signs

Amount of Expenditure: \$ \$1,201.75 Date of Expenditure: \$ 4/16/2026

Business or Organization Name: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$20.30 Date of Expenditure: \$ 4/9/2026

Business or Organization Name: directFX MS LLS **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 8811 Hwy 51 S City: Southaven State: MS Zip Code: 38671

Purpose of Expenditure: Signs

Amount of Expenditure: \$ \$2,000.00 Date of Expenditure: \$ 4/21/2026

Business or Organization Name: directFX MS LLC **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 8811 Hwy 51 N City: Southaven State: MS Zip Code: 38671

Purpose of Expenditure: Signs

Amount of Expenditure: \$ \$690.44 Date of Expenditure: \$ 4/22/2026

Total Expenditures: \$ \$4,312.49

(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: Rhonda O'Dell
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,312.49

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: Anedot **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$8.30 Date of Expenditure: \$ 4/24/2026

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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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: \$ \$4,320.79

(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.)