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

1. Date: 2/2/2026 2.a. Candidate or Committee Name: Brian Clifford

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: P.O. Box 680553

City: Franklin State: TN Zip Code: 37068 Phone: _____

5. Candidate Home Address: 2002 Cedarmont Drive

City: Franklin State: TN Zip Code: 37067 Phone: 4237184875

Candidate Email Address: brian@voteforclifford.com

6. Office Sought: (include district number, if applicable) County Commissioner - Dist 12

7. Name of Political Treasurer (may be candidate): Brian Clifford

Political Treasurer Email Address: brian@voteforclifford.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: 7/1/2025 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.

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02/02/26 - 12:34 AM

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

12. Summary:

a.	Balance On Hand Last Report	$ $13,039.03
b.	Total Receipts This Period	$ $7,950.00
c.	Total Disbursements This Period	$ $4,984.80
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $16,004.23
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Brian Clifford

14. Reporting Period: Start Date: 7/1/2025 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) ..... $ $7,950.00

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.) ..... $ $7,950.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $4,984.80
(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.)..... $ $4,984.80

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: Brian Clifford

2. Reporting Period: Start Date: 7/1/2025 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: Chris Middle Name: _____ Last Name: Burger

Address: 1209 10th Ave North City: Nashville State: TN Zip Code: 37208

Occupation: Self employed Employer: Self employed

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

Amount of Contribution: $ $250.00 Date of Contribution: 8/6/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: William and Sara Middle Name: _____ Last Name: Bradford

Address: 9163 Hunterboro Dr. City: Franklin State: TN Zip Code: 37027

Occupation: CEO Employer: United Communications

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

Amount of Contribution: $ $3,800.0 Date of Contribution: 12/19/2025 Aggregate This Election: $ $3,800.0

Business or Organization Name: _____ **OR**

First Name: Rodgar & Reba Middle Name: _____ Last Name: McCalmon

Address: 5205 Stillhouse Hollow Rd. City: Franklin State: TN Zip Code: 37064

Occupation: retired Employer: retired

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

Amount of Contribution: $ $2,000.0 Date of Contribution: 12/26/2025 Aggregate This Election: $ $2,000.0

Business or Organization Name: _____ **OR**

First Name: John Middle Name: _____ Last Name: Beasley

Address: 4424 Peytonsville Rd City: Franklin State: TN Zip Code: 37064

Occupation: retired Employer: retired

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

Amount of Contribution: $ $1,900.0 Date of Contribution: 12/31/2025 Aggregate This Election: $ $1,900.0

Total Contributions: $ $7,950.00

(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: Brian Clifford

2. Reporting Period: Start Date: 7/1/2025 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: Franklin Tomorrow **OR**

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

Address: 198 E Main St #202 City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $108.39 Date of Expenditure: $ 7/18/2025

Business or Organization Name: Leadership Franklin **OR**

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

Address: P.O. Box 682404 City: Franklin State: TN Zip Code: 37068

Purpose of Expenditure: donation

Amount of Expenditure: $ $85.00 Date of Expenditure: $ 7/21/2025

Business or Organization Name: Publix **OR**

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

Address: 3300 Publix Corporate Parkway City: Lakeland State: FL Zip Code: 33811

Purpose of Expenditure: Food for event

Amount of Expenditure: $ $80.10 Date of Expenditure: $ 7/25/2025

Business or Organization Name: Williamson County Animal Center **OR**

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

Address: 1006 Grigsby Hayes Ct. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $200.00 Date of Expenditure: $ 7/28/2025

Business or Organization Name: Williamson County Animal Center **OR**

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

Address: 1006 Grigsby Hayes Ct. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $200.00 Date of Expenditure: $ 7/28/2025

Total Expenditures: $ $673.49

(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: Brian Clifford

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $673.49

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: Merridees Breadbasket **OR**

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

Address: 110 4th Ave S. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: campaign meal

Amount of Expenditure: $ $29.98 Date of Expenditure: $ 7/29/2025

Business or Organization Name: Patrick Baggett for Alderman **OR**

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

Address: 422 Murfreesboro Rd. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $250.00 Date of Expenditure: $ 8/6/2025

Business or Organization Name: Friends of Franklin Parks **OR**

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

Address: 331 Franklin Rd. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $260.30 Date of Expenditure: $ 8/18/2025

Business or Organization Name: Lee Reeves for Congress **OR**

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

Address: 1113 Murfreesboro Rd. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $520.51 Date of Expenditure: $ 9/18/2025

Business or Organization Name: Jason Potts for Alderman **OR**

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

Address: 615 Watson Branch Dr. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $260.73 Date of Expenditure: $ 9/18/2025

Total Expenditures: $ $1,995.01

(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: Brian Clifford

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,995.01

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: Williamson County Republican Party **OR**

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

Address: 130 Seaboard Ln. City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: donation

Amount of Expenditure: $ $40.00 Date of Expenditure: $ 9/29/2025

Business or Organization Name: Big Bad Breakfast **OR**

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

Address: 1201 Liberty Pike Suite 101 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: campaign meal

Amount of Expenditure: $ $44.22 Date of Expenditure: $ 10/27/2025

Business or Organization Name: Battle Ground Strategies Group **OR**

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

Address: 413 Brick Path Ln. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: campaign consultant

Amount of Expenditure: $ $1,000.00 Date of Expenditure: $ 10/27/2025

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

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

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

Purpose of Expenditure: graphic design

Amount of Expenditure: $ $250.00 Date of Expenditure: $ 11/6/2025

Business or Organization Name: Joy Chambers Photography **OR**

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

Address: 818 Lillard Rd City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: photography

Amount of Expenditure: $ $389.63 Date of Expenditure: $ 11/6/2025

Total Expenditures: $ $3,718.86

(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: Brian Clifford

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,718.86

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: Turning Point Action **OR**

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

Address: 4930 E Beverly Rd. City: Phoenix State: AZ Zip Code: 85044

Purpose of Expenditure: donation

Amount of Expenditure: $ $250.00 Date of Expenditure: $ 11/6/2025

Business or Organization Name: Williamson County Republican Party **OR**

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

Address: 130 Seaboard Ln. City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: donation

Amount of Expenditure: $ $80.00 Date of Expenditure: $ 11/7/2025

Business or Organization Name: _____ **OR**

First Name: Brian Middle Name: _____ Last Name: Clifford

Address: 2002 Cedarmont Dr. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: "reimbursement for website

Amount of Expenditure: $ $437.66 Date of Expenditure: $ 11/25/2025

Business or Organization Name: Williamson Herald **OR**

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

Address: 1117 Columbia Ave. City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: advertising

Amount of Expenditure: $ $225.00 Date of Expenditure: $ 12/15/2025

Business or Organization Name: Lee Reeves for State House **OR**

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

Address: PO Box 680782 City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: donation

Amount of Expenditure: $ $260.73 Date of Expenditure: $ 1/13/2026

Total Expenditures: $ $4,972.25

(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: Brian Clifford

2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $4,972.25

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: Donor Box **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 601 King St. City: Alexandria State: VA Zip Code: 22314
Purpose of Expenditure: donation service fee
Amount of Expenditure: $ $12.55 Date of Expenditure: $ 1/15/2026

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: $ $4,984.80
(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.)