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

1. Date: 4/26/2026 2.a. Candidate or Committee Name: Cathy 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: _____

5. Candidate Home Address: 2222 River Rock Crossing

City: Murfreesboro State: TN Zip Code: 37128-485(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: cathyforruco16@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: 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.

-6984-4B84-AF89-2DE7
04/26/26 - 5:11 PM

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $1,421.74
b.	Total Receipts This Period	$ $514.00
c.	Total Disbursements This Period	$ $370.96
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $1,564.78
e.	Total Loans Outstanding	$ $100.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Cathy Watts

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) ..... $ _____
(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) ..... $ $514.00

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.) ..... $ $514.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $370.96
(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.)..... $ $370.96

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: Cathy Watts

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) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Sara Middle Name: _____ Last Name: Dunne

Address: 801 E Lytle St 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: $ $20.00 Date of Contribution: 4/11/2026 Aggregate This Election: $ $20.00

Business or Organization Name: _____ **OR**

First Name: Warren Middle Name: _____ Last Name: Tormey

Address: 733 N Spring St 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: $ $5.00 Date of Contribution: 4/11/2026 Aggregate This Election: $ $5.00

Business or Organization Name: _____ **OR**

First Name: Nancy Middle Name: _____ Last Name: Ammerman

Address: 910 E Lytle St 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: $ $50.00 Date of Contribution: 4/11/2026 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Lee Middle Name: Anne Last Name: Carmack

Address: 1206 Maymont Dr 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: 4/11/2026 Aggregate This Election: $ $100.00

Total Contributions: $ $175.00

(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 Watts

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) $ $175.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Kim Middle Name: _____ Last Name: Tormey

Address: 733 N Spring St 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: $ $50.00 Date of Contribution: 4/11/2026 Aggregate This Election: $ $50.00

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

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

Amount of Contribution: $ $5.00 Date of Contribution: 4/2/2026 Aggregate This Election: $ $20.00

Business or Organization Name: _____ **OR**

First Name: Richard Middle Name: _____ Last Name: Spry

Address: 2314 Spaulding Cir 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: $ $4.00 Date of Contribution: 4/13/2026 Aggregate This Election: $ $21.00

Business or Organization Name: _____ **OR**

First Name: Angelique Middle Name: _____ Last Name: Golden

Address: 509 Iris Ave City: Murfreesboro State: TN Zip Code: 37128

Occupation: Veterans Service Rep Employer: VA

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

Amount of Contribution: $ $10.00 Date of Contribution: 4/1/2026 Aggregate This Election: $ $50.00

Total Contributions: $ $244.00

(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 Watts

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) $ $244.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Sherri Middle Name: _____ Last Name: Harris

Address: 1206 Parkview Terrace 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: 4/1/2026 Aggregate This Election: $ $300.00

Business or Organization Name: _____ **OR**

First Name: Darlene Middle Name: _____ Last Name: Neal

Address: 2620 New Salem Hwy Apt A107 City: Murfreesboro State: TN Zip Code: 37128

Occupation: Organizer Employer: SURJ

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

Amount of Contribution: $ $50.00 Date of Contribution: 4/17/2026 Aggregate This Election: $ $150.00

Business or Organization Name: _____ **OR**

First Name: Mariah Middle Name: _____ Last Name: Phillips

Address: 418 Glenpark Dr City: Nashville State: TN Zip Code: 37217

Occupation: Financial Advisor Employer: Northwest Mutual

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

Amount of Contribution: $ $100.00 Date of Contribution: 4/17/2026 Aggregate This Election: $ $100.00

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: 4/19/2026 Aggregate This Election: $ $25.00

Total Contributions: $ $469.00

(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 Watts

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) $ $469.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Judith Middle Name: _____ Last Name: Posvic

Address: 3224 Clemonbs 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: $ $20.00 Date of Contribution: 4/22/2026 Aggregate This Election: $ $20.00

Business or Organization Name: _____ **OR**

First Name: Amber Middle Name: _____ Last Name: Howell

Address: 2106 Hideaway Ln City: Murfreesboro State: TN Zip Code: 37128

Occupation: Manager Employer: Cardinal Health

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

Amount of Contribution: $ $25.00 Date of Contribution: 4/22/2026 Aggregate This Election: $ $25.00

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: $ _____

Total Contributions: $ $514.00

(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: Cathy Watts

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) $ $0.00

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: Staples **OR**

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

Address: 1740 Old Fort Parkway City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: banner

Amount of Expenditure: $ $35.56 Date of Expenditure: $ 4/12/2026

Business or Organization Name: US Pharmacy Contract Station **OR**

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

Address: 440 St Andrews Dr City: Murfreesboro State: TN Zip Code: 37128

Purpose of Expenditure: postage

Amount of Expenditure: $ $24.40 Date of Expenditure: $ 4/13/2026

Business or Organization Name: Vinyl Room Middle TN **OR**

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

Address: 1660 Middle TN Blvd City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: T Shirt printing

Amount of Expenditure: $ $50.48 Date of Expenditure: $ 4/15/2026

Business or Organization Name: AGE Graphics **OR**

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

Address: 678 Collins Rd City: Little Hocking State: OH Zip Code: 45742

Purpose of Expenditure: Signs

Amount of Expenditure: $ $220.00 Date of Expenditure: $ 4/17/2026

Business or Organization Name: Postnet TN 114 **OR**

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

Address: 1658 Lee Victory Pkwy City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: Map Printing

Amount of Expenditure: $ $21.73 Date of Expenditure: $ 4/17/2026

Total Expenditures: $ $352.17

(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 Watts

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) $ $352.17

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: ActBlue **OR**

First Name: ________ Middle Name: ________ Last Name: ________

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Transaction fees aggregate

Amount of Expenditure: $ $6.60 Date of Expenditure: $ 4/25/2026

Business or Organization Name: Stripe **OR**

First Name: ________ Middle Name: ________ Last Name: ________

Address: 354 Oyster Pt Blvd City: S San Francisco State: CA Zip Code: 94080

Purpose of Expenditure: Transaction fees aggregate

Amount of Expenditure: $ $12.19 Date of Expenditure: $ 4/25/2026

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: $ ________

Total Expenditures: $ $370.96

(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 Watts
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).

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: 37128-485

Outstanding Loan Balance (Beginning) .... $ $100.00

Loans Received .... $ $0.00

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) .... $ $100.00

Loans Received .... $ $0.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $100.00