



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT BE
ACCEPTED TCA 2-5-102

For State and Local Candidates For Single-Candidate Committees

(1-30-25 online)

1. Date: 1-21-26 2.a. Candidate or Committee Name: Heidi Kuhn
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8-4-22
 4. Campaign Address: 391 S Forest Hill Irene Rd
 City: Cordova State: TN Zip Code: 38018 Phone: 901-598-0175
 5. Candidate Home Address: 391 S Forest Hill Irene Rd
 City: Cordova State: TN Zip Code: 38018 Phone: 901-598-0175
 Candidate Email Address: Heidi M Kuhn @gmail.com
 6. Office Sought: (include district number, if applicable) Criminal Court Clerk
 7. Name of Political Treasurer (may be candidate): Matthew Kuhn
 Political Treasurer Email Address: M Kuhn d + N @ 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: 7-1-24 End Date: 1-15-25

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.

[Signature] 2/2/26
 Candidate Signature Date
[Signature] 2/2/26
 Witness Signature Date

[Signature] 2-2-26
 Political Treasurer Signature Date
[Signature] 2/2/26
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report \$ 22,325.92
 b. Total Receipts This Period \$ 3,300.00
 c. Total Disbursements This Period \$ 5,774.62
 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 19,851.30
 e. Total Loans Outstanding \$ 7,000
 f. Total Obligations Outstanding \$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Heidi Kuhn

14. Reporting Period: Start Date: 7-1-24 End Date: 1-15-25

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ ϕ
(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) \$ 3,300
- c. Loans Received This Reporting Period..... \$ ϕ
- d. Interest Received This Reporting Period..... \$ ϕ
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 3,300

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 5,774.62
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ ϕ
- c. Total Obligation Payments Made This Period..... \$ ϕ
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 5,774.62

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ ϕ
- b. Itemized In-Kind Contributions Received This Period \$ ϕ
- c. Total In-Kind Contributions Received This Period \$ ϕ

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 7,000

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Heidi Kuhn
2. Reporting Period: Start Date: 7-1-24 End Date: 1-15-25
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

(SEE ATTACHED)

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: \$ _____

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: \$ _____

(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.)

FIRST NAME/BUSINESS NAME	LAST NAME	ADDRESS	CITY	STATE	ZIP	OCCUPATION	EMPLOYER	AMOUNT	DATE
Pam	Taylor	4997 Arbor Lake Drive	Memphis	TN	38141	Supervisor	Shelby County Govern	\$100.00	1/15/2025
Sarah Beth Cohen	Wilcox	2090 Cornwall Street	Getmantown	TN	38138	Artist	Self	\$100.00	1/15/2025
Latrivia	Welch	1516 Dexter Run east	Cordova	TN	38016	Government relation sf	Tennessee Valley Auth	\$100.00	1/15/2025
Cole	Harrall-Morris	12141 Chapel Meadow Lane	Arlington	TN	38123	Attorney	Shelby County	\$50.00	1/15/2025
James	Johnson	1747 Peabody Ave	Memphis	TN	38104	IT	Shelby County	\$100.00	1/15/2025
Rebekka Freeman	Terrell	3686 Romano Way E	Getmantown	TN	38138	Attorney	Shelby County	\$100.00	1/15/2025
Mary	Smith	7392 Don Valley Cove	Bartlett	TN	38133	Executive Assistant	Shelby Countu	\$200.00	1/15/2025
Kesha	Whitaker	3196 Clarendon Rd.	Memphis	TN	38118	PIO	Shelby County Crimina	\$100.00	1/15/2025
Anthony	Gunn	847 Harbor Bend Rd	Memphis	TN	38103	Manager	Shelby County Govern	\$100.00	1/15/2025
Brian	Harder	4315 Hilldale Ave	Memphis	TN	38117	Finance Director	Shelby County Govern	\$250.00	1/15/2025
Craig	Fitzhugh	135 South Alpine St	Ripley	TN	38063	Banker	Bak of Ripley	\$250.00	1/15/2025
Richard H	Sherman	1317 Harbert Avenue	Memphis	TN	38104	HR	Shelby County Govern	\$1,000.00	1/14/2025
Ben	Dickey	2390 W Monica Dr	Bartlett	TN	38134	Business Development	Woodland Recovery C	\$250.00	1/14/2025
Lawrence	Denton	4217 Blackheath Dr	Bartlett	TN	38135	Director	Shelby County Govern	\$100.00	1/14/2025
Christine	Barzizza	6590 Pidgeon Hall	Memphis	TN	38177	Asst Admission Directo	St. Mary's Episcopal S	\$50.00	10/30/2024
Lucian T.	Pera	1741 Carr Avenue	Memphis	TN	38104	Attorney	Adams and Reese LLP	\$250.00	8/24/2024
John	Buck	470 E. Lockwood Avenue	St. Louis	MO	63119	Dean of Students	Webster University	\$50.00	8/14/2024
TJ	Istvan	1976 Rapallo Court	Brentwood	CA	94513	Executive Director	City and County of Sar	\$50.00	7/6/2024
John	Marek	673 N MCLEAN BLVD	MEMPHIS	TN	38107	Attorney	Shelby County Govern	\$100.00	7/3/2024

#3,300

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Heidi Kuhn
2. Reporting Period: Start Date: 7-1-24 End Date: 1-15-25
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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Heidi Kuhn
2. Reporting Period: Start Date: 7-1-24 End Date: 1-15-25
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: New Blue Strategies, LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 815 S Cooper City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: consulting
Amount of Expenditure: \$ 1,000 Date of Expenditure: \$ 7-30-24

Business or Organization Name: New Blue Strategies, LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 815 S Cooper City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: consulting
Amount of Expenditure: \$ 1,000 Date of Expenditure: \$ 8-30-24

Business or Organization Name: New Blue Strategies, LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 815 S. Cooper City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: consulting
Amount of Expenditure: \$ 1,000 Date of Expenditure: \$ 9-30-24

Business or Organization Name: New Blue Strategies, LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 815 S. Cooper City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: consulting
Amount of Expenditure: \$ 1,000 Date of Expenditure: \$ 10-30-24

Business or Organization Name: New Blue Strategies, LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 815 S. Cooper City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: consulting
Amount of Expenditure: \$ 1,000 Date of Expenditure: \$ 11-30-24

Total Expenditures: \$ 5,000

(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: Heidi Kuhn
2. Reporting Period: Start Date: 7-1-24 End Date: 1-15-25
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 51,000

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: Walmart OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 577 N. Gtown Parkway City: Cordova State: TN Zip Code: 38018
Purpose of Expenditure: Printer, other supplies
Amount of Expenditure: \$ 455.62 Date of Expenditure: \$ 12-30-24

Business or Organization Name: USPS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 13 S. Prescott City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: PO Box rental + postage
Amount of Expenditure: \$ 319.00 Date of Expenditure: \$ 1-6-25

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: \$ 5,774.62

(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: Heidi Kuhn
2. Reporting Period: Start Date: 7-1-24 End Date: 1-15-25
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: _____ 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) 7,000 \$ 7,000

Loans Received \$ 0

Loan Payments \$ 0

Outstanding Loan (End)..... \$ 7,000

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____ First Name: <u>Matthew</u> Middle Name: <u>L</u> Last Name: <u>Kuhn</u> Address: <u>391 S. Forest Hill Trce</u> City: <u>Cordova</u> State: <u>TN</u> Zip Code: <u>38018</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3" style="text-align: center; vertical-align: middle;"><i>loan obligation</i></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$ 7,000</td> <td style="text-align: center;">\$ 0</td> <td style="text-align: center;">\$ 0</td> <td style="text-align: center;">\$ 7,000</td> </tr> </table>	Description of Obligation:	<i>loan obligation</i>			Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$ 7,000	\$ 0	\$ 0	\$ 7,000
Description of Obligation:	<i>loan obligation</i>												
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$ 7,000	\$ 0	\$ 0	\$ 7,000										

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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)
\$	\$	\$	\$