CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 2/1/2026 2.a. Candidate or Committee Name: Pat Clements

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 7597 Burleson Lane

City: Murfreesboro State: TN Zip Code: 37129 Phone: 6155190467

5. Candidate Home Address: 7597 Burleson Lane

City: Murfreesboro State: TN Zip Code: 37129 Phone: 6155190467

Candidate Email Address: pat4ruco@patclements.com

6. Office Sought: (include district number, if applicable) County Commission District #19

7. Name of Political Treasurer (may be candidate): Christina Moody

Political Treasurer Email Address: christina.casha.moody@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: 7/1/2025 End Date: 1/15/2026

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

7947-4AD7-B23C-DF9C
02/01/26 - 2:44 PM

12. Summary:

a.	Balance On Hand Last Report	$ $0.00
b.	Total Receipts This Period	$ $3,377.53
c.	Total Disbursements This Period	$ $590.48
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $2,787.05
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Pat Clements

14. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

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) ..... $ $3,377.53

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.) ..... $ $3,377.53

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $590.48
(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.) ..... $ $590.48

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $104.53

c. Total In-Kind Contributions Received This Period ..... $ $104.53

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

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: Pat Middle Name: _____ Last Name: Clements

Address: 7597 Burleson Ln City: Murfreesboro State: TN Zip Code: 37129

Occupation: Consulting Information Security A Employer: HCA Healthcare

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

Amount of Contribution: $ $350.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $453.54

Business or Organization Name: _____ **OR**

First Name: Gregory Middle Name: _____ Last Name: Gulick

Address: 3713 Landmark Dr City: MC KINNEY State: TX Zip Code: 75072

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $11.53 Date of Contribution: 10/16/2025 Aggregate This Election: $ $11.53

Business or Organization Name: _____ **OR**

First Name: Nicole Middle Name: _____ Last Name: Monsees

Address: 4105 Chickadee Ct Unit A City: Ellicott City State: MD Zip Code: 21042

Occupation: Attorney Employer: ORTIC

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

Amount of Contribution: $ $100.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Sheila Middle Name: _____ Last Name: Hall

Address: 716 Alameda Ave City: Nolensville State: TN Zip Code: 37135

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $25.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $25.00

Total Contributions: $ $486.53

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $486.53

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Gale Middle Name: _____ Last Name: Schmenk

Address: 413 Beaumont Drive City: Murfreesboro State: TN Zip Code: 37129

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $50.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: John Middle Name: _____ Last Name: Krebs

Address: 13237 Region Trace City: Alpharetta State: GA Zip Code: 30004

Occupation: Sales Ops Manager Employer: AT&T Mobility

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

Amount of Contribution: $ $100.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Connie Middle Name: _____ Last Name: Oliver

Address: 1220 Woodland St City: Tullahoma State: TN Zip Code: 37388

Occupation: RV Parts Manager Employer: A&L RV Sales

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

Amount of Contribution: $ $100.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Carey Middle Name: _____ Last Name: Rogers

Address: 1310 Howard Ave City: Nashville State: TN Zip Code: 37216

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $100.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $100.00

Total Contributions: $ $836.53

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $836.53

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Cheri Middle Name: _____ Last Name: Brown

Address: 902 Greenland Dr #122 City: Murfreesboro State: TN Zip Code: 37130

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $25.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: George Middle Name: _____ Last Name: Cabanas

Address: 456 Timberwood Trail City: Oviedo State: FL Zip Code: 32765

Occupation: Instructor Employer: OCPS

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

Amount of Contribution: $ $200.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $200.00

Business or Organization Name: _____ **OR**

First Name: Matt Middle Name: _____ Last Name: Coleman

Address: 506 Cloverleaf Lane City: Franklin State: TN Zip Code: 37067

Occupation: Primary Prevention Coordinator Employer: TN Dept. of Health

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

Amount of Contribution: $ $20.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $20.00

Business or Organization Name: _____ **OR**

First Name: Loura Middle Name: _____ Last Name: Caffey

Address: 80 Jasmine Ln City: Woodbury State: TN Zip Code: 37190

Occupation: Insurance and dog boarding Employer: Self

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

Amount of Contribution: $ $20.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $20.00

Total Contributions: $ $1,101.53

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,101.53

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Rebecca Middle Name: _____ Last Name: Wingard

Address: 436 Whitehall Rd City: Chattanooga State: TN Zip Code: 37405

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $100.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Jane Middle Name: _____ Last Name: Whitesides

Address: 2211 Stratford Ave City: Nashville State: TN Zip Code: 37216

Occupation: Project manager Employer: LaSalle Network

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

Amount of Contribution: $ $100.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Cynthia Middle Name: _____ Last Name: Slaughter

Address: 4505 Harding Pike APT 122 City: Nashville State: TN Zip Code: 37205

Occupation: Risk Analyst Employer: HCA Healthcare

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

Amount of Contribution: $ $50.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Karen Middle Name: _____ Last Name: Starcher

Address: 12704 Amber Ave City: Clermont State: FL Zip Code: 34711

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $100.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $100.00

Total Contributions: $ $1,451.53

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,451.53

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: **OR**

First Name: Vicki Middle Name: Last Name: Y Estrin

Address: 2805 White Oak Drive City: Nashville State: TN Zip Code: 37215

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $150.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $150.00

Business or Organization Name: **OR**

First Name: Terri Middle Name: Last Name: Donovan

Address: 1427 Margaret Close City: Murfreesboro State: TN Zip Code: 37130

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $25.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $25.00

Business or Organization Name: **OR**

First Name: Brian D Middle Name: Last Name: Humphrey

Address: 1829 Thomas Ct City: Murfreesboro State: TN Zip Code: 37127

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $25.00 Date of Contribution: 10/16/2025 Aggregate This Election: $ $25.00

Business or Organization Name: **OR**

First Name: Allison Middle Name: Last Name: Greening

Address: 1322 Neil Ave City: Columbus State: OH Zip Code: 43201

Occupation: Physician Employer: Dayton Children,Âôs Hospital

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

Amount of Contribution: $ $50.00 Date of Contribution: 10/17/2025 Aggregate This Election: $ $50.00

Total Contributions: $ $1,701.53

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,701.53

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jill Middle Name: _____ Last Name: Finkel

Address: 12 Eagle Ct City: Park City State: UT Zip Code: 84060

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $50.00 Date of Contribution: 10/17/2025 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Lehew

Address: 2455 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: Security Officer Employer: Apex Security Group

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

Amount of Contribution: $ $25.00 Date of Contribution: 10/18/2025 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Brendan Middle Name: _____ Last Name: Doughtie

Address: 315 William Dylan Dr City: Murfreesboro State: TN Zip Code: 37129

Occupation: Food Service Employer: Patrick Doughtie

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

Amount of Contribution: $ $10.00 Date of Contribution: 10/18/2025 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Brett Middle Name: _____ Last Name: Windrow

Address: 208 Land Breeze Dr. City: La Vergne State: TN Zip Code: 37086

Occupation: Attorney Employer: Progressive Insurance

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

Amount of Contribution: $ $25.00 Date of Contribution: 10/19/2025 Aggregate This Election: $ $25.00

Total Contributions: $ $1,811.53

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,811.53

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: **OR**

First Name: Robert Middle Name: Last Name: Benshoof

Address: 1016A 15th Ave South City: Nashville State: TN Zip Code: 37212

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $500.00 Date of Contribution: 10/19/2025 Aggregate This Election: $ $500.00

Business or Organization Name: **OR**

First Name: John Middle Name: Last Name: Fuller

Address: 424 Belle Pointe Drive City: Nashville State: TN Zip Code: 37221

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $10.00 Date of Contribution: 11/15/2025 Aggregate This Election: $ $10.00

Business or Organization Name: **OR**

First Name: Roland Middle Name: Last Name: C Sims JR

Address: 1705 Conservation Trl Unit 106 City: FORT WALTON BE/ State: FL Zip Code: 32547

Occupation: Administrative Manager Employer: Okaloosa County Board of County Commissio

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

Amount of Contribution: $ $6.00 Date of Contribution: 11/15/2025 Aggregate This Election: $ $6.00

Business or Organization Name: **OR**

First Name: Bernadette Middle Name: S Last Name: Sims

Address: 2832 Jack Nicklaus Way City: Shalimar State: FL Zip Code: 32579

Occupation: RETIRED Employer: RETIRED

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 11/28/2025 Aggregate This Election: $ $1,000.0

Total Contributions: $ $3,327.53

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $3,327.53

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Veronica Middle Name: _____ Last Name: Bosnak

Address: 12179 Halls Hill Pike City: MIlton State: TN Zip Code: 37118

Occupation: CFO Employer: Discovery Center

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

Amount of Contribution: $ $25.00 Date of Contribution: 12/3/2025 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Laura Middle Name: _____ Last Name: Clark

Address: 911 Netherland Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: Professor/Administrator Employer: Middle Tennessee State University

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

Amount of Contribution: $ $25.00 Date of Contribution: 12/26/2025 Aggregate This Election: $ $25.00

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: $ _____

Total Contributions: $ $3,377.53

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total in-kind contributions from preceding page (enter $0 if first page) $ $0.00

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: Pat Middle Name: ______ Last Name: Clements

Address: 7597 Burleson Ln City: Murfreesboro State: TN Zip Code: 37129

Occupation: Consulting Information Security A Employer: HCA Healthcare

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

In-Kind Contribution Value: $ $104.53 In-Kind Contribution Date: 10/16/2025 Aggregate This Election: $ $454.53

Description of In-Kind Contribution: linktree services

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: $ $104.53

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

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: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fees

Amount of Expenditure: $ $46.49 Date of Expenditure: $ 10/20/2025

Business or Organization Name: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fees

Amount of Expenditure: $ $3.72 Date of Expenditure: $ 10/21/2025

Business or Organization Name: VistaPrint **OR**

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

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

Purpose of Expenditure: Business Cards/Car Magnets/Notepads

Amount of Expenditure: $ $125.94 Date of Expenditure: $ 10/21/2025

Business or Organization Name: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fees

Amount of Expenditure: $ $19.14 Date of Expenditure: $ 10/22/2025

Business or Organization Name: GoDaddy **OR**

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

Address: 100 S. Mill Ave Suite 1600 City: Tempe State: AZ Zip Code: 85281

Purpose of Expenditure: DNS Services

Amount of Expenditure: $ $12.19 Date of Expenditure: $ 10/24/2025

Total Expenditures: $ $207.48

(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: Pat Clements

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $207.48

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: Go Daddy **OR**

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

Address: 100 S. Mill Ave Suite 1600 City: Tempe State: AZ Zip Code: 85281

Purpose of Expenditure: Website Hosting

Amount of Expenditure: $ $131.57 Date of Expenditure: $ 10/31/2025

Business or Organization Name: Ninja Transfers **OR**

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

Address: 6100 W Gila Springs Place Suite 1 City: Chandler State: AZ Zip Code: 85226

Purpose of Expenditure: T-Shirts

Amount of Expenditure: $ $215.12 Date of Expenditure: $ 10/31/2025

Business or Organization Name: Fifth Third Bank **OR**

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

Address: 2437 Old Fort Pkwy City: Murfreesboro State: TN Zip Code: 37128

Purpose of Expenditure: Banking Fee

Amount of Expenditure: $ $17.00 Date of Expenditure: $ 11/13/2025

Business or Organization Name: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fees

Amount of Expenditure: $ $0.99 Date of Expenditure: $ 11/19/2025

Business or Organization Name: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fees

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 12/5/2025

Total Expenditures: $ $573.21

(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: Pat Clements
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ $573.21

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: Fifth Third Bank **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 2437 Old Fort Pkwy City: Murfreesboro State: TN Zip Code: 37128
Purpose of Expenditure: Banking Fee
Amount of Expenditure: $ $17.00 Date of Expenditure: $ 12/10/2025

Business or Organization Name: Act Blue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Processing Fees
Amount of Expenditure: $ $0.27 Date of Expenditure: $ 12/20/2025

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: $ $590.48
(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.)