

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD	
	FROM: 1/16/2026	TO: 3/31/2026
RECEIPTS		
13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period).....	\$ 100	
b. Itemized Contributions (over \$100 from each source this period).....	\$ 39,650.00	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.).....	\$ 39,750.00	
14. LOANS RECEIVED THIS REPORTING PERIOD.....	\$ 0.00	
15. INTEREST RECEIVED THIS REPORTING PERIOD.....	\$ 0.00	
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.).....	\$ 39,750.00	
DISBURSEMENTS		
17. EXPENDITURES (other than loan payments)		
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)		
Credit Card Fees	\$ 10.60	
PO Box Fee	\$ 57.00	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total of Expenditures (\$100 or less each payee).....	\$ 67.60	
b. Itemized Expenditures (Over \$100 each payee this period).....	\$ 24,866.85	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.).....	\$ 24,934.45	
18. LOAN REPAYMENTS MADE THIS PERIOD.....	\$ 0.00	
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.).....	\$ 24,934.45	
20. IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period).....	\$ 0.00	
b. Itemized in-kind contributions (over \$100 from each source this period).....	\$ _____	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.).....	\$ 0.00	
21. LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.).....	\$ 0.00	
22. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each).....	\$ 0.00	
b. Itemized Obligations Outstanding (Over \$100 each).....	\$ _____	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.).....	\$ 0.00	



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM: 1/16/2026	TO: 3/31/2026
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Ralph	M.I.	Last Name/Organization Name Gabb	Amount of Contribution	
Address 7976 Neshoba Rd				
City Germantown	State TN	Zip Code 38138	150.00	
Occupation Retired				
Employer Retired				
First Name John	M.I.	Last Name/Organization Name Barzizza	Amount of Contribution	
Address 2827 Brownleaf Cv				
City Germantown	State TN	Zip Code 38138	2,500.00	
Occupation Retired				
Employer Retired				
First Name Edwin	M.I.	Last Name/Organization Name Barnett	Amount of Contribution	
Address 8601 The Island Dr				
City Memphis	State TN	Zip Code 38125	1,000.00	
Occupation Founding Partner				
Employer Bluff City Advisory Group LLC				
First Name Henry	M.I.	Last Name/Organization Name Hutton	Amount of Contribution	
Address 2550 Johnson Rd				
City Germantown	State TN	Zip Code 38139	1,000.00	
Occupation Business Owner				
Employer Self-Employed				
First Name Michael	M.I.	Last Name/Organization Name Bruns	Amount of Contribution	
Address 8245 Tournament Dr Ste 290				
City Memphis	State TN	Zip Code 38125	10,000.00	
Occupation Retired				
Employer Retired				
5. TOTAL ITEMIZED CONTRIBUTIONS				14,650.00
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Servant Leadership			2. REPORT COVERING THE PERIOD	
			FROM: 1/16/2026	TO: 3/31/2026
			Amount 14,650.00	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name	M.I.	Last Name/Organization Name Tall Cypress Operating		Amount of Contribution 10,000.00
Address 9040 Garden Arbor Dr Ste 101				
City Germantown	State TN	Zip Code 38138		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Tennessee City Management Association		Amount of Contribution 5,000.00
Address PO Box 2871				
City Brentwood	State TN	Zip Code 37024		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name International City/County Management Association		Amount of Contribution 10,000.00
Address 660 North Capitol St NW 7th Floor				
City Washington	State DC	Zip Code 20001		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				39,650.00
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Citizens for Servant Leadership			FROM: 1/16/2026 TO: 3/31/2026	
			Amount 0.00	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a single payee during the period, must be itemized.)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Margin of Victory		Political / Admin Consulting		\$2,500.00
Address PO Box 196				
City Collierville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Patricia Possel Photography		Yard Signs		\$3,239.35
Address 581 Fern Meadow Cove				
City Cordova	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Margin of Victory		Political / Admin Consulting		\$2,500.00
Address PO Box 196				
City Collierville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Margin of Victory		Website Expense		\$500.00
Address PO Box 196				
City Memphis	State TN			
First Name David	Middle Name Morelli	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Campaign Worker		\$750.00
Address 2365 Kirby Rd				
City Memphis	State TN			
First Name Jeff	Middle Name Hines	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Research/Polling		\$1,375.00
Address 4033 Williford Way				
City Spring Hill	State TN			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				10,864.35



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Citizens for Servant Leadership			2. REPORT COVERING THE PERIOD	
			FROM: 1/16/2026	TO: 3/31/2026
			Amount 10,864.35	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a single payee during the period, must be itemized.)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Margin of Victory		Political / Admin Consulting		\$2,500.00
Address PO Box 196				
City Collierville	State TN			
First Name David	Middle Name Morelli	Campaign Worker		\$1,500.00
Last Name/Business Name				
Address 2365 Kirby Rd				
City Memphis	State TN	Zip Code 38119		
First Name	Middle Name	Compliance/Accounting		\$422.50
Last Name/Business Name Political Financial Management, LLC				
Address 95 White Bridge Rd Ste 207				
City Nashville	State TN	Zip Code 37205		
First Name	Middle Name	Palm Cards		\$900.00
Last Name/Business Name Margin of Victory				
Address PO Box 196				
City Collierville	State TN	Zip Code 38027		
First Name	Middle Name	Direct Mail		\$5,680.00
Last Name/Business Name Margin of Victory				
Address PO Box 196				
City Collierville	State TN	Zip Code 38027		
First Name	Middle Name	Website Expense		\$3,000.00
Last Name/Business Name Edgerton Strategies, LLC				
Address 1540 Keller Parkway #108-402				
City Keller	State TX	Zip Code 76248		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				\$24,866.85



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING PERIOD		
Citizens for Servant Leadership			FROM: 1/16/2026	TO: 3/31/2026	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name					
Address					
City	State				Zip Code
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name					
Address					
City	State				Zip Code
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name					
Address					
City	State				Zip Code
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name					
Address					
City	State				Zip Code
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3 of next page if additional pges of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)				0.00	



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Citizens for Servant Leadership				FROM: 1/16/2026		TO: 3/31/2026	
				3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
4. TOTALS							
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Citizens for Servant Leadership				FROM: 1/16/2026		TO: 3/31/2026	
				3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)		Outstanding Balance (Beginning of Period)	Debt Incurred This Period
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State						Zip Code
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State						Zip Code
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State						Zip Code
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State						Zip Code
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State						Zip Code
Description of Obligation							
4. TOTALS							
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)							

