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

1. Date: 4-3-2026 2.a. Candidate or Committee Name: Friends of Cheryl Brown

2.b. If Committee, Name of Candidate: Cheryl Brown 3. Election Date: 5-5-2026

4. Campaign Address: 500 Kilburn Ct

City: Franklin State: TN Zip Code: 37067 Phone: 615.870-6188

5. Candidate Home Address: 500 Kilburn Ct

City: Franklin State: TN Zip Code: 37067 Phone: 615.870.6188

Candidate Email Address: cherylgop23@gmail.com

6. Office Sought: (include district number, if applicable) Williamson County Commissioner District 10

7. Name of Political Treasurer (may be candidate): Judy A Oxford

Political Treasurer Email Address: judyaoxford@comcast.net

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: 1-23-2026 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.

Candidate Signature	4/8/26 Date	Judy A Oxford Political Treasurer Signature	4-8-2026 Date
Witness Signature	4-8-26 Date	Witness Signature	4-8-26 Date

12. Summary:

a.	Balance On Hand Last Report	$
b.	Total Receipts This Period	$ 4898.26
c.	Total Disbursements This Period	$ 1,579.51
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 3,318.75
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 285.00

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ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Cheryl Brown

14. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 154.80
(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) ..... $ 4,743.46

c. Loans Received This Reporting Period ..... $ 0

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.) ..... $ 4,898.26

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1,579.51
(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.) ..... $ 1,579.51

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

b. Itemized In-Kind Contributions Received This Period ..... $ 250.00

c. Total In-Kind Contributions Received This Period ..... $ 250.00

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 285.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-2026

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: Raja Middle Name: _____ Last Name: OBrien

Address: 5021 Country Club Dr. City: Brentwood State: TN Zip Code: 37027

Occupation: homemaker Employer: _____

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

Amount of Contribution: $ 150.00 Date of Contribution: 2-26-2026 Aggregate This Election: $ 150.00

Business or Organization Name: Jack Pac **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 915 Lewisburg Pk City: Franklin State: TN Zip Code: 37064

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 500.00 Date of Contribution: 2-21-2026 Aggregate This Election: $ 500.00

Business or Organization Name: _____ **OR**

First Name: Kelly Middle Name: _____ Last Name: Beasley

Address: 4440 Peytonsville Rd. City: Franklin State: TN Zip Code: 37064

Occupation: real estate development Employer: self

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

Amount of Contribution: $ 250.00 Date of Contribution: 3-11-26 Aggregate This Election: $ 250.00

Business or Organization Name: _____ **OR**

First Name: Betsy Middle Name: _____ Last Name: Hester

Address: 112 Valley Ridge Rd City: Franklin State: TN Zip Code: 37064

Occupation: commissioner Employer: Williamson County Government

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

Amount of Contribution: $ 400.00 Date of Contribution: 3-17-2026 Aggregate This Election: $ 400.00

Total Contributions: $ 1,300.00

(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: Friends of Cheryl Brown

2. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1,300.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Dawn Middle Name: _____ Last Name: Mountain

Address: 226 Sontag Dr City: Franklin State: TN Zip Code: 37064

Occupation: retired Employer: retired

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

Amount of Contribution: $ 104.48 Date of Contribution: 2-9-2026 Aggregate This Election: $ 104.48

Business or Organization Name: _____ **OR**

First Name: Jeff Middle Name: _____ Last Name: Moseley

Address: 204 Kaitlyn Ct City: Franklin State: TN Zip Code: 37067

Occupation: attorney Employer: Buerger, Moseley & Carson

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

Amount of Contribution: $ 104.48 Date of Contribution: 2-17-26 Aggregate This Election: $ 104.48

Business or Organization Name: _____ **OR**

First Name: Julie Middle Name: Hannah Last Name: Beaman

Address: 837 Glen Leven Dr City: Nashville State: TN Zip Code: 37204

Occupation: retired Employer: retired

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

Amount of Contribution: $ 1,041.98 Date of Contribution: 3-15-2026 Aggregate This Election: $ 1,041.98

Business or Organization Name: _____ **OR**

First Name: Ken Middle Name: _____ Last Name: Moore

Address: 725 W. Main St. Apt 202 City: Franklin State: TN Zip Code: 37064

Occupation: elected official Employer: City of Franklin

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

Amount of Contribution: $ 208.65 Date of Contribution: 3-16-2026 Aggregate This Election: $ 208.65

Total Contributions: $ 2,759.59

(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 Cheryl Brown

2. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 2,759.59

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Karen Middle Name: _____ Last Name: Paris

Address: 111 Churchill Pl City: Franklin State: TN Zip Code: 37067

Occupation: County Trustee Employer: Williamson Co Government

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

Amount of Contribution: $ 104.48 Date of Contribution: 3-22-2026 Aggregate This Election: $ 104.48

Business or Organization Name: _____ **OR**

First Name: Kurt Middle Name: _____ Last Name: Winstead

Address: 100 Pebble Beach Dr City: Franklin State: TN Zip Code: 37069

Occupation: attorney Employer: self-employed

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

Amount of Contribution: $ 260.73 Date of Contribution: 3-25-26 Aggregate This Election: $ 260.73

Business or Organization Name: _____ **OR**

First Name: Reba Middle Name: R Last Name: McCalmon

Address: 5205 Still House Hollow Rd City: Franklin State: TN Zip Code: 37064

Occupation: retired Employer: retired

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

Amount of Contribution: $ 500.00 Date of Contribution: 3-17-2026 Aggregate This Election: $ 500.00

Business or Organization Name: Re-Elect Rogers C Anderson **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 708 Dorris Ct City: Franklin State: TN Zip Code: 37069

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 500.00 Date of Contribution: 3-26-2026 Aggregate This Election: $ 500.00

Total Contributions: $ 4,124.80

(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 Cheryl Brown

2. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 4,124.80

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: _____ Last Name: Brown

Address: 500 Kilburn Ct City: Franklin State: TN Zip Code: 37067

Occupation: chief executive Employer: self-employed

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

Amount of Contribution: $ 100.00 Date of Contribution: 1-23-2026 Aggregate This Election: $ 318.66

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: _____ Last Name: Brown

Address: 500 Kilburn Ct City: Franklin State: TN Zip Code: _____

Occupation: chief executive Employer: self-employed

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

Amount of Contribution: $ 218.66 Date of Contribution: 2-9-2026 Aggregate This Election: $ 318.66

Business or Organization Name: _____ **OR**

First Name: Andrea Middle Name: N Last Name: Pareigis

Address: 1009 Cedarview Lane City: Franklin State: TN Zip Code: 37067

Occupation: CEO Employer: The Drury Group

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

Amount of Contribution: $ 300.00 Date of Contribution: 3-30-26 Aggregate This Election: $ 300.00

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: $ 4,743.46

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-2026

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: Mettle5, LLC **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: PO Box 623 City: Franklin State: TN Zip Code: 37065

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: ______ Aggregate This Election: $ 250.00

Description of In-Kind Contribution: campaign website and email assistance

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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: $ 250.00

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-2026

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: Joslin and Son Signs **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 630 Murfreesboro Pk City: Nashville State: TN Zip Code: 37210

Purpose of Expenditure: campaign signs

Amount of Expenditure: $ 757.28 Date of Expenditure: $ 3-16-2026

Business or Organization Name: Asap Awards & Engraving LLC **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 4935 Main St. Ste 1 #420 City: Spring Hill State: TN Zip Code: 37174

Purpose of Expenditure: custom name tag

Amount of Expenditure: $ 50.00 Date of Expenditure: $ 3-25-2026

Business or Organization Name: Republic Firm **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1517 Scenic Rd City: Lawrenceburg State: TN Zip Code: 38464

Purpose of Expenditure: payment on contract for campaign website, and yard sign and palm card design

Amount of Expenditure: $ 187.50 Date of Expenditure: $ 3-25-2026

Business or Organization Name: Republican Women of Williamson County **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: c/o Debbie Ballard, President, 6516 Good Springs Rd City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: tickets (2) to Just Desserts (event for candidates)

Amount of Expenditure: $ 130.00 Date of Expenditure: $ 3-25-2026

Business or Organization Name: Anedot Inc. **OR**

First Name: _____ Middle Name: _____ Last Name: _____

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

Purpose of Expenditure: charges for donations by credit card payment

Amount of Expenditure: $ 79.60 Date of Expenditure: $ 3-27-2026

Total Expenditures: $ 1,204.38

(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 Cheryl Brown

2. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1,204.38

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: Joslin and Son Signs **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 630 Murfreesboro Pk City: Nashville State: TN Zip Code: 37210

Purpose of Expenditure: campaign signs

Amount of Expenditure: $ 98.78 Date of Expenditure: $ 3-31-2026

Business or Organization Name: Harland Clarke **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 15955 La Cantera Parkway City: San Antonio State: TX Zip Code: 78256

Purpose of Expenditure: checks for bank account

Amount of Expenditure: $ 57.69 Date of Expenditure: $ 3-18-2026

Business or Organization Name: Vista Print **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 275 Wyman Street City: Waltham State: MA Zip Code: 02451

Purpose of Expenditure: pushcards for campaign

Amount of Expenditure: $ 218.66 Date of Expenditure: $ 2-9-2026

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: $ _____

Total Expenditures: $ 1,579.51

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown
2. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-2026
3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100). None

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ______ OR

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Outstanding Loan Balance (Beginning) .... $ ______

Loans Received .... $ ______

Loan Payments .... $ ______

Outstanding Loan (End) .... $ ______

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

Date of Loan: ______

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) .... $ ______

Loans Received .... $ ______

Loan Payments .... $ ______

Outstanding Loan (End) .... $ ______

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 1-23-2026 End Date: 3-31-2026

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: Republic Firm

First Name: ______ Middle Name: ______

Last Name: ______

Address: 1517 Scenic Rd

City: Lawrenceburg

State: TN Zip Code: 38464

Description of Obligation:	Contract for campaign website, and yard sign and palm card design		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period 3-25-26	Outstanding Balance (Period End)
$ 0	$ 472.50	$ 187.50	$ 285.00

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	Payments This Period	Outstanding Balance (Period End)
$	$	$	$