# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates
## For Single-Candidate Committees

1. Date: 4/28/2026 2.a. Candidate or Committee Name: Brian Clifford

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: P.O. Box 680553

City: Franklin State: TN Zip Code: 37068 Phone: _____

5. Candidate Home Address: 2002 Cedarmont Dr.

City: Franklin State: TN Zip Code: 37067 Phone: 6152128929

Candidate Email Address: brian@voteforclifford.com

6. Office Sought: (include district number, if applicable) County Commissioner - Dist 12

7. Name of Political Treasurer (may be candidate): Jerry Sharber

Political Treasurer Email Address: contact@voteforclifford.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: 4/1/2026 End Date: 4/25/2026

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 |
| | | | |

CF27-41CD-BC89-7D3
04/28/26 - 8:29 PM

12. Summary:

| | | |
|---|---|---|
| a. | Balance On Hand Last Report | $ $27,173.11 |
| b. | Total Receipts This Period | $ $1,204.70 |
| c. | Total Disbursements This Period | $ $8,722.65 |
| d. | Balance On Hand (12.a. plus 12.b. minus 12.c.) | $ $19,655.16 |
| e. | Total Loans Outstanding | $ $0.00 |
| f. | Total Obligations Outstanding | $ $0.00 |

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Brian Clifford

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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) ..... $ $1,204.70

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.) ..... $ $1,204.70

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $8,722.65
(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.)..... $ $8,722.65

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: Brian Clifford

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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: Robert Middle Name: _____ Last Name: Ravener

Address: 221 3rd Avenue South City: Franklin State: TN Zip Code: 37064

Occupation: Consulting Employer: Triple R Group

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

Amount of Contribution: $ $250.00 Date of Contribution: 4/13/2026 Aggregate This Election: $ $250.00

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Business or Organization Name: _____ **OR**

First Name: Brian Middle Name: _____ Last Name: Austin

Address: 521 Pennystone Dr. City: Franklin State: TN Zip Code: 37067

Occupation: Finance Employer: BCAustin Partners

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

Amount of Contribution: $ $104.70 Date of Contribution: 4/19/2026 Aggregate This Election: $ $104.70

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Business or Organization Name: _____ **OR**

First Name: Jerry Middle Name: _____ Last Name: Sharber

Address: 183 Sturbridge 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: $ $100.00 Date of Contribution: 4/13/2026 Aggregate This Election: $ $100.00

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Business or Organization Name: _____ **OR**

First Name: Rebecca Middle Name: _____ Last Name: Sharber

Address: 183 Sturbridge 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: $ $100.00 Date of Contribution: 4/13/2026 Aggregate This Election: $ $100.00

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Total Contributions: $ $554.70

(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: Brian Clifford

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $554.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Lacy Middle Name: _____ Last Name: Pauley

Address: 2305 Watershore Dr. City: Soddy-Daisy State: TN Zip Code: 37379

Occupation: retired Employer: retired

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

Amount of Contribution: $ $400.00 Date of Contribution: 4/6/2026 Aggregate This Election: $ $400.00

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Business or Organization Name: _____ **OR**

First Name: Andre Middle Name: _____ Last Name: Bahou

Address: 878 Arlington Heights Dr. City: Brentwood State: TN Zip Code: 37027

Occupation: Attorney Employer: Bradley Arant Boult Cummings

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

Amount of Contribution: $ $250.00 Date of Contribution: 4/3/2026 Aggregate This Election: $ $250.00

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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: $ _____

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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: $ _____

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Total Contributions: $ $1,204.70

(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: Brian Clifford

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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: Meta Platforms **OR**

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

Address: 1 Meta Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Digital Advertisement

Amount of Expenditure: $ $186.18 Date of Expenditure: $ 4/7/2026

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Business or Organization Name: QR Generator **OR**

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

Address: 9450 SW Gemini Dr. City: Beaverton State: OR Zip Code: 97008

Purpose of Expenditure: Digital Advertisement

Amount of Expenditure: $ $35.00 Date of Expenditure: $ 4/10/2026

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Business or Organization Name: Caliber Contact **OR**

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

Address: 101 1/2 S. Union St. City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Print and Mail Advertisement

Amount of Expenditure: $ $3,774.98 Date of Expenditure: $ 4/13/2026

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Business or Organization Name: Committee to Elect Michelle McGuire **OR**

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

Address: 1155 Olde Cameron Ln City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Donation

Amount of Expenditure: $ $300.00 Date of Expenditure: $ 4/14/2026

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Business or Organization Name: Caliber Contact **OR**

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

Address: 101 1/2 S. Union St. City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Print and Mail Advertisement

Amount of Expenditure: $ $2,572.49 Date of Expenditure: $ 4/22/2026

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Total Expenditures: $ $6,868.65

(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: Brian Clifford

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $6,868.65

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: Williamson County Republican Career Women **OR**

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

Address: PO Box 378 City: Franklin State: TN Zip Code: 37065

Purpose of Expenditure: Donation

Amount of Expenditure: $ $300.00 Date of Expenditure: $ 4/22/2026

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Business or Organization Name: Battle Ground Strategies Group **OR**

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

Address: PO Box 680805 City: Franklin State: TN Zip Code: 37068

Purpose of Expenditure: Campaign Consulting

Amount of Expenditure: $ $1,541.57 Date of Expenditure: $ 4/22/2026

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Business or Organization Name: Donor Box **OR**

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

Address: 601 King St. City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: donation service fee

Amount of Expenditure: $ $12.43 Date of Expenditure: $ 4/19/2026

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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: $ _____

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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: $ _____

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Total Expenditures: $ $8,722.65

(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.)