CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/10/2026 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: 4/26/2026 End Date: 6/30/2026

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

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07/10/26 - 3:11 PM

12. Summary:

a.	Balance On Hand Last Report	$ $1,338.96
b.	Total Receipts This Period	$ $1,795.00
c.	Total Disbursements This Period	$ $1,145.03
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $1,988.93
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: 4/26/2026 End Date: 6/30/2026

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) ..... $ $1,795.00

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.) ..... $ $1,795.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $1,145.03
(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.) ..... $ $1,145.03

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: Pat Clements

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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: Judith Middle Name: _____ Last Name: Homan

Address: 101 Mayfield Dr City: Murfreesboro State: TN Zip Code: 37138

Occupation: Retired Employer: Retired

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

Amount of Contribution: $ $100.00 Date of Contribution: 6/12/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: William Middle Name: _____ Last Name: Clements

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

Occupation: IT Consultant Employer: HCA

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

Amount of Contribution: $ $350.00 Date of Contribution: 6/23/2026 Aggregate This Election: $ $350.00

Business or Organization Name: _____ **OR**

First Name: Bobby Middle Name: _____ Last Name: Kent

Address: 417 Parmley Ln City: Nashville State: TN Zip Code: 37207

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: 4/26/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Sarah Middle Name: _____ Last Name: Lovett

Address: 666 Cottonfield Lane City: Murfreesboro State: TN Zip Code: 37128

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: 4/26/2026 Aggregate This Election: $ $25.00

Total Contributions: $ $500.00

(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: Pat Clements

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Sharon Middle Name: _____ Last Name: Swindale

Address: 13058 Janda Rd City: Seneca State: SC Zip Code: 29672

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: 4/26/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Stephen Middle Name: _____ Last Name: Carr

Address: 3617 Westbrook Ave City: Nashville State: TN Zip Code: 37205

Occupation: Realtor Employer: Zeitlin Sothebys Intl Realty

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

Amount of Contribution: $ $10.00 Date of Contribution: 4/26/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Kleinfelter

Address: 2904 23rd Ave South City: Nashville State: TN Zip Code: 37215

Occupation: Attorney Employer: Reno & Cavanaugh PLLC

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

Amount of Contribution: $ $250.00 Date of Contribution: 4/30/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Sametta Middle Name: _____ Last Name: Glass

Address: 1046 Sumner Grove City: Spring Hill State: TN Zip Code: 37174

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: 5/1/2026 Aggregate This Election: $ $50.00

Total Contributions: $ $910.00

(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: Pat Clements

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $910.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Dr Jerry Scott Middle Name: _____ Last Name: Wilson

Address: 5630 Eaglemont Drive City: Murfreesboro State: TN Zip Code: 37129

Occupation: Physician Employer: Self

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

Amount of Contribution: $$100.00 Date of Contribution: 5/7/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Geoffrey Middle Name: _____ Last Name: Nwankwo

Address: 1 Wild wing court City: Brentwood State: TN Zip Code: 37027

Occupation: Engineer Employer: Alpha Oilwell tech

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

Amount of Contribution: $$500.00 Date of Contribution: 5/7/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

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

Address: 902 Greenland Dr apt122 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: $$10.00 Date of Contribution: 5/19/2026 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Bob Middle Name: _____ Last Name: Richards

Address: 454 Powder House Rd City: Powell State: TN Zip Code: 37849

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: 5/20/2026 Aggregate This Election: $ $100.00

Total Contributions: $ $1,620.00

(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: Pat Clements

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,620.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: Nationwide Childrens Hospital

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

Amount of Contribution: $ $50.00 Date of Contribution: 5/23/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Jerry Middle Name: Scott Last Name: Wilson

Address: 5630 Eaglemont Drive City: Murfreesboro State: TN Zip Code: 37129

Occupation: Physician Employer: Self

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

Amount of Contribution: $ $100.00 Date of Contribution: 5/31/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Jerry Middle Name: Scott Last Name: Wilson

Address: 5630 Eaglemont Drive City: Murfreesboro State: TN Zip Code: 37129

Occupation: Physician Employer: Self

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

Amount of Contribution: $ $25.00 Date of Contribution: 5/7/2026 Aggregate This Election: $ $125.00

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: $ $1,795.00

(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: Pat Clements

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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: Stripe - Act Blue **OR**

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

Address: 354 Oyster Point Blvd City: South San Francisco State: CA Zip Code: 94080

Purpose of Expenditure: ActBlue Stripe Fee consolidated

Amount of Expenditure: $ $32.58 Date of Expenditure: $ 5/31/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: ActBlue transaction Fee - consolidated

Amount of Expenditure: $ $14.17 Date of Expenditure: $ 5/31/2026

Business or Organization Name: Campaign Verify **OR**

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

Address: PO Box 3554 City: Washington State: DC Zip Code: 20007

Purpose of Expenditure: Verification for texting service

Amount of Expenditure: $ $95.00 Date of Expenditure: $ 5/2/2026

Business or Organization Name: 5th 3rd Bank **OR**

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

Address: 38 Fountain Square Plaza City: Cincinnati State: OH Zip Code: 45263

Purpose of Expenditure: Bank Service Charge

Amount of Expenditure: $ $20.00 Date of Expenditure: $ 5/12/2026

Business or Organization Name: 5th 3rd Bank **OR**

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

Address: 38 Fountain Square Plaza City: Cincinnati State: OH Zip Code: 45263

Purpose of Expenditure: Bank Service Charge

Amount of Expenditure: $ $20.00 Date of Expenditure: $ 6/10/2026

Total Expenditures: $ $181.75

(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: 4/26/2026 End Date: 6/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $181.75

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: eBay **OR**

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

Address: 2025 Hamilton Avenue City: San Jose State: CA Zip Code: 95125

Purpose of Expenditure: "Postage EBAY O*21-14766-07

Amount of Expenditure: $ $892.44 Date of Expenditure: $ 6/18/2026

Business or Organization Name: Amazon **OR**

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

Address: 410 Terry Ave. N City: Seattle State: WA Zip Code: 98109

Purpose of Expenditure: Mailing Labels

Amount of Expenditure: $ $15.79 Date of Expenditure: $ 6/23/2026

Business or Organization Name: Home Depot **OR**

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

Address: 551 President Place City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: Materials for truck sign frame

Amount of Expenditure: $ $55.05 Date of Expenditure: $ 4/28/2026

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: $ $1,145.03

(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.)