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

1. Date: 10-09-2024 2.a. Candidate or Committee Name: Friends of Cheryl Brown

2.b. If Committee, Name of Candidate: Cheryl Brown 3. Election Date: 08/13/2024 Caucus

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: cheryl.gop23@gmail.com

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

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: 07/12/2024 End Date: 9/30/2024

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.

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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
[signature]	10.9.24	Judy A Oxford	10-09-2024

Witness Signature	Date	Witness Signature	Date
[signature]	10.9.24	[signature]	10.9.24

12. Summary:

a.	Balance On Hand Last Report	$ 0
b.	Total Receipts This Period	$ 9,421.23
c.	Total Disbursements This Period	$ 9,421.23
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 0
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 1,403.20
(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) ..... $ 8,018.03

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.) ..... $ 9,421.23

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 9,421.23
(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.) ..... $ 9,421.23

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ 0

c. Total In-Kind Contributions Received This Period ..... $ 0

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024

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: Danny Middle Name: _____ Last Name: Anderson

Address: 119 Winslow Rd City: Franklin State: TN Zip Code: 37064

Occupation: realtor Employer: Danny Anderson

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

Amount of Contribution: $ 104.48 Date of Contribution: 08/12/2024 Aggregate This Election: $ 104.48

Business or Organization Name: _____ OR

First Name: Maggie Middle Name: _____ Last Name: Bahou

Address: 878 Arlington Heights Dr City: Brentwood State: TN Zip Code: 37027-8158

Occupation: human resources consultant Employer: self-employed

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

Amount of Contribution: $ 104.48 Date of Contribution: 08/11/2024 Aggregate This Election: $ 104.48

Business or Organization Name: _____ OR

First Name: Debbie Middle Name: _____ Last Name: Ballard

Address: 656 Good Springs Rd City: Brentwood State: TN Zip Code: 37027

Occupation: retired Employer: retired

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

Amount of Contribution: $ 104.48 Date of Contribution: 08/09/2024 Aggregate This Election: $ 104.48

Business or Organization Name: _____ OR

First Name: Caycee Middle Name: _____ Last Name: Brown

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

Occupation: daycare instructor Employer: TenderCare

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

Amount of Contribution: $ 200.00 Date of Contribution: 07/12/2024 Aggregate This Election: $ 200.00

Total Contributions: $ 513.44

(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.)

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ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024

3. Total campaign contributions from preceding page (enter $0 if first page) $ 513.44

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Matthew Middle Name: _____ Last Name: Brown

Address: 821 Walden Dr City: Franklin State: TN Zip Code: 37064

Occupation: founder/brand strategist Employer: METTLE5

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

Amount of Contribution: $ 104.48 Date of Contribution: 08/08/2024 Aggregate This Election: $ 104.48

Business or Organization Name: _____ OR

First Name: Valerie Middle Name: _____ Last Name: Canning

Address: 1055 Natchez Valley Ln City: Franklin State: TN Zip Code: 37064

Occupation: metal fabrication Employer: Fab-Line Machinery

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

Amount of Contribution: $ 500.00 Date of Contribution: 08/09/24 Aggregate This Election: $ 500.00

Business or Organization Name: _____ OR

First Name: Crystal Middle Name: _____ Last Name: Etue

Address: 117 Buckhead Ct City: Brentwood State: TN Zip Code: 37027

Occupation: attorney Employer: self-employed

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

Amount of Contribution: $ 260.73 Date of Contribution: 08/20/2024 Aggregate This Election: $ 260.73

Business or Organization Name: _____ OR

First Name: James Middle Name: P Last Name: Flowers

Address: 638 Gleneagle Ln City: Franklin State: TN Zip Code: 37067

Occupation: lawyer Employer: retired

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

Amount of Contribution: $ 250.00 Date of Contribution: 07/25/2024 Aggregate This Election: $ 250.00

Total Contributions: $ 1,628.65

(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.)

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WILLIAMSON COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1,628.65

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Friends of Chad Bobo **OR**

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

Address: 725 Albany Dr City: Hermitage State: TN Zip Code: 37076

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 300.00 Date of Contribution: 08/06/2024 Aggregate This Election: $ 300.00

Business or Organization Name: _____ **OR**

First Name: Sharon Middle Name: E Last Name: Guffee

Address: 2256 Henpeck Ln City: Franklin State: TN Zip Code: 37064

Occupation: Judge Employer: Williamson County Government

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

Amount of Contribution: $ 250.00 Date of Contribution: 07/16/2024 Aggregate This Election: $ 250.00

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: $ 2,000.00 Date of Contribution: 07/25/2024 Aggregate This Election: $ 2000.00

Business or Organization Name: _____ **OR**

First Name: Brenda Middle Name: J Last Name: Johnson

Address: P.O. Box 1788 City: Brentwood State: TN Zip Code: 37024

Occupation: Vice-Chairman Employer: Advanced Correctional Healthcare, Inc.

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

Amount of Contribution: $ 1,000.00 Date of Contribution: 07/26/2024 Aggregate This Election: $ 1,000.00

Total Contributions: $ 5,178.65

(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.)

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown
2. Reporting Period: Start Date: 09/12/2024 End Date: 09/30/2024
3. Total campaign contributions from preceding page (enter $0 if first page) $ 5,178.65

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Ken Moore for Mayor **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 230 3rd Ave S 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: 08/04/2024 Aggregate This Election: $ 500.00

Business or Organization Name: _____ **OR**
First Name: Gerald Middle Name: _____ Last Name: Kluft
Address: 345 Franklin Rd City: Franklin State: TN Zip Code: 37069
Occupation: retired Employer: retired
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $ 104.48 Date of Contribution: 08/11/2024 Aggregate This Election: $ 104.48

Business or Organization Name: _____ **OR**
First Name: Jennifer Middle Name: I Last Name: Little
Address: 352 Koasati Rd City: Bean Station State: TN Zip Code: 37708
Occupation: retired Employer: retired
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $ 200.00 Date of Contribution: 07/31/2024 Aggregate This Election: $ 200.00

Business or Organization Name: _____ **OR**
First Name: Cathy Middle Name: _____ Last Name: Matteson
Address: 231 Bishops Gate Dr City: Franklin State: TN Zip Code: 37064
Occupation: HR Executive Employer: Tegria
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $ 260.73 Date of Contribution: 08/11/2024 Aggregate This Election: $ 260.73

Total Contributions: $ 6,243.86
(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.)

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ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024

3. Total campaign contributions from preceding page (enter $0 if first page) $ 6,243.86

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Deborah Middle Name: _____ Last Name: Miller

Address: 252 Gillette Dr City: Franklin State: TN Zip Code: 37069

Occupation: retired Employer: retired

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

Amount of Contribution: $ 104.48 Date of Contribution: 08/09/2024 Aggregate This Election: $ 104.48

Business or Organization Name: _____ OR

First Name: Jeanne Middle Name: _____ Last Name: Pankow

Address: 1421 Willowbrooke Cir City: Franklin State: TN Zip Code: 37069

Occupation: retired Employer: retired

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

Amount of Contribution: $ 104.48 Date of Contribution: 08/08/2024 Aggregate This Election: $ 104.48

Business or Organization Name: _____ OR

First Name: Paul Middle Name: M Last Name: Pratt, Jr.

Address: 3288 Baker Ln City: Franklin State: TN Zip Code: 37064

Occupation: Investor Employer: self-employed

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

Amount of Contribution: $ 500.00 Date of Contribution: 08/03/2024 Aggregate This Election: $ 500.00

Business or Organization Name: Sam 4 TN State Representative OR

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

Address: 803 Fair St. 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: 08/04/2024 Aggregate This Election: $ 500.00

Total Contributions: $ 7,452.82

(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.)

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WILLIAMSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024

3. Total campaign contributions from preceding page (enter $0 if first page) $ 7,452.82

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Joanne Middle Name: _____ Last Name: Skidmore

Address: 2208 Alexander Blvd City: Murfreesboro State: TN Zip Code: 37130

Occupation: real estate Employer: self-employed

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

Amount of Contribution: $ 104.48 Date of Contribution: 08/08/2024 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: Rudy Winstead Turner PLLC

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

Amount of Contribution: $ 260.73 Date of Contribution: 08/08/2024 Aggregate This Election: $ 260.73

Business or Organization Name: _____ OR

First Name: Walter Middle Name: J Last Name: Davis, Jr.

Address: 3174 Southall 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: $ 200.00 Date of Contribution: 08/15/2024 Aggregate This Election: $ 200.00

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: $ 8,018.03

(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.)

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WILLIAMSON COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown
2. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024
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: ______ 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: ______

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: $ ______
(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.)

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WILLIAMSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 07|12|2024 End Date: 09|30|2024

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: 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: $ 139.53 Date of Expenditure: $ 08|22|2024

Business or Organization Name: Direct Edge Campaigns LLC **OR**

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

Address: 2000 Glen Echo Rd, Ste 207a City: Nashville State: TN Zip Code: 37215

Purpose of Expenditure: design, production, and mailing cards to voters

Amount of Expenditure: $ 2,364.62 Date of Expenditure: $ 08|13|2024

Business or Organization Name: Direct Edge Campaigns LLC **OR**

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

Address: 2000 Glen Echo Rd, Ste 207a City: Nashville State: TN Zip Code: 37215

Purpose of Expenditure: texts to voters

Amount of Expenditure: $ 500.00 Date of Expenditure: $ 08|15|2024

Business or Organization Name: Franklin Marriott Cool Springs **OR**

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

Address: 725 Cool Spr Blvd, Ste 600 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Carothers Room rental for caucus participants

Amount of Expenditure: $ 308.67 Date of Expenditure: $ 08|13|24

Business or Organization Name: Mettle5, LLC **OR**

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

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

Purpose of Expenditure: campaign consulting - strategy and messaging, data/voter list management, volunteer management, website updates

Amount of Expenditure: $ 4,225.00 Date of Expenditure: $ 08|20|24

Total Expenditures: $ 7,537.82

(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.)

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WILLIAMSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 7,537.82

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: Harland Clarke **OR**

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

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

Purpose of Expenditure: checks for bank account

Amount of Expenditure: $ 102.64 Date of Expenditure: $ 07/24/2024

Business or Organization Name: First Horizon Bank **OR**

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

Address: PO Box 84 City: Memphis State: TN Zip Code: 38101

Purpose of Expenditure: paper statement fees on account

Amount of Expenditure: $ 6.00 Date of Expenditure: $ 09/30/2024

Business or Organization Name: Frank Town Open Hearts Ministry, Inc. **OR**

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

Address: 320 Main St. #200 City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation of unexpended campaign funds

Amount of Expenditure: $ 1,774.77 Date of Expenditure: $ 09/20/2024

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: $ 9,421.23

(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.)

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OCT 10 2024
WILLIAMSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown
2. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024
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) .... $ ______

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WILLIAMSON COUNTY
ELECTION COMMISSION

SS-1132 (Rev. 1/2023)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown
2. Reporting Period: Start Date: 07/12/2024 End Date: 09/30/2024
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

None

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)
$	$	$	$

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)
$	$	$	$

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