



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/6/2026 2.a. Candidate or Committee Name: Pat Clements
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 7597 Burleson Lane
City: Murfreesboro State: TN Zip Code: 37129 Phone: 6155190467
5. Candidate Home Address: 7597 Burleson Lane
City: Murfreesboro State: TN Zip Code: 37129 Phone: 6155190467
Candidate Email Address: pat@patclements.com
6. Office Sought: (include district number, if applicable) County Commission District #19
7. Name of Political Treasurer (may be candidate): Christina Moody
Political Treasurer Email Address: Christina.casha.moody@gmail.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: 1/17/2026 End Date: 3/31/2026
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

-1404-488F-9614-0FBA
04/06/26 - 2:18 PM

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$2,787.05</u>
b. Total Receipts This Period	\$ <u>\$200.00</u>
c. Total Disbursements This Period	\$ <u>\$1,537.84</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,449.21</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Pat Clements

14. Reporting Period: Start Date: 1/17/2026 End Date: 3/31/2026

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) \$ \$200.00
- 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.) \$ \$200.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,537.84
(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.)..... \$ \$1,537.84

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: Pat Clements
2. Reporting Period: Start Date: 1/17/2026 End Date: 3/31/2026
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: Andrew Middle Name: _____ Last Name: Eakes

Address: 162 Deercrest Circle City: Franklin State: TN Zip Code: 37069

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: 3/13/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Bob Middle Name: _____ Last Name: Richards

Address: 454 Powder House Rd City: Powell State: TN Zip Code: 37849

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: 3/20/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Mary Middle Name: _____ Last Name: Vavra

Address: 110 16th Street City: Nashville State: TN Zip Code: 37206

Occupation: Landscape Architect Employer: BWSC

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 3/26/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Stephenie Middle Name: _____ Last Name: Murphy

Address: 1318 California Dr City: Murfreesboro State: TN Zip Code: 37129

Occupation: Sales development representativ Employer: business wire

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 4/5/2026 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$200.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Pat Clements
2. Reporting Period: Start Date: 1/17/2026 End Date: 3/31/2026
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: Tennessee Democratic Party **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4900 Centennial Blvd City: Nashville State: TN Zip Code: 37209
Purpose of Expenditure: VoteBuilder
Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 3/2/2026

Business or Organization Name: _____ **OR**
First Name: Mike Middle Name: _____ Last Name: Johnson/Four Eyes
Address: 3709 Elene Way City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Yard Signs
Amount of Expenditure: \$ \$1,267.30 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: _____ **OR**
First Name: Mike Middle Name: _____ Last Name: Johnson/Four Eyes
Address: 3709 Elene Way City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Rack Cards
Amount of Expenditure: \$ \$163.88 Date of Expenditure: \$ 3/30/2026

Business or Organization Name: Act Blue **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Stripe Fee
Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 3/13/2026

Business or Organization Name: Act Blue **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: ActBlue Fee
Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 3/13/2026

Total Expenditures: \$ \$1,533.04

(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: Pat Clements
2. Reporting Period: Start Date: 1/17/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,533.04

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: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Stripe Fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 3/20/2026

Business or Organization Name: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: ActBlue Fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 3/20/2026

Business or Organization Name: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Stripe Fee

Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: ActBlue Fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 3/26/2026

Business or Organization Name: Act Blue **OR**

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

Address: P.O. Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: ActBlue Fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 4/5/2026

Total Expenditures: \$ \$1,537.84

(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.)