CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 3/4/2026 2.a. Candidate or Committee Name: Cathy L Watts

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

4. Campaign Address: 2222 River Rock Xing

City: Murfreesboro State: TN Zip Code: 37128 Phone: 6157968610

5. Candidate Home Address: 2222 River Rock Xing

City: Murfreesboro State: TN Zip Code: 37128 Phone: 6157968610

Candidate Email Address: cathyforruco16@gmail.com

6. Office Sought: (include district number, if applicable) County Commission District #16

7. Name of Political Treasurer (may be candidate): Cathy Watts

Political Treasurer Email Address: cathy.watts@ymail.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: 10/31/2025 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

4D61-49D3-A9A2-229E
03/04/26 - 8:11 PM

12. Summary:

a.	Balance On Hand Last Report	$ $0.00
b.	Total Receipts This Period	$ $1,338.00
c.	Total Disbursements This Period	$ $431.73
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $906.27
e.	Total Loans Outstanding	$ $100.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Cathy L Watts

14. Reporting Period: Start Date: 10/31/2025 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) ..... $ $1,238.00

c. Loans Received This Reporting Period ..... $ $100.00

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.) ..... $ $1,338.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $431.73
(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.) ..... $ $431.73

17. In-Kind Contributions:

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

b. Itemized In-Kind Contributions Received This Period ..... $ $600.00

c. Total In-Kind Contributions Received This Period ..... $ $600.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Cathy L Watts

2. Reporting Period: Start Date: 10/31/2025 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: James Middle Name: _____ Last Name: Ogletree

Address: 3711 Idlewood Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: Program Manager Employer: Collins Aerospace

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

Amount of Contribution: $ $250.00 Date of Contribution: 10/31/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Kathryn Middle Name: _____ Last Name: Beaty

Address: 1903 Calydon Ct 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: 10/31/2025 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Jennifer Middle Name: _____ Last Name: Watson

Address: 2209 Kline Ave. City: Nashville State: TN Zip Code: 37211

Occupation: Engineer Employer: Engineered Solutions Inc.

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

Amount of Contribution: $ $25.00 Date of Contribution: 10/31/2025 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: 10/31/2025 Aggregate This Election: $ $10.00

Total Contributions: $ $310.00

(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: Cathy L Watts

2. Reporting Period: Start Date: 10/31/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $310.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Sherri Middle Name: _____ Last Name: Harris

Address: 1206 Parkview Ter. City: Murfreesboro State: TN Zip Code: 37130

Occupation: Registered Nurse Employer: MVAMC

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

Amount of Contribution: $ $50.00 Date of Contribution: 11/1/2025 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Ashley Middle Name: _____ Last Name: Benkarski

Address: 2322 Richmond Avenue City: Murfreesboro State: TN Zip Code: 37130

Occupation: Community Organizer Employer: CLASI

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

Amount of Contribution: $ $18.00 Date of Contribution: 11/2/2025 Aggregate This Election: $ $18.00

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: $ $100.00 Date of Contribution: 11/3/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Ryan Middle Name: _____ Last Name: Foster

Address: 755 St Andrews Dr Apt 27-101 City: Murfreesboro State: TN Zip Code: 37128

Occupation: Bus Driver Employer: Davis Bus Services LLC

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

Amount of Contribution: $ $5.00 Date of Contribution: 11/6/2025 Aggregate This Election: $ $5.00

Total Contributions: $ $483.00

(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: Cathy L Watts

2. Reporting Period: Start Date: 10/31/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $483.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Arnold Middle Name: _____ Last Name: White

Address: 405 Ross Dr City: Smyrna State: TN Zip Code: 37167

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: 11/21/2025 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Sherri Middle Name: _____ Last Name: Harris

Address: 1206 Parkview Ter City: Murfreesboro State: TN Zip Code: 37130

Occupation: Registered Nurse Employer: MVAMC

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

Amount of Contribution: $ $50.00 Date of Contribution: 12/1/2025 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Angelique Middle Name: _____ Last Name: Golden

Address: 509 Iris Avenue City: Murfreesboro State: TN Zip Code: 37128

Occupation: Veteran Services Representative Employer: Department of Veterans Affairs

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

Amount of Contribution: $ $10.00 Date of Contribution: 12/1/2025 Aggregate This Election: $ $10.00

Business or Organization Name: _____ **OR**

First Name: Brenda S. Middle Name: _____ Last Name: Speer

Address: 445 S Fork Blue Creek Rd City: Lynnville State: TN Zip Code: 38472

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: 12/3/2025 Aggregate This Election: $ $100.00

Total Contributions: $ $693.00

(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: Cathy L Watts

2. Reporting Period: Start Date: 10/31/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $693.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Richard Middle Name: _____ Last Name: Spry

Address: 2314 Spaulding Circle 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: $ $5.00 Date of Contribution: 12/13/2025 Aggregate This Election: $ $5.00

Business or Organization Name: _____ **OR**

First Name: Jan Middle Name: _____ Last Name: Stuart

Address: 1021 Stoney Creek Dr City: Lakeland State: FL Zip Code: 33811

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $250.00 Date of Contribution: 12/15/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Amy Middle Name: _____ Last Name: Caldwell

Address: 5515 NW Pacific Rim Blvd. Apt 30 City: Camas State: WA Zip Code: 98607

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: 12/27/2025 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Sherri Middle Name: _____ Last Name: Harris

Address: 1206 Parkview Ter. City: Murfreesboro State: TN Zip Code: 37130

Occupation: Registered Nurse Employer: MVAMC

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

Amount of Contribution: $ $50.00 Date of Contribution: 1/1/2026 Aggregate This Election: $ $150.00

Total Contributions: $ $1,023.00

(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: Cathy L Watts

2. Reporting Period: Start Date: 10/31/2025 End Date: 1/15/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,023.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Angelique Middle Name: _____ Last Name: Golden

Address: 509 Iris Avenue City: Murfreesboro State: TN Zip Code: 37128

Occupation: Veteran Services Representative Employer: Department of Veterans Affairs

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

Amount of Contribution: $ $10.00 Date of Contribution: 1/1/2026 Aggregate This Election: $ $20.00

Business or Organization Name: _____ **OR**

First Name: Chloe Middle Name: _____ Last Name: Cerutti

Address: 2841 Vicwood Dr 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: $ $100.00 Date of Contribution: 1/7/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Paul Middle Name: _____ Last Name: Adams

Address: 103 Richland Ave City: Smyrna State: TN Zip Code: 37167

Occupation: courier Employer: Simple Cremations & Funeral Service

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

Amount of Contribution: $ $5.00 Date of Contribution: 1/8/2026 Aggregate This Election: $ $5.00

Business or Organization Name: _____ **OR**

First Name: Linda Middle Name: _____ Last Name: Sullivan

Address: 1170 Gaylord Ct 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: $ $100.00 Date of Contribution: 1/13/2026 Aggregate This Election: $ $100.00

Total Contributions: $ $1,238.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Cathy L Watts

2. Reporting Period: Start Date: 10/31/2025 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: Matt Middle Name: _____ Last Name: Ferry

Address: 1501 Belle Oaks Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: Photographer Employer: Self

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

In-Kind Contribution Value: $$100.00 In-Kind Contribution Date: 12/30/2025 Aggregate This Election: $ $100.00

Description of In-Kind Contribution: Photography

Business or Organization Name: _____ **OR**

First Name: Kelly Middle Name: _____ Last Name: Northcutt

Address: 1022 S Baird Ln City: Murfreesboro State: TN Zip Code: 37130

Occupation: Graphic Designer Employer: State of TN

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

In-Kind Contribution Value: $$500.00 In-Kind Contribution Date: 1/2/2026 Aggregate This Election: $ $500.00

Description of In-Kind Contribution: Graphic Design

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: $ $600.00

(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: Cathy L Watts

2. Reporting Period: Start Date: 10/31/2025 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: TN Environmental Council **OR**

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

Address: One Vantage Way E250 City: Nashville State: TN Zip Code: 37228

Purpose of Expenditure: seminar

Amount of Expenditure: $ $50.00 Date of Expenditure: $ 11/3/2025

Business or Organization Name: GoDaddy **OR**

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

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

Purpose of Expenditure: website

Amount of Expenditure: $ $25.23 Date of Expenditure: $ 11/23/2025

Business or Organization Name: Wilson Bank and Trust **OR**

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

Address: 710 NW Broad St City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: bank fees

Amount of Expenditure: $ $10.00 Date of Expenditure: $ 11/28/2026

Business or Organization Name: Hostinger **OR**

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

Address: 1201 N Market St City: Wilmington State: DE Zip Code: 19801

Purpose of Expenditure: website

Amount of Expenditure: $ $47.88 Date of Expenditure: $ 12/20/2026

Business or Organization Name: Wilson Bank and Trust **OR**

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

Address: 710 NW Broad St City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: bank fees

Amount of Expenditure: $ $10.00 Date of Expenditure: $ 12/31/2026

Total Expenditures: $ $143.11

(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: Cathy L Watts

2. Reporting Period: Start Date: 10/31/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $143.11

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: Vistaprint **OR**

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

Address: 100 Hayden Ave City: Lexington State: MA Zip Code: 02421

Purpose of Expenditure: advertising

Amount of Expenditure: $ $49.37 Date of Expenditure: $ 1/2/2026

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

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

Address: 2727 Commerce Way Suite 100 City: Philadelphia State: PA Zip Code: 19154

Purpose of Expenditure: advertising

Amount of Expenditure: $ $92.76 Date of Expenditure: $ 1/6/2026

Business or Organization Name: Vinyl Room Middle Tennessee LLC **OR**

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

Address: 1660 Middle Tennessee Blvd City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Advertising

Amount of Expenditure: $ $50.76 Date of Expenditure: $ 1/7/2026

Business or Organization Name: RCDP **OR**

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

Address: P O Box 331972 City: Murfreesboro State: TN Zip Code: 37133

Purpose of Expenditure: Event ticket

Amount of Expenditure: $ $50.00 Date of Expenditure: $ 1/9/2026

Business or Organization Name: ActBlue **OR**

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

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

Purpose of Expenditure: Transaction fees aggregate

Amount of Expenditure: $ $17.10 Date of Expenditure: $ 1/15/2026

Total Expenditures: $ $403.10

(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: Cathy L Watts

2. Reporting Period: Start Date: 10/31/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $403.10

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 **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 354 Oyster Pt Blvd City: S San Francisco State: CA Zip Code: 94080
Purpose of Expenditure: Fees Aggregate
Amount of Expenditure: $ $28.63 Date of Expenditure: $ 1/15/2026

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: $ ______

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: $ $431.73
(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: Cathy L Watts
2. Reporting Period: Start Date: 10/31/2025 End Date: 1/15/2026
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: Cathy Middle Name: ______ Last Name: Watts

Address: 2222 River Rock Crossing City: Murfreesboro State: TN Zip Code: 37128

Outstanding Loan Balance (Beginning) .... $ $0.00

Loans Received .... $ $100.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $100.00

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

Date of Loan: 10/31/2025

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) .... $ $0.00

Loans Received .... $ $100.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $100.00