



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

### For Single-Candidate Committees

1. Date: 2/6/2026 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 |

-D652-41A3-9274-492C  
02/06/26 - 9:51 AM

#### 12. Summary:

|                                                         |               |
|---------------------------------------------------------|---------------|
| a. Balance On Hand Last Report .....                    | \$ \$0.00     |
| b. Total Receipts This Period .....                     | \$ \$1,338.00 |
| c. Total Disbursements This Period .....                | \$ \$403.85   |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... | \$ \$934.15   |
| 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)..... \$ \$403.85  
(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.)..... \$ \$403.85

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: \$ \$17.85 Date of Expenditure: \$ 1/15/2026

Total Expenditures: \$ \$403.85

(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