



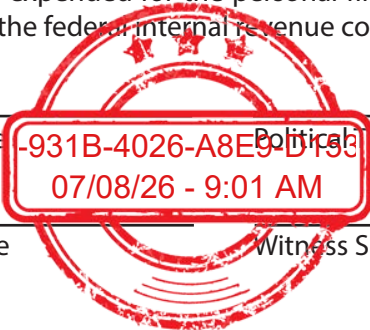
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/8/2026 2.a. Candidate or Committee Name: Tom Tunncliffe
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 302 Foxborough Square West
City: Brentwood State: TN Zip Code: 37027 Phone: _____
5. Candidate Home Address: 302 Foxborough Square West
City: Brentwood State: TN Zip Code: 37027 Phone: _____
Candidate Email Address: tomt4cc@gmail.com
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 07
7. Name of Political Treasurer (may be candidate): Charner Triplett
Political Treasurer Email Address: ttctreas@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



12. Summary:
- | | |
|---|-----------------------|
| a. Balance On Hand Last Report | \$ <u>\$6,705.65</u> |
| b. Total Receipts This Period | \$ <u>\$6,700.00</u> |
| c. Total Disbursements This Period | \$ <u>\$2,549.68</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$10,855.97</u> |
| e. Total Loans Outstanding | \$ <u>\$4,960.86</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Tom Tunncliffe

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) \$ \$200.00
(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) \$ \$6,500.00
- 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.) \$ \$6,700.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$2,549.68
(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.)..... \$ \$2,549.68

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: Tom Tunncliffe
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: Robert Middle Name: _____ Last Name: Cook Jr,
Address: 2003 Roderick Place E City: Franklin State: TN Zip Code: 37064
Occupation: attorney Employer: Buerger, Moseley and Carson PLC
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 5/26/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: Tennessee Realtors Political Action Committee **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 901 19th Ave South City: Nashville State: TN Zip Code: 37212
Occupation: PAC Employer: PAC
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 5/26/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: Jack Pac **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 915 Lewisburg Pike City: Franklin State: TN Zip Code: 37064
Occupation: PAC Employer: PAC
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$2,000.00 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$2,500.00

Business or Organization Name: _____ **OR**
First Name: Jami Middle Name: _____ Last Name: Kaplan
Address: 7007 Crews Lane City: Brentwood State: TN Zip Code: 37027
Occupation: homemaker Employer: homemaker
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,900.00 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$1,900.00

Total Contributions: \$ \$4,250.00
(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: Tom Tunncliffe
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) \$ \$4,250.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: William Middle Name: _____ Last Name: Bradford
Address: 9163 Hunterboro Dr City: Brentwood State: TN Zip Code: 37027
Occupation: Executive Employer: United Communications
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,900.00 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: _____ **OR**
First Name: Sherry Middle Name: _____ Last Name: Anderson
Address: 7208 King Rd City: Fairview State: TN Zip Code: 37062
Occupation: Register of Deeds Employer: Williamson County TN
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: Beverly Burger Campaign **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1373 Liberty Pike City: Franklin State: TN Zip Code: 37067
Occupation: Alderman Employer: City of Franklin
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$150.00

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: \$ \$6,500.00
(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Tom Tunncliffe
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: CampaignPartner.com **OR**

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

Address: PO Box 118 City: Still River State: MA Zip Code: 01467

Purpose of Expenditure: Website hosting

Amount of Expenditure: \$ \$32.00 Date of Expenditure: \$ 5/23/2026

Business or Organization Name: Alphagraphics **OR**

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

Address: 18 Cadillac Drive City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: small sign printing

Amount of Expenditure: \$ \$66.95 Date of Expenditure: \$ 5/14/2026

Business or Organization Name: Southern Exposure Magazine **OR**

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

Address: 1117 A Columbia Ave City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: magazine advertising

Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 5/13/2026

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 services

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 5/12/2026

Business or Organization Name: RyHudd Design **OR**

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

Address: 7106 Tunney Ave City: Reseda State: CA Zip Code: 91335

Purpose of Expenditure: magazine ad design services

Amount of Expenditure: \$ \$75.00 Date of Expenditure: \$ 5/12/2026

Total Expenditures: \$ \$1,973.95

(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: Tom Tunncliffe
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) \$ \$1,973.95

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: B&C Hardware **OR**

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

Address: 124 Pewitt Dr City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: sign supplies

Amount of Expenditure: \$ \$14.26 Date of Expenditure: \$ 4/30/2026

Business or Organization Name: CampaignPartner.com **OR**

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

Address: PO Box 118 City: Still River State: MA Zip Code: 01467

Purpose of Expenditure: Website hosting

Amount of Expenditure: \$ \$32.00 Date of Expenditure: \$ 6/24/2026

Business or Organization Name: Friends of Williamson County Animal Center **OR**

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

Address: PO Box 1163 City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: charitable donation

Amount of Expenditure: \$ \$225.75 Date of Expenditure: \$ 6/12/2026

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: contribution

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 5/29/2026

Business or Organization Name: The Circle of Giving **OR**

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

Address: 230 Franklin Road Building 7 Suite City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: charitable donation

Amount of Expenditure: \$ \$103.72 Date of Expenditure: \$ 5/23/2026

Total Expenditures: \$ \$2,549.68

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Tom Tunncliffe
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Tom Middle Name: _____ Last Name: Tunncliffe

Address: 302 Foxborough Square West City: Brentwood State: TN Zip Code: 37027

Outstanding Loan Balance (Beginning) \$ \$4,960.86

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$4,960.86

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

Date of Loan: 2/27/2018

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) \$ \$4,960.86

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$4,960.86