



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/9/2026 2.a. Candidate or Committee Name: Eddie Sanders
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 2726 Crazy Horse
City: Murfreesboro State: TN Zip Code: 37127 Phone: 7049758097
5. Candidate Home Address: 2726 Crazy Horse
City: Murfreesboro State: TN Zip Code: 37127 Phone: 6157854453
Candidate Email Address: esandersrccd18@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #18
7. Name of Political Treasurer (may be candidate): Annette Sanders
Political Treasurer Email Address: asandersrccd18@gmail.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: 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.

Candidate Signature

Date

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$140.00</u> |
| b. Total Receipts This Period | \$ <u>\$1,725.00</u> |
| c. Total Disbursements This Period | \$ <u>\$419.99</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$1,445.01</u> |
| e. Total Loans Outstanding | \$ <u>\$0.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Eddie Sanders

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) \$ _____
(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) \$ \$1,725.00
- 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.) \$ \$1,725.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$419.99
(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.)..... \$ \$419.99

17. In-Kind Contributions:

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

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Eddie Sanders
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Nancy Middle Name: _____ Last Name: Beatty
Address: 7606 Gillman Ct. City: Charlotte State: NC Zip Code: 28269
Occupation: Daycare Owner Employer: Self-Employed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 1/23/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Carl Middle Name: E Last Name: Adkins Jr.
Address: 2711 Boxwood Lane City: Murfreesboro State: TN Zip Code: 37127
Occupation: Retire Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$75.00 Date of Contribution: 2/3/2026 Aggregate This Election: \$ \$75.00

Business or Organization Name: _____ **OR**
First Name: Omega Middle Name: F Last Name: Caruthers
Address: 202 Navaha Trail City: Columbia State: TN Zip Code: 38401
Occupation: Business Owner Employer: Self-Employed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$600.00 Date of Contribution: 2/5/2026 Aggregate This Election: \$ \$600.00

Business or Organization Name: _____ **OR**
First Name: Ralph Middle Name: E Last Name: Thompson
Address: 102 Arsenal Court City: Franklin State: TN Zip Code: 37064
Occupation: Business Owner Employer: Self-Employed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 2/9/2026 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$950.00
(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: Eddie Sanders
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$950.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Craig Middle Name: _____ Last Name: Buckner

Address: 2994 S. Church Street City: Murfreesboro State: TN Zip Code: 37127

Occupation: Pharmacist Employer: Mills Family Pharmacy

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 2/17/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Kathy Middle Name: _____ Last Name: Scoggins

Address: 5055 Wilson Dam Road City: Muscle Shoals State: AL Zip Code: 35661

Occupation: Bus Driver Employer: Star Ship Coach

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 2/17/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Elizabeth Middle Name: _____ Last Name: Joyce

Address: 605 Osbourne Drive City: Columbia State: TN Zip Code: 38401

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 2/20/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Albert Middle Name: _____ Last Name: Nelson

Address: 4475 Shelbyville Highway City: Murfreesboro State: TN Zip Code: 37127

Occupation: Business Owner Employer: Self-Employed

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 2/24/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$1,200.00

(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: Eddie Sanders
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,200.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Carl Middle Name: Pete Last Name: McFall

Address: 4898 Clarksville Highway City: Whites Creek State: TN Zip Code: 37189

Occupation: Courier Employer: Fedex

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 3/8/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Chris Middle Name: _____ Last Name: Smith

Address: 2828 Islington Drive City: Murfreesboro State: TN Zip Code: 37128

Occupation: IT Desktop Support Technician Employer: Columbia Stare Community College

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 3/8/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Deborah Middle Name: _____ Last Name: Roberts

Address: 3231 Chad Court City: Murfreesboro State: TN Zip Code: 37129

Occupation: Internship Director Employer: MTSU - Tn Small Business Development Leac

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

Amount of Contribution: \$ \$75.00 Date of Contribution: 3/10/2026 Aggregate This Election: \$ \$75.00

Business or Organization Name: _____ **OR**

First Name: Cathy Middle Name: _____ Last Name: Officer

Address: 702 West Main Street City: Smithville State: TN Zip Code: 37166

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$75.00 Date of Contribution: 3/22/2026 Aggregate This Election: \$ \$75.00

Total Contributions: \$ \$1,475.00

(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: Eddie Sanders
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,475.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: Wade

Address: 1548 Charlemont Drive City: Chesterfield State: MO Zip Code: 63017

Occupation: Territory Sales Leader Executive Employer: State Farm

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 3/24/2026 Aggregate This Election: \$ \$250.00

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: \$ _____

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: \$ \$1,725.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Eddie Sanders
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

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: 5/3 Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2950 S. Church St City: Murfreesboro State: TN Zip Code: 37127
Purpose of Expenditure: Bank account
Amount of Expenditure: \$ \$19.99 Date of Expenditure: \$ 1/27/2026

Business or Organization Name: Ruby Rippy Designs **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2826 Holsted Dr City: Murfreesboro State: TN Zip Code: 37128
Purpose of Expenditure: website
Amount of Expenditure: \$ \$400.00 Date of Expenditure: \$ 3/25/2026

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: \$ _____

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: \$ \$419.99

(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.)