CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/16/2025 2.a. Candidate or Committee Name: Brian Clifford

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: 2002 Cedarmont Dr.

City: Franklin State: TN Zip Code: 37067 Phone: 6152128929

5. Candidate Home Address: 2002 Cedarmont Dr.

City: Franklin State: TN Zip Code: 37067 Phone: 6152128929

Candidate Email Address: brian@voteforclifford.com

6. Office Sought: (include district number, if applicable) County Commissioner - Dist 12

7. Name of Political Treasurer (may be candidate): Brian Clifford

Political Treasurer Email Address: brian@voteforclifford.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: 1/16/2025 End Date: 6/30/2025

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

-F1FC-45F4-912D-9280
07/16/25 - 10:55 PM

12. Summary:

a.	Balance On Hand Last Report	$ $0.00
b.	Total Receipts This Period	$ $17,910.36
c.	Total Disbursements This Period	$ $4,871.33
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $13,039.03
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Brian Clifford

14. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ $25.00
(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) ..... $ $17,885.36

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.) ..... $ $17,910.36

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $2,317.88
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ $2,553.45

c. Total Obligation Payments Made This Period ..... $

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ $4,871.33

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: Brian Clifford

2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

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: Damon and Carrie Middle Name: _____ Last Name: Hininger

Address: 3 Colonel Winstead Drive City: Franklin State: TN Zip Code: 37027

Occupation: CEO Employer: CoreCivic

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

Amount of Contribution: $ $3,324.8 Date of Contribution: 2/13/2025 Aggregate This Election: $ $3,324.8

Business or Organization Name: _____ **OR**

First Name: Tom Middle Name: _____ Last Name: Freeman

Address: 9479 Chesapeake Dr City: Brentwood State: TN Zip Code: 37027

Occupation: Commissioner Employer: Tribal Gaming Regulatory Commission-CA

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

Amount of Contribution: $ $777.00 Date of Contribution: 4/25/2025 Aggregate This Election: $ $777.00

Business or Organization Name: _____ **OR**

First Name: Michelle Middle Name: _____ Last Name: Sutton

Address: 316 Irvine Lane City: Franklin State: TN Zip Code: 37067

Occupation: Director Employer: United Healthcare

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

Amount of Contribution: $ $500.00 Date of Contribution: 6/30/2025 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Steve Middle Name: _____ Last Name: Bacon

Address: 201 Polk Place Drive City: Franklin State: TN Zip Code: 37064

Occupation: Partner Employer: HamiltonYoung LLC

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

Amount of Contribution: $ $522.24 Date of Contribution: 6/30/2025 Aggregate This Election: $ $522.24

Total Contributions: $ $5,124.08

(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: Brian Clifford

2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

3. Total campaign contributions from preceding page (enter $0 if first page) $ $5,124.08

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Casey and Jennifer Middle Name: _____ Last Name: Hammontree

Address: 35 Mountain Orchard Path City: Signal Mountain State: TN Zip Code: 37377

Occupation: Partner Employer: Resolute Capital

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

Amount of Contribution: $ $3,800.0 Date of Contribution: 6/30/2025 Aggregate This Election: $ $3,800.0

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Bryson

Address: 5181 Remington Drive City: Brentwood State: TN Zip Code: 37027

Occupation: Commissioner Employer: State of TN

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

Amount of Contribution: $ $261.28 Date of Contribution: 6/30/2025 Aggregate This Election: $ $261.28

Business or Organization Name: _____ **OR**

First Name: Katie Middle Name: _____ Last Name: Zipper

Address: 2007 Largo Court City: Franklin State: TN Zip Code: 37064

Occupation: Attorney Employer: Self Employed

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

Amount of Contribution: $ $150.00 Date of Contribution: 6/30/2025 Aggregate This Election: $ $150.00

Business or Organization Name: Jack PAC **OR**

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

Address: 915 Lewisburg Pike City: Franklin State: TN Zip Code: 37067

Occupation: PAC Employer: PAC

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 6/30/2025 Aggregate This Election: $ $1,000.0

Total Contributions: $ $10,335.36

(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: Brian Clifford

2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

3. Total campaign contributions from preceding page (enter $0 if first page) $ $10,335.36

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jacob and Rachelle Middle Name: _____ Last Name: McCalmon

Address: 5105 Aberliegh Lane City: Franklin State: TN Zip Code: 37064

Occupation: Self Employed Employer: Self Employed

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

Amount of Contribution: $ $2,000.0 Date of Contribution: 6/30/2025 Aggregate This Election: $ $2,000.0

Business or Organization Name: _____ **OR**

First Name: Nelson Middle Name: _____ Last Name: Andrews

Address: 1242 Monarch Way City: Brentwood State: TN Zip Code: 37027

Occupation: Self Employed Employer: Self Employed

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

Amount of Contribution: $ $500.00 Date of Contribution: 6/24/2025 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Thompson

Address: 67 Glenrock Dr. City: Nashville State: TN Zip Code: 37221

Occupation: CMO Employer: RaganSmith

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

Amount of Contribution: $ $250.00 Date of Contribution: 2/13/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Kelley Middle Name: _____ Last Name: Beasley

Address: 4440 Peytonsville Rd. City: Franklin State: TN Zip Code: 37064

Occupation: Self Employed Employer: Self Employed

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

Amount of Contribution: $ $1,800.0 Date of Contribution: 1/31/2025 Aggregate This Election: $ $1,800.0

Total Contributions: $ $14,885.36

(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: Brian Clifford

2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

3. Total campaign contributions from preceding page (enter $0 if first page) $ $14,885.36

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Mr. and Mrs. Doug Middle Name: _____ Last Name: York

Address: 4000 Nestledown Dr. City: Franklin State: TN Zip Code: 37067

Occupation: retired Employer: retired

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

Amount of Contribution: $ $2,000.0 Date of Contribution: 6/30/2025 Aggregate This Election: $ $2,000.0

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Franks

Address: 245 Noah Dr. City: Franklin State: TN Zip Code: 37064

Occupation: Self Employed Employer: Self Employed

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 6/30/2025 Aggregate This Election: $ $1,000.0

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: $ $17,885.36

(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: Brian Clifford

2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

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: Donor Box **OR**

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

Address: 601 King Street, Suite 200 City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Donation Software service and processing fees

Amount of Expenditure: $ $452.60 Date of Expenditure: $ 6/30/2025

Business or Organization Name: My Friends House **OR**

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

Address: 626 Eastview Circle, Franklin, TN City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $250.00 Date of Expenditure: $ 2/4/2025

Business or Organization Name: Tennessee Republican Party **OR**

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

Address: 95 Whitebridge Rd. Nashville City: Nashville State: TN Zip Code: 37205

Purpose of Expenditure: donation

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 2/5/2025

Business or Organization Name: First Horizon Bank **OR**

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

Address: 1214 Murfreesboro Rd City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: bank fees

Amount of Expenditure: $ $46.97 Date of Expenditure: $ 3/26/0025

Business or Organization Name: One Generation Away **OR**

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

Address: 320 Premier Ct. City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: donation

Amount of Expenditure: $ $103.00 Date of Expenditure: $ 5/5/2025

Total Expenditures: $ $952.57

(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: Brian Clifford

2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $952.57

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: Williamson Herald **OR**

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

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

Purpose of Expenditure: advertisements

Amount of Expenditure: $ $750.00 Date of Expenditure: $ 5/5/2025

Business or Organization Name: Williamson County Republican Career Women **OR**

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

Address: Franklin City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: donation

Amount of Expenditure: $ $75.00 Date of Expenditure: $ 5/13/2025

Business or Organization Name: Bev Burger for Alderman **OR**

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

Address: 1373 Liberty Pike, Franklin, TN 37 City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $250.00 Date of Expenditure: $ 5/14/2025

Business or Organization Name: Matt Brown for Alderman **OR**

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

Address: PO Box 623 City: Franklin State: TN Zip Code: 37065

Purpose of Expenditure: donation

Amount of Expenditure: $ $250.00 Date of Expenditure: $ 5/17/2025

Business or Organization Name: Mojos Tacos **OR**

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

Address: 230 Franklin Rd. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: campaign food

Amount of Expenditure: $ $40.31 Date of Expenditure: $ 6/23/2025

Total Expenditures: $ $2,317.88

(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: Brian Clifford

2. Reporting Period: Start Date: 1/16/2025 End Date: 6/30/2025

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: Brian Middle Name: Michael Last Name: Clifford

Address: 2002 Cedarmont Dr. City: Franklin State: TN Zip Code: 37067

Outstanding Loan Balance (Beginning) .... $ $2,553.45

Loans Received .... $ $0.00

Loan Payments .... $ $2,553.45

Outstanding Loan (End) .... $ $0.00

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

Date of Loan: 12/1/2021

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) .... $ $2,553.45

Loans Received .... $ $0.00

Loan Payments .... $ $2,553.45

Outstanding Loan (End) .... $ $0.00