



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

ORIGINAL DOCUMENT
THIS DOCUMENT CANNOT BE
ACCEPTED TCA 2-5-102

1. Date: 7/10/26 2.a. Candidate or Committee Name: Friends of Marie Feagins
2.b. If Committee, Name of Candidate: Marie Feagins 3. Election Date: 5/5/26
4. Campaign Address: 2770 Mahue Dr
City: Memphis State: TN Zip Code: 38127 Phone: 205-886-8100
5. Candidate Home Address: 4514 New Brownsville Rd
City: Memphis State: TN Zip Code: 38135 Phone: 205-886-8100
Candidate Email Address: info@mariefeagins.com
6. Office Sought: (include district number, if applicable) Shelby County Mayor
7. Name of Political Treasurer (may be candidate): Telise Ewell Turner
Political Treasurer Email Address: tturner3@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: 4/26/26 End Date: 6/30/26

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.

Candidate Signature

Date

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

a. Balance On Hand Last Report \$ 14,051.41
b. Total Receipts This Period \$ -792.00
c. Total Disbursements This Period \$ 6,251.00
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 7,008.41
e. Total Loans Outstanding \$ —
f. Total Obligations Outstanding \$ —

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Marie Peragin

14. Reporting Period: Start Date: 4/26/24 End Date: 6/30/24

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) \$ -792
- 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.) \$ -792

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 6,251.00
(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.) \$ 6,251.00

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ —
- b. Itemized In-Kind Contributions Received This Period \$ 2,176.25
- c. Total In-Kind Contributions Received This Period \$ 2,176.25

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Marie Eragins
2. Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
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: _____ OR
First Name: William Middle Name: _____ Last Name: Turner
Address: 4547 Sundown Lane City: Memphis State: TN Zip Code: 38109
Occupation: Not Employed Employer: Not Employed
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 900 Date of Contribution: 4/27/26 Aggregate This Election: \$ 900

Business or Organization Name: _____ OR
First Name: Petra Middle Name: _____ Last Name: Wattigney Staten
Address: 3015 Woodland Crest Dr City: Lakeland State: TN Zip Code: 38002
Occupation: Behavioral Analyst Employer: Harnwood Center
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 600 Date of Contribution: 4/30/26 Aggregate This Election: \$ 302

Business or Organization Name: _____ OR
First Name: Jennifer Middle Name: _____ Last Name: Davis-Simmons
Address: 2034 W Dogwood Creek 102 City: Collierville State: TN Zip Code: 38017
Occupation: Inventory Planner Employer: Orion, Inc.
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 5/2/26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Pearl Middle Name: _____ Last Name: Walker
Address: 5373 Loch Lomond Rd City: Memphis State: TN Zip Code: 38116
Occupation: Councilwoman Employer: City of Memphis
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 6/5/26 Aggregate This Election: \$ 50

Total Contributions: \$ -818

(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: Friends of Marie Harris
2. Reporting Period: Start Date: 4/26/26 End Date: 6/30/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ -818

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Stephen Middle Name: _____ Last Name: Harris
Address: 301 Rosa L Parks Ave 105 City: Nashville State: TN Zip Code: 37203
Occupation: Political Consultant Employer: Self Employed
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 26 Date of Contribution: 5/8/26 Aggregate This Election: \$ 1,061.79

Business or Organization Name: _____ OR
First Name: Sarah Middle Name: _____ Last Name: Gunn
Address: 7032 Fernbank Lane City: Memphis State: TN Zip Code: 38126
Occupation: Teacher Employer: MSCS
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 6 Date of Contribution: 5/13/26 Aggregate This Election: \$ 50

Business or Organization Name: _____ OR
First Name: Sharon Middle Name: _____ Last Name: Baker
Address: 4548 Lake Vista Dr City: Memphis State: TN Zip Code: 38128
Occupation: Medical Employer: Methodist Hospital
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 20 Date of Contribution: 5/13/26 Aggregate This Election: \$ 60

Business or Organization Name: _____ OR
First Name: Camille Middle Name: _____ Last Name: Collins
Address: 3352 Ga Hudsonville Rd City: Holly Springs State: MS Zip Code: 38635
Occupation: Teacher Employer: Germanatown High School
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 15 Date of Contribution: 5/10/26 Aggregate This Election: \$ 325

Total Contributions: \$ -161

(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: Friend of Marie Perkins
2. Reporting Period: Start Date: 4/26/26 End Date: 6/20/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ -751

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Camille Middle Name: _____ Last Name: Collins
Address: 3351 Old Hudsonville Rd City: Holly Springs State: MS Zip Code: 38636
Occupation: Teacher Employer: Germantown High School
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ -15 Date of Contribution: 5/16/26 Aggregate This Election: \$ 310

Business or Organization Name: _____ OR
First Name: Sharon Middle Name: _____ Last Name: Baker
Address: 4548 Lake Vista Dr City: Memphis State: TN Zip Code: 38128
Occupation: Medical Employer: Methodist Hospital
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ -20 Date of Contribution: 5/16/26 Aggregate This Election: \$ 40

Business or Organization Name: _____ OR
First Name: Sarah Middle Name: _____ Last Name: Gum
Address: 1032 Fernbank Ln City: Memphis State: TN Zip Code: 38125
Occupation: Teacher Employer: MSIS
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ -6 Date of Contribution: 5/16/26 Aggregate This Election: \$ 44

Business or Organization Name: _____ OR
First Name: Leborah Middle Name: _____ Last Name: Hayes
Address: 3046 Estes St City: Memphis State: TN Zip Code: 38115
Occupation: USPS Worker Employer: USPS
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 5/19/26 Aggregate This Election: \$ 150

Total Contributions: \$ -742

(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: Friends of Marie Peagani
2. Reporting Period: Start Date: 4/20/26 End Date: 6/30/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ -742

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Jehorah Middle Name: _____ Last Name: Hanes
Address: 5046 Eads St City: Memphis State: TN Zip Code: 38115
Occupation: USPS Worker Employer: USPS
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ -50 Date of Contribution: 5/19/26 Aggregate This Election: \$ 100

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: \$ -792

(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: Friend of Marie Keagin
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) \$ 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: Scale to Win OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 455 Market St Ste 140 City: San Francisco State: CA Zip Code: 94105
Purpose of Expenditure: Marketing - Texting
Amount of Expenditure: \$ 746.98 Date of Expenditure: 4/27/26

Business or Organization Name: Cooper Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1065 Goodman Rd W City: Hornlake State: MS Zip Code: 38637
Purpose of Expenditure: T-shirts
Amount of Expenditure: \$ 495.70 Date of Expenditure: 4/29/26

Business or Organization Name: _____ OR
First Name: Mary Middle Name: _____ Last Name: Robinson
Address: 1626 Rowlett Dr City: Olive Branch State: MS Zip Code: 38654
Purpose of Expenditure: W Service - Event
Amount of Expenditure: \$ 300 Date of Expenditure: 5/5/26

Business or Organization Name: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2863 Wolfcreek Pkwy City: Memphis State: TN Zip Code: 38133
Purpose of Expenditure: Event Supplies
Amount of Expenditure: \$ 86.54 Date of Expenditure: 5/6/26

Business or Organization Name: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6510 Poplar Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Event Supplies + Printing
Amount of Expenditure: \$ 103.75 Date of Expenditure: 5/6/26

Total Expenditures: \$ 1731.47

(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: Friends of Marie Keagin
2. Reporting Period: Start Date: 4/1/16 End Date: 6/30/16
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1731.47

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: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5510 Poplar Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Event Supplies - lanyards
Amount of Expenditure: \$ 15.90 Date of Expenditure: 5/5/16

Business or Organization Name: _____ OR
First Name: Tobey Middle Name: _____ Last Name: Shaw
Address: 1424 Far Dr City: Cordova State: TN Zip Code: 38016
Purpose of Expenditure: Event Security
Amount of Expenditure: \$ 1,000 Date of Expenditure: 5/6/16

Business or Organization Name: _____ OR
First Name: Tobey Middle Name: _____ Last Name: Shaw
Address: 1424 Far Dr City: Cordova State: TN Zip Code: 38016
Purpose of Expenditure: Security & Driver Services
Amount of Expenditure: \$ 216 Date of Expenditure: 5/6/16

Business or Organization Name: James Media Group LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5495 Murray Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Marketing
Amount of Expenditure: \$ 200 Date of Expenditure: 5/6/16

Business or Organization Name: Alpha Whiskey International OR
First Name: Ashley Middle Name: _____ Last Name: Winbush
Address: 648 S Riverside Dr 318 City: Memphis State: TN Zip Code: 38103
Purpose of Expenditure: Event Lighting
Amount of Expenditure: \$ 186.84 Date of Expenditure: 5/6/16

Total Expenditures: \$ 3459.21

(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: Friend & Marie Eugin
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) \$ 3409.21

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: State To Win OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 455 Market St Suite 1440 City: San Francisco State: CA Zip Code: 94106
Purpose of Expenditure: Text Message Marketing
Amount of Expenditure: \$ 834.70 Date of Expenditure: 5/7/26

Business or Organization Name: Tractor Supply OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 9715 US 64 E City: Arington State: TN Zip Code: 38002
Purpose of Expenditure: Signage Stakes
Amount of Expenditure: \$ 49.96 Date of Expenditure: 5/4/26

Business or Organization Name: Run! OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 651 North Broad St City: Middletown State: DE Zip Code: 19709
Purpose of Expenditure: Website Maint. fee
Amount of Expenditure: \$ 50 Date of Expenditure: 6/10/26

Business or Organization Name: Costco OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2431 N Germantown Pkwy City: Cordova State: TN Zip Code: 38016
Purpose of Expenditure: Volunteer Supplies
Amount of Expenditure: \$ 54.70 Date of Expenditure: 5/4/26

Business or Organization Name: Microsoft OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: One Microsoft Way City: Redmond State: WA Zip Code: 98052
Purpose of Expenditure: Communication Subscription
Amount of Expenditure: \$ 171.70 Date of Expenditure: 5/4/26

Total Expenditures: \$ 4619.27

(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: Friend of Marie Flagin
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) \$ 4619.27

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: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5510 Poplar Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Event Supplier
Amount of Expenditure: \$ 73.93 Date of Expenditure: 5/5/26

Business or Organization Name: Flodesk, Inc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2093 Philadelphia Pike City: Claymont State: DE Zip Code: 19703
Purpose of Expenditure: Email Marketing
Amount of Expenditure: \$ 64.76 Date of Expenditure: 5/6/26

Business or Organization Name: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5510 Poplar Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Return - Event Supplies
Amount of Expenditure: \$ -85.54 Date of Expenditure: 5/5/26

Business or Organization Name: USPS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5821 Park Ave City: Memphis State: TN Zip Code: 38119
Purpose of Expenditure: Postage
Amount of Expenditure: \$ 1.01 Date of Expenditure: 5/7/26

Business or Organization Name: Tennessee Democratic Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4900 Centennial Blvd City: Nashville State: TN Zip Code: 37209
Purpose of Expenditure: Vae Builder
Amount of Expenditure: \$ 11000 Date of Expenditure: 5/7/26

Total Expenditures: \$ 5,673.43

(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: Friends of Mary Feagins
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) \$ 5673.43

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: Run! OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 631 N Broad St 201 City: Middletown State: DE Zip Code: 19709
Purpose of Expenditure: Website Maint. Fee
Amount of Expenditure: \$ 50 Date of Expenditure: 5/11/26

Business or Organization Name: Microsoft OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: One Microsoft Way City: Redmond State: WA Zip Code: 98052
Purpose of Expenditure: Subscription
Amount of Expenditure: \$ 94.80 Date of Expenditure: 5/26/26

Business or Organization Name: Microsoft OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: One Microsoft Way City: Redmond State: WA Zip Code: 98052
Purpose of Expenditure: Subscription
Amount of Expenditure: \$ 171.20 Date of Expenditure: 6/2/26

Business or Organization Name: Flodesk OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2093 Philadelphia Pike City: Claymont State: DE Zip Code: 19703
Purpose of Expenditure: Email Marketing
Amount of Expenditure: \$ 64.76 Date of Expenditure: 6/2/26

Business or Organization Name: Scale To Win OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 455 Market St Suite 1900 City: San Francisco State: CA Zip Code: 94105
Purpose of Expenditure: Text Message Marketing - Sales Tax Adjustment
Amount of Expenditure: \$ 81.38 Date of Expenditure: 6/8/26

Total Expenditures: \$ 6135.57

(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: Friend of Marie Feagins
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) \$ 6135.57

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: Microsoft OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: One Microsoft Way City: Redmond State: WA Zip Code: 98052
Purpose of Expenditure: Subscription
Amount of Expenditure: \$ 94.80 Date of Expenditure: 6/25/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payment Fees
Amount of Expenditure: \$ 1.19 Date of Expenditure: 4/27/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payment Fees
Amount of Expenditure: \$ 8.89 Date of Expenditure: 4/28/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payment Fees
Amount of Expenditure: \$ 20.50 Date of Expenditure: 5/1/26

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payment Fees
Amount of Expenditure: \$.45 Date of Expenditure: 5/4/26

Total Expenditures: \$ 6243.62

(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: Friends of Marie Feagins
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) \$ 6243.62

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: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fees
Amount of Expenditure: \$ 2.08 Date of Expenditure: 5/6/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fees
Amount of Expenditure: \$ 1.19 Date of Expenditure: 5/7/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fees
Amount of Expenditure: \$ 1.19 Date of Expenditure: 5/12/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fees
Amount of Expenditure: \$ 1.42 Date of Expenditure: 5/15/26

Business or Organization Name: ActBlue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fees
Amount of Expenditure: \$ -.39 Date of Expenditure: 5/18/26

Total Expenditures: \$ 6249.11

(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: Friend of Marie Feagin
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) \$ 6249.11

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: Actblue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fees
Amount of Expenditure: \$.56 Date of Expenditure: 5/20/26

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 366 Summer St City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Payout Fees
Amount of Expenditure: \$ 1.33 Date of Expenditure: 5/21/26

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: \$ 6251.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Marie Feagin
2. Reporting Period: Start Date: 4/26/24 End Date: 6/30/24
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: LAW of Hospitality OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 367 City: Cordova State: TN Zip Code: 38081
Occupation: _____ Employer: _____
In-Kind Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 632.50 In-Kind Contribution Date: 5/5/24 Aggregate This Election: \$ 632.50
Description of In-Kind Contribution: Event Decor & Lighting

Business or Organization Name: _____ OR
First Name: Janice Middle Name: _____ Last Name: TANKSON
Address: 8062 Chrysalis Cove City: Cordova State: TN Zip Code: 38016
Occupation: Educator Employer: MSCS
In-Kind Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 300 In-Kind Contribution Date: 5/5/24 Aggregate This Election: \$ _____
Description of In-Kind Contribution: Event Decor

Business or Organization Name: _____ OR
First Name: Loretta Middle Name: _____ Last Name: Webber
Address: 8943 Belledier Cv W City: Cordova State: TN Zip Code: 38016
Occupation: Admin Employer: MPAC
In-Kind Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 1243.75 In-Kind Contribution Date: 5/5/24 Aggregate This Election: \$ 1243.75
Description of In-Kind Contribution: Event Planning

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: \$ 2176.25

(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.)