



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

\* Revised

1. Date: 4/20/2026 2.a. Candidate or Committee Name: Friends of Bennie Smith  
 2.b. If Committee, Name of Candidate: Bennie Smith 3. Election Date: 05/05/2026  
 4. Campaign Address: PO BOX 1831  
 City: Collierville State: TN Zip Code: 38027 Phone: 901-610-1683  
 5. Candidate Home Address: 273 Colbert St. W  
 City: Collierville State: TN Zip Code: 38017 Phone: 901-679-8304  
 Candidate Email Address: info@marl.benniesmith.com  
 6. Office Sought: (include district number, if applicable) Shelby County Clerk  
 7. Name of Political Treasurer (may be candidate): Lois H. Stockton  
 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: 1/16/2026 End Date: 3/31/2026

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.

<u>[Signature]</u>	<u>4/20/26</u>	<u>[Signature]</u>	<u>4/20/26</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>4/20/2026</u>	<u>[Signature]</u>	<u>4/20/26</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>0</u>
b. Total Receipts This Period .....	\$ <u>9750.00</u>
c. Total Disbursements This Period .....	\$ <u>4303.94</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>5446.06</u>
e. Total Loans Outstanding .....	\$ <u>4000.00</u>
f. Total Obligations Outstanding .....	\$ <u>5081.43</u>

\* Revised

### SUMMARY PAGE - CANDIDATE

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13. Name of Candidate or Committee: Friends of Bennie Smith

14. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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) ..... \$ 5750.00
- c. Loans Received This Reporting Period..... \$ 4000.00
- 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.) ..... \$ 9750.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 4303.94  
(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.)..... \$ 4303.94

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 0
- b. Itemized In-Kind Contributions Received This Period ..... \$ 2774.00
- c. Total In-Kind Contributions Received This Period ..... \$ 2774.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 5081.43

\* Revised \*

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

- Candidate or Committee Name: Friends of Bennie Smith
- Reporting Period: Start Date: 11/16/26 End Date: 0/31/26
- Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: Direct FX  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: 8811 Hwy 51 N  
 City: Southaven  
 State: MS Zip Code: 38671

Description of Obligation:  <u>Campaign Signs + mail</u>	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$ <u>0</u>	\$ <u>5081.43</u>	\$	\$ <u>5081.43</u>

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 This Period	Payments This Period	Outstanding Balance (Period End)
\$ <u>0</u>	\$ <u>5081.43</u>	\$	\$ <u>5081.43</u>

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ECUP 2023 **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

- 1. Candidate or Committee Name: Friends of Beanie Smith
- 2. Reporting Period: Start Date: 1/16/24 End Date: 3/31/24
- 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: \_\_\_\_\_ OR  
 First Name: Aerial Middle Name: \_\_\_\_\_ Last Name: Moore  
 Address: 454 Bonwood City: Memphis State: TN Zip Code: 38109  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 25.00 Date of Contribution: 2/26/24 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Cherica Middle Name: \_\_\_\_\_ Last Name: Parsons  
 Address: 5672 Riverhead Ave City: Memphis State: TN Zip Code: 38135  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 100.00 Date of Contribution: 3/10/24 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Chundell Middle Name: \_\_\_\_\_ Last Name: Alexander  
 Address: 88 Polo Run CV City: Byhalia State: MS Zip Code: 38611  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 25.00 Date of Contribution: 3/10/24 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Jessica Middle Name: \_\_\_\_\_ Last Name: Ruffin  
 Address: 4851 White Pass Dr. City: Collierville State: TN Zip Code: 38017  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 250.00 Date of Contribution: 3/14/24 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 400.00

(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.)

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# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Bennie Smith

2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26

3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 400.<sup>00</sup>

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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

First Name: Audrey Middle Name: \_\_\_\_\_ Last Name: Davis

Address: 6153 Harwick DR City: Memphis State: TN Zip Code: 38119

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 100.<sup>00</sup> Date of Contribution: 3/14/26 Aggregate This Election: \$ \_\_\_\_\_

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

First Name: George Middle Name: \_\_\_\_\_ Last Name: Monger

Address: 2715 Kelmscott City: Memphis State: TN Zip Code: 38119

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 500.<sup>00</sup> Date of Contribution: 3/14/26 Aggregate This Election: \$ \_\_\_\_\_

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

First Name: Joy Middle Name: \_\_\_\_\_ Last Name: Campbell

Address: 335 Clawson CV City: Memphis State: TN Zip Code: 38117

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 200.<sup>00</sup> Date of Contribution: 3/21/26 Aggregate This Election: \$ \_\_\_\_\_

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

First Name: Keevia Middle Name: \_\_\_\_\_ Last Name: Porter

Address: 9643 Kings Landing City: Olive Branch State: MS Zip Code: 38654

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 100.<sup>00</sup> Date of Contribution: 3/22/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 1300.<sup>00</sup>

(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

- Candidate or Committee Name: Friends of Beanie Smith
- Reporting Period: Start Date: 1/16/26 End Date: 3/31/26
- Total campaign contributions from preceding page (enter \$0 if first page) \$ 1300.<sup>00</sup>

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Soloman Middle Name: \_\_\_\_\_ Last Name: Smith  
 Address: 6101 Monterey Rd 7 City: Los Angeles State: CA Zip Code: 90042  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 500.<sup>00</sup> Date of Contribution: 3/22/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: April Middle Name: \_\_\_\_\_ Last Name: Walls  
 Address: 5234 Fernleaf Ave City: Memphis State: TN Zip Code: 38134  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 50.<sup>00</sup> Date of Contribution: 3/22/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Jennifer Middle Name: \_\_\_\_\_ Last Name: Williams  
 Address: 783 EVA St. City: Memphis State: TN Zip Code: 38112  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 150.<sup>00</sup> Date of Contribution: 3/24/26 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: La Shell Middle Name: \_\_\_\_\_ Last Name: Snell  
 Address: 156 Star Blossom Dr City: Memphis State: TN Zip Code: 38103  
 Occupation: \_\_\_\_\_ #414 Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 200.<sup>00</sup> Date of Contribution: 3/25/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 2200.<sup>00</sup>  
 (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.)

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# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Bennie Smith

2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26

3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2200.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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

First Name: Andre Middle Name: \_\_\_\_\_ Last Name: Wharton

Address: 532 W Clover Dr City: Memphis State: TN Zip Code: 38120

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 500.00 Date of Contribution: 3/31/26 Aggregate This Election: \$ \_\_\_\_\_

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

First Name: Edward Middle Name: \_\_\_\_\_ Last Name: Parker Jr

Address: 4864 Rocky Knob Dr City: Memphis State: TN Zip Code: 38116

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 500.00 Date of Contribution: 3/29/26 Aggregate This Election: \$ \_\_\_\_\_

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

First Name: Earlne Middle Name: \_\_\_\_\_ Last Name: Wilson

Address: 4192 Chesapeake Way City: Memphis State: TN Zip Code: 38125

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 200.00 Date of Contribution: 3/22/26 Aggregate This Election: \$ \_\_\_\_\_

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

First Name: Shelva Middle Name: \_\_\_\_\_ Last Name: Stafford

Address: 376 W. Ridge Dr City: Bartlett State: TN Zip Code: 38135

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 200.00 Date of Contribution: 3/22/26 Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 3,400.00

(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.)

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# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

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1. Candidate or Committee Name: Friends of Beanie Smith
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3600.<sup>00</sup>

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: BCS Investments, Inc. LLC OR

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

Address: 3806 classic City: Memphis State: TN Zip Code: 38125

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 1500.<sup>00</sup> Date of Contribution: 3/19/26 Aggregate This Election: \$ \_\_\_\_\_

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

First Name: Norma Middle Name: \_\_\_\_\_ Last Name: Lester

Address: 3865 S. Lakewood City: Memphis State: TN Zip Code: 38125

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 150.<sup>00</sup> Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

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

First Name: James Middle Name: \_\_\_\_\_ Last Name: Gibson II

Address: 3943 N. Lakewood City: Memphis State: TN Zip Code: 38125

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Amount of Contribution: \$ 500.<sup>00</sup> Date of Contribution: 3/14/26 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: \$ 5750.<sup>00</sup>

(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.)

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COUNTY CLERK

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Bennie Smith

2. Reporting Period: Start Date: 1/16/24 End Date: 3/31/24

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: Shelby TN PAC OR

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Expenditure: Full Page Ad

Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 3/5/24

Business or Organization Name: Amazon OR

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Expenditure: Party Supplies (For Announcement Party)

Amount of Expenditure: \$ 163.44 Date of Expenditure: \$ 3/10/24

Business or Organization Name: M-Print to M-Press LLC OR

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

Address: \_\_\_\_\_ City: Memphis State: TN Zip Code: \_\_\_\_\_

Purpose of Expenditure: T Shirts

Amount of Expenditure: \$ 1142.00 Date of Expenditure: \$ 3/13/24

Business or Organization Name: Sam's Club OR

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

Address: \_\_\_\_\_ City: Southaven State: MS Zip Code: \_\_\_\_\_

Purpose of Expenditure: Party Supplies (Food Items for Announcement Party)

Amount of Expenditure: \$ 59.58 Date of Expenditure: \$ 3/18/24

Business or Organization Name: Amazon OR

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Expenditure: Party Supplies (For Fundraiser)

Amount of Expenditure: \$ 157.97 Date of Expenditure: \$ 3/19/24

Total Expenditures: \$ 1,822.99

(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.)

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# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Bennie Smith  
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,822.99

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: Democratic Woman of Shelby Co. OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Campaign Event  
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 3/19/26

Business or Organization Name: Sam's Club OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: Southaven State: MS Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Party Supplies (For Fundraiser)  
Amount of Expenditure: \$ 51.00 Date of Expenditure: \$ 3/19/26

Business or Organization Name: Deluxe Bus System OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Amount of Expenditure: \$ 87.45 Date of Expenditure: \$ 3/23/26

Business or Organization Name: In Eric Memphis TN OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: 360 Picture Booth  
Amount of Expenditure: \$ 299.50 Date of Expenditure: \$ 3/26/26

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Frank Middle Name: \_\_\_\_\_ Last Name: Cole  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Food and all things catering for fundraiser  
Amount of Expenditure: \$ 700.00 Date of Expenditure: \$ 3/26/26

Total Expenditures: \$ 3060.94  
(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.)

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# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Bennie Smith  
 2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26  
 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 3060.94

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: Deloris Middle Name: \_\_\_\_\_ Last Name: Brown  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Expenditure: Campaign Favor Items and Plus Cards  
 Amount of Expenditure: \$ 243.00 Date of Expenditure: \$ 3/28/24

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Frank Middle Name: \_\_\_\_\_ Last Name: Cole  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Expenditure: Food and all things Catering for Announcement Party  
 Amount of Expenditure: \$ 1000.00 Date of Expenditure: \$ 3/16/26

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

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: \$ 4,303.94  
 (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.)

\* Revised \*  
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# ITEMIZED STATEMENT OF LOANS - CANDIDATE

- Candidate or Committee Name: Friends of Bernie Smith
- Reporting Period: Start Date: 1/16/26 End Date: 3/31/26
- 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: Bernie Middle Name: J Last Name: Smith

Address: 273 W. Colbert St. City: Collierville State: TN Zip Code: 38017

Outstanding Loan Balance (Beginning) ..... \$ 0

Loans Received ..... \$ 1000.00

Loan Payments ..... \$ 0

Outstanding Loan (End)..... \$ 1000.00

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

Date of Loan: 2/20/26

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) ..... \$ 0

Loans Received ..... \$ 1000.00

Loan Payments ..... \$ 0

Outstanding Loan (End)..... \$ 1000.00

*Revised*

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2025 MAY 11 AM 10:31  
2025 MAY 11 AM 10:31

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

- Candidate or Committee Name: Friends of Bennie Smith
- Reporting Period: Start Date: 1/16/26 End Date: 3/31/26
- 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: Bennie Middle Name: J. Last Name: Smith

Address: 273 W. Colbert St. City: Collierville State: TN Zip Code: 38017

Outstanding Loan Balance (Beginning) ..... \$ 1000.00

Loans Received ..... \$ 3000.00

Loan Payments ..... \$ 0

Outstanding Loan (End) ..... \$ 4000.00

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

Date of Loan: 3/16/26

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) ..... \$ 1000.00

Loans Received ..... \$ 3000.00

Loan Payments ..... \$ 0

Outstanding Loan (End) ..... \$ 4000.00

Revised

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

2025 MAY 1 11:51 AM  
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1. Candidate or Committee Name: Friends of Bernie Smith  
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26  
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: Frank Middle Name: \_\_\_\_\_ Last Name: Cole  
Address: 4938 Lions Gate Dr City: Memphis State: TN Zip Code: 38116  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 700.00 In-Kind Contribution Date: 3/22/26 Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: Rental Cost of Home For Event

Business or Organization Name: Phase 1 Protection Services LLC 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: \$ 250.00 In-Kind Contribution Date: 3/22/26 Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: Security Service

Business or Organization Name: ASAP Transportation 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: \$ 450.00 In-Kind Contribution Date: 3/22/26 Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: Rental Cost for Sprinter Van

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Chuyenne Middle Name: \_\_\_\_\_ Last Name: Collins  
Address: 1362 S Parkway E. City: Memphis State: TN Zip Code: 38106  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 374.00 In-Kind Contribution Date: 3/11/26 Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: Banner, Printed Cups

Total In-Kind Contributions: \$ 1,774.00  
(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.)

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# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Bennie Smith

2. Reporting Period: Start Date: 1/16/24 End Date: 3/31/24

3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 1,774.00

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: Connect Music OR

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

Address: 158 Vance Ave City: Memphis State: TN Zip Code: 38103

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

In-Kind Contribution Value: \$ 1000.00 In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: Rental Cost of Space for Apartment Party

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: \$ 2,774.00

(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.)