CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4-27-2026 2.a. Candidate or Committee Name: Friends of Cheryl Brown

2.b. If Committee, Name of Candidate: Cheryl Brown 3. Election Date: 5-5-2026

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 gop 23 @ 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: judy a oxford @ 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

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APR 28 2026
WILLIAMSON COUNTY
ELECTION COMMISSION

9. Reporting Period: Start Date: 4-1-2026 End Date: 4-25-2026

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
Cheryl Brown	4/28/26	Judy A Oxford	4-28-26

Witness Signature	Date	Witness Signature	Date
[signature]	4/28/26	[signature]	4/28/26

12. Summary:

a.	Balance On Hand Last Report	$ 3,318.75
b.	Total Receipts This Period	$ 5,169.90
c.	Total Disbursements This Period	$ 3,018.08
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 5,470.57
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 481.02

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 4-1-2026 End Date: 4-25-2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 531.15
(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) ..... $ 4,638.75

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.) ..... $ 5,169.90

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 3,018.08
(Note: Effective January 16, 2023, all expenditures must be itemized.)

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

c. Total Obligation Payments Made This Period ..... $ 127.50

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 3,018.08

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.) ..... $ 481.02

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Friends of Cheryl Brown

2. Reporting Period: Start Date: 4-1-2026 End Date: 4-25-2026

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: _____ **OR**

First Name: Judy Middle Name: A Last Name: Oxford

Address: 1706 Biscayne Dr City: Franklin State: TN Zip Code: 37067

Occupation: attorney Employer: self-employed

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

Amount of Contribution: $ 156.56 Date of Contribution: 4-5-26 Aggregate This Election: $ 156.56

Business or Organization Name: Charles Sargent Legacy PAC **OR**

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

Address: 306 Public Square City: Franklin State: TN Zip Code: 37064

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 500.00 Date of Contribution: 4-10-26 Aggregate This Election: $ 500.00

Business or Organization Name: Committee to Elect Mark Elrod **OR**

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

Address: 2635 York Rd City: Nolensville State: TN Zip Code: 37135

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 1,900.00 Date of Contribution: 4-12-26 Aggregate This Election: $ 1,900.00

Business or Organization Name: Beverly Burger Campaign Fund for Alderman **OR**

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

Address: 1373 Liberty Pike City: Franklin State: TN Zip Code: 37067

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 4-12-26 Aggregate This Election: $ 100.00

Total Contributions: $ 2,656.56

(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: 4-1-2026 End Date: 4-25-2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ 2,656.56

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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

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

Address: 915 Lewisburg Pike City: Franklin State: TN Zip Code: 37064

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 1,000.00 Date of Contribution: 4-12-26 Aggregate This Election: $ 1,500.00

Business or Organization Name: _____ **OR**

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

Address: 100 Pebble Beach Dr 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: $ 156.56 Date of Contribution: 4-13-26 Aggregate This Election: $ 417.29

Business or Organization Name: _____ **OR**

First Name: Rhyan Middle Name: _____ Last Name: Preyer

Address: 201 Rhett Lane City: Knoxville State: TN Zip Code: 37922

Occupation: retired Employer: retired

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

Amount of Contribution: $ 104.48 Date of Contribution: 4-15-26 Aggregate This Election: $ 104.48

Business or Organization Name: _____ **OR**

First Name: Jan Middle Name: _____ Last Name: Marshall

Address: 8645 Belladonna Dr City: College Grove State: TN Zip Code: 37046

Occupation: retired Employer: _____

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

Amount of Contribution: $ 521.15 Date of Contribution: 4-17-26 Aggregate This Election: $ 521.15

Total Contributions: $ 4,438.75

(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: 4-1-2026 End Date: 4-25-2026
3. Total campaign contributions from preceding page (enter $0 if first page) $ 4,438.75

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ______ OR
First Name: Sherry Middle Name: ______ Last Name: Anderson
Address: 7208 King Rd City: Fairview State: TN Zip Code: 37062
Occupation: Elected Official Employer: Williamson County Government
Contribution Received For: ☑ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: $ 200.00 Date of Contribution: 4-20-26 Aggregate This Election: $ 200.00

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: $ 4,638.75
(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: Friends of Cheryl Brown
2. Reporting Period: Start Date: 4-1-2026 End Date: 4-25-2026
3. Total in-kind contributions from preceding page (enter $0 if first page) $ None

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: 4-1-2026 End Date: 4-25-2026

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: Puffy Muffin **OR**

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

Address: 229 Franklin Rd City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: for cake for entry in Just Desserts campaign event

Amount of Expenditure: $ 90.00 Date of Expenditure: $ 4-7-2026

Business or Organization Name: Direct Edge **OR**

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

Address: 2000 Glen Echo Rd #207a City: Nashville State: TN Zip Code: 37215

Purpose of Expenditure: campaign advertisements prepared and mailed to voters

Amount of Expenditure: $ 2,400.00 Date of Expenditure: $ 4-10-2026

Business or Organization Name: Minuteman Press **OR**

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

Address: 354 Downs Blvd, Ste 105 City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: car magnets for campaign

Amount of Expenditure: $ 105.68 Date of Expenditure: $ 4-14-2026

Business or Organization Name: Republic Firm **OR**

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

Address: 1517 Scenic Rd 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: $ 127.50 Date of Expenditure: $ 4-13-2026

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: $ 44.90 Date of Expenditure: $ 4-17-2026

Total Expenditures: $ 2,768.08

(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: 4-1-2026 End Date: 4-25-2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 2,768.08

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: Vote-CastHQ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 1197 Prescott Dr City: East Lansing State: MI Zip Code: 48823
Purpose of Expenditure: ______
Amount of Expenditure: $ 250.00 Date of Expenditure: $ 4/24/2026

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: $ 3,018.08
(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: Friends of Cheryl Brown
2. Reporting Period: Start Date: 4-1-2026 End Date: 4-25-2026
3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100). None

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: 4-1-2026 End Date: 4-25-2026

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)
$285.00	$ 0	$127.50	$157.50

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)
$ 0	$323.52	$ 0	$323.52

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)
$ 285.00	$323.52	$127.50	$481.02