CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 7-1-26 2.a. Candidate or Committee Name: Friends of Cheryl Brown

2.b. If Committee, Name of Candidate: Cheryl Brown 3. Election Date: 8-6-26

4. Campaign Address: 500 Kilburn Ct

City: Franklin State: TN Zip Code: 37067 Phone: 615.870.6188

5. Candidate Home Address: 500 Kilburn Ct

City: Franklin State: TN Zip Code: 37067 Phone: 615.870.6188

Candidate Email Address: cheryl gop23@gmail.com

6. Office Sought: (include district number, if applicable) Williamson County Commissioner District 10

7. Name of Political Treasurer (may be candidate): Judy A Oxford

Political Treasurer Email Address: judyaoxford@comcast.net

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: 4-26-26 End Date: 6-30-26

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.c., 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.

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JUL 06 2026
WILLIAMSON COUNTY
ELECTION COMMISSION

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 7/2/26 Date

Judy A Oxford Political Treasurer Signature 7-2-26 Date

Witness Signature 7-2-26 Date

Witness Signature 7-2-26 Date

12. Summary:

a.	Balance On Hand Last Report	$ 5,470.57
b.	Total Receipts This Period	$ 2,467.61
c.	Total Disbursements This Period	$ 4,574.57
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 3,363.61
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Cheryl Brown

14. Reporting Period: Start Date: 4-26-26 End Date: 6-30-26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0
(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) ..... $ 2,467.61

c. Loans Received This Reporting Period ..... $ 0

d. Interest Received This Reporting Period ..... $ 0

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 2,467.61

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 4,574.57
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 0

c. Total Obligation Payments Made This Period ..... $ 481.02

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 4,574.57

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

b. Itemized In-Kind Contributions Received This Period ..... $ 0

c. Total In-Kind Contributions Received This Period ..... $ 0

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 4-26-26 End Date: 6-30-26

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

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Tennessee Realtors Political Action Committee **OR**

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

Address: 901 19th Ave S City: Nashville State: TN Zip Code: 37212

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 250.00 Date of Contribution: 4-29-26 Aggregate This Election: $ 250.00

Business or Organization Name: _____ **OR**

First Name: Traci Middle Name: L. Last Name: Anderson

Address: 6105 Lookaway Circle City: Franklin State: TN Zip Code: 37067

Occupation: domestic engineer Employer: (no employer)

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

Amount of Contribution: $ 200.00 Date of Contribution: 6-17-26 Aggregate This Election: $ 200.00

Business or Organization Name: _____ **OR**

First Name: Betsy Middle Name: _____ Last Name: Hester

Address: 112 Valley Ridge Road City: Franklin State: TN Zip Code: 37064

Occupation: commissioner Employer: Williamson County Government

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

Amount of Contribution: $ 1,000.00 Date of Contribution: 5-28-26 Aggregate This Election: $ 1,000.00

Business or Organization Name: _____ **OR**

First Name: Margie Middle Name: R Last Name: Tirey

Address: 2211 Oakbranch Cir City: Franklin State: TN Zip Code: 37064

Occupation: retired Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 5-22-26 Aggregate This Election: $ 100.00

Total Contributions: $ 1,550.00

(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: Friends of Cheryl Brown

2. Reporting Period: Start Date: 4-26-26 End Date: 6-30-26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1,550.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: Kathy Middle Name: L Last Name: Drury

Address: 2011 Barclay Lane City: Franklin State: TN Zip Code: 37064

Occupation: retired Employer: _____

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

Amount of Contribution: $ 500.00 Date of Contribution: 5-1-26 Aggregate This Election: $ 500.00

Business or Organization Name: _____ OR

First Name: Kent Middle Name: _____ Last Name: Emmons

Address: 1501 Turner St. City: Old Hickory State: TN Zip Code: 37138

Occupation: sales Employer: self-employed

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

Amount of Contribution: $ 104.48 Date of Contribution: 6-18-26 Aggregate This Election: $ 104.48

Business or Organization Name: _____ OR

First Name: Kurt Middle Name: _____ Last Name: Winstead

Address: 100 Pebble Beach Drive City: Franklin State: TN Zip Code: 37069

Occupation: attorney Employer: self-employed

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

Amount of Contribution: $ 208.65 Date of Contribution: 6-19-26 Aggregate This Election: $ 208.65

Business or Organization Name: _____ OR

First Name: Rhonda Middle Name: _____ Last Name: Baskin

Address: 1316 Trenton Lane City: Franklin State: TN Zip Code: 37067

Occupation: realtor Employer: Compass

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

Amount of Contribution: $ 104.48 Date of Contribution: 6-26-26 Aggregate This Election: $ 104.48

Total Contributions: $ 2,467.61

(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

None

1. Candidate or Committee Name: Friends of Cheryl Brown
2. Reporting Period: Start Date: 4-26-26 End Date: 6-30-26
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: Friends of Cheryl Brown

2. Reporting Period: Start Date: 4-26-26 End Date: 6-30-26

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: Direct Edge Campaigns, LLC **OR**

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

Address: 2000 Glen Echo Road, Ste 207a City: Nashville State: TN Zip Code: 37215

Purpose of Expenditure: campaign advertisements prepared & mailed to voters

Amount of Expenditure: $ 2,752.05 Date of Expenditure: $ 4-28-26

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

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

Address: PO Box 378 City: Franklin State: TN Zip Code: 37065

Purpose of Expenditure: ticket to Red White & Blue event (political event)

Amount of Expenditure: $ 100.00 Date of Expenditure: $ 6-1-26

Business or Organization Name: Design Lab, LLC **OR**

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

Address: PO Box 1704 City: Spring Hill State: TN Zip Code: 37174

Purpose of Expenditure: campaign t-shirts

Amount of Expenditure: $ 323.52 Date of Expenditure: $ 4-27-26

Business or Organization Name: That's Printing, Incorporated **OR**

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

Address: 251 2nd Ave South City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: pushcards

Amount of Expenditure: $ 223.89 Date of Expenditure: $ 6-17-26

Business or Organization Name: Anedot Inc. **OR**

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

Address: 1340 Poydras St, Ste 1770 City: New Orleans State: LA Zip Code: 70112

Purpose of Expenditure: charges for donations by credit card payment

Amount of Expenditure: $ 17.61 Date of Expenditure: $ 6-26-26

Total Expenditures: $ 3,417.07

(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: Friends of Cheryl Brown
2. Reporting Period: Start Date: 4-26-26 End Date: 6-30-26
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 3,417.07

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: Ulep Strategies OR
First Name: ______ Middle Name: ______ Last Name: ______
Address: 100 Sontag Drive City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: bonus upon winning - for campaign advisory services
Amount of Expenditure: $ 1,000.00 Date of Expenditure: $ 6-29-26

Business or Organization Name: Republic Firm OR
First Name: ______ Middle Name: ______ Last Name: ______
Address: 1517 Scenic Road City: Lawrenceburg State: TN Zip Code: 38464
Purpose of Expenditure: payment on contract for campaign website, and yard sign and palm card design
Amount of Expenditure: $ 157.50 Date of Expenditure: $ 6-30-26

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: $ 4,574.57
(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 LOANS - CANDIDATE

None

1. Candidate or Committee Name: ______________________
2. Reporting Period: Start Date: __________ End Date: __________
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) .... $ __________

Loans Received .... $ __________

Loan Payments .... $ __________

Outstanding Loan (End) .... $ __________

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 4-26-26 End Date: 6-30-26

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

Business Name: Republic Firm
First Name: _____ Middle Name: _____
Last Name: _____
Address: 1517 Scenic Rd
City: Lawrenceburg
State: TN Zip Code: 38464

Description of Obligation:	Contract for campaign website, and yard sign and palm card design		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 157.50	$ 0	$ 157.50	$ 0

Business Name: Design Lab, LLC
First Name: _____ Middle Name: _____
Last Name: _____
Address: PO Box 1704
City: Spring Hill
State: TN Zip Code: 37174

Description of Obligation:	T-shirts with front and back prints for campaign		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 323.52	$ 0	$ 323.52	$ 0

Business Name: _____
First Name: _____ Middle Name: _____
Last Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

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: _____

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)
$	$	$	$