

2025 MAY 4 AM 11:51  
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# AMENDED CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates For Single-Candidate Committees

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

1. Date: 04-30-26 2.a. Candidate or Committee Name: CATHY ANDERSON

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 8-4-22

4. Campaign Address: 7233 NORTH BAY COVE  
City: MEMPHIS State: TN Zip Code: 38125 Phone: 901-281-3724

5. Candidate Home Address: SAME  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Candidate Email Address: C.ANDY123@OUTLOOK.COM

6. Office Sought: (include district number, if applicable) JUDGE, GENERAL SESSIONS CRIMINAL COURT, DIV 10

7. Name of Political Treasurer (may be candidate): MARY WOOTEN

Political Treasurer Email Address: MFWOOTEN@HOTMAIL.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: 10-01-22 End Date: 01-15-23

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.

Cathy Anderson 4-30-26 Mary J Wooten 4-30-26  
Candidate Signature Date Political Treasurer Signature Date  
Wanda J. Anderson 4-30-26 James W Wooten 4-30-26  
Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report .....	\$	<u>1828.83</u>
b. Total Receipts This Period .....	\$	<u>216.97</u>
c. Total Disbursements This Period .....	\$	<u>16.37</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$	<u>2029.43</u>
e. Total Loans Outstanding .....	\$	<u>0.00</u>
f. Total Obligations Outstanding .....	\$	<u>0.00</u>

45855.88 ST  
Cathy Anderson  
Page 1 of 3

# SUMMARY PAGE - CANDIDATE

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13. Name of Candidate or Committee: CATHY ANDERSON

14. Reporting Period: Start Date: 10-01-22 End Date: 1-15-23

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 216.97  
(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) ..... \$ \_\_\_\_\_
- 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.) ..... \$ 216.97

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 16,37  
(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.)..... \$ 16.37

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.) ..... \$ \_\_\_\_\_

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# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

- 1. Candidate or Committee Name: CATHY ANDERSON
- 2. Reporting Period: Start Date: 10-01-22 End Date: 1-15-23
- 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: AUDIBLE **OR**  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: AMAZON.COM City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Expenditure: MESSAGING/AD  
 Amount of Expenditure: \$ 16.37 Date of Expenditure: \$ 12-21-22

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: \$ \_\_\_\_\_  
 (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.)