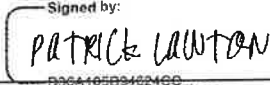
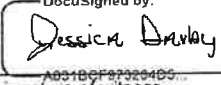


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 4/28/2026	2. NAME OF COMMITTEE Citizens for Servant Leadership
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone PO Box 38671 Germantown TN 38183 901-581-1862	
4. MEASURES SUPPORTED OR OPPOSED Opposing the Ballot Measure to make the Mayor of Germantown position a full-time position.	
5.A. NAME OF POLITICAL TREASURER Patrick Lawton	5.B. DATE APPOINTED 1/16/2026
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD 4/1/2026	7.B. ENDING DATE OF REPORTING PERIOD 4/25/2026
8. (Check one) A. <input type="checkbox"/> This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.) B. <input checked="" type="checkbox"/> This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.	
Signed by:  _____ signature of political treasurer	
4/27/2026 _____ date	
9. WITNESS SIGNATURE	
DocuSigned by:  _____ signature of witness	
4/27/2026 _____ date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ 14,815.55
b. TOTAL RECEIPTS THIS PERIOD	\$ 5,115.00
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 16,193.58
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ 3,736.97
e. TOTAL LOANS OUTSTANDING	\$ 0.00
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0.00



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD	
	FROM: 4/1/2026	TO: 4/25/2026
RECEIPTS		
13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period).....	\$ 115.00	
b. Itemized Contributions (over \$100 from each source this period)	\$ 5,000.00	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ 5,115.00	
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.).....	\$ 5,115.00	
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	\$ 5.20	
.....	\$ _____	
.....	\$ _____	
.....	\$ _____	
.....	\$ _____	
.....	\$ _____	
.....	\$ _____	
Total of Expenditures (\$100 or less each payee).....	\$ 5.20	
b. Itemized Expenditures (Over \$100 each payee this period).....	\$ _____	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.).....	\$ 16,188.38	
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ 0.00	
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.).....	\$ 16,193.58	
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 i item 10.f.)	\$ 0.00	



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM: 4/1/2026	TO: 4/25/2026
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	M.I.	Last Name/Organization Name	Amount of Contribution \$5,000.00	
Address				
P.O. Box 2871				
City	State	Zip Code		
Brentwood	TN	37024		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				5,000.00
(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: 4/1/2026	
				TO: 4/25/2026	
				Amount	
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 David	Middle Name Morelli	Mileage		\$250.88	
Last Name/Business Name					
Address 2365 Kirby Rd					
City Memphis	State TN	Zip Code 38119			
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	Direct Mail		\$5,680.00	
Last Name/Business Name Margin of Victory					
Address PO Box 196					
City Memphis	State TN	Zip Code 38027			
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		\$577.50	
Last Name/Business Name Political Financial Management LLC					
Address 95 White Bridge Rd Ste 207					
City Nashville	State TN	Zip Code 37205			
5. TOTAL ITEMIZED EXPENDITURES				16,188.38	
(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.)					

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Servant Leadership			2. REPORT COVERING PERIOD	
			FROM: 4/1/2026	TO: 4/25/2026
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: 4/1/2026		TO: 4/25/2026	
				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				
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: 4/1/2026		TO: 4/25/2026	
				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.)							

