



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/7/2024 2.a. Candidate or Committee Name: Rhea Clift

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/1/2024

4. Campaign Address: 1661 Aaron Brenner Dr Ste 300
 City: Memphis State: TN Zip Code: 38120 Phone: 9017612720

5. Candidate Home Address: 2365 Carters Grove Ln
 City: Germantown State: TN Zip Code: 38138 Phone: 9017345068
 Candidate Email Address: rheaclift@gmail.com

6. Office Sought: (include district number, if applicable) Germantown Municipal Judge, Div. 1

7. Name of Political Treasurer (may be candidate): Mark Billingsley
 Political Treasurer Email Address: markbillingsley1@att.net

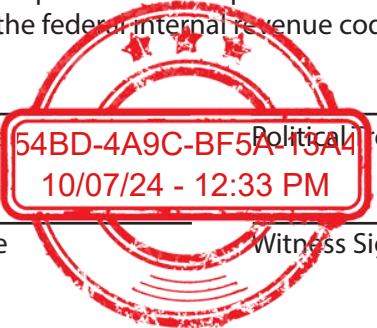
8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024

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



12. Summary:

a. Balance On Hand Last Report	\$ <u>\$4,710.87</u>
b. Total Receipts This Period	\$ <u>\$6,850.00</u>
c. Total Disbursements This Period	\$ <u>\$11,190.59</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$370.28</u>
e. Total Loans Outstanding	\$ <u>\$9,000.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Rhea Clift

14. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024

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) \$ \$4,850.00
- c. Loans Received This Reporting Period..... \$ \$2,000.00
- 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.) \$ \$6,850.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$11,190.59
(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.)..... \$ \$11,190.59

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: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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: Rose Middle Name: _____ Last Name: Johnston
Address: 111 Norwal Rd City: Memphis State: TN Zip Code: 38117
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 7/31/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Tom Middle Name: _____ Last Name: Dyer
Address: 9976 Grant Central Circle City: Collierville State: TN Zip Code: 38017
Occupation: Attorney Employer: Wyatt Firm
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 8/1/2024 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**
First Name: Henry Middle Name: _____ Last Name: Hutton
Address: 2471 Mt Moriah Rd City: Memphis State: TN Zip Code: 38115
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 8/2/2024 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: James Middle Name: _____ Last Name: Skaggs
Address: 9655 Drayton City: Germantown State: TN Zip Code: 38139
Occupation: Director Employer: MMC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 8/2/2024 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$2,150.00

(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: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Thom Middle Name: _____ Last Name: Parzinger
Address: 2549 Park Creek Cove City: Germantown State: TN Zip Code: 38139
Occupation: Bank Examiner Employer: FDIC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 8/2/2024 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**
First Name: Bonita Middle Name: _____ Last Name: Lyons
Address: 2557 Park Creek Cove N City: Germantown State: TN Zip Code: 38139
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 8/2/2024 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Tammie Middle Name: _____ Last Name: Christian
Address: 8605 Ravencliff Cove City: Germantown State: TN Zip Code: 38138
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 8/2/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Jina Middle Name: _____ Last Name: Sanders
Address: 7140 Manor Woods Court City: Germantown State: TN Zip Code: 38138
Occupation: Homemaker Employer: None
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 8/2/2024 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$2,775.00

(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: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,775.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Jonathan Middle Name: _____ Last Name: Ellichman
Address: 841 Chartwell Cove Ste 410 City: Memphis State: TN Zip Code: 38120
Occupation: Physician Employer: Southern Cardiovascular
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 8/2/2024 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Shelly Middle Name: _____ Last Name: Clift
Address: 5249 Lexington Rd City: Memphis State: TN Zip Code: 38120
Occupation: Sales Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 8/2/2024 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: William Middle Name: D. Last Name: Porter
Address: 8202 Meadow Glen Dr City: Germantown State: TN Zip Code: 38138
Occupation: Civil Engineer Employer: WH Porter Consultants
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 8/6/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Harry Middle Name: _____ Last Name: Danziger
Address: 7237 Great Oaks Rd City: Germantown State: TN Zip Code: 38138
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 8/6/2024 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$4,225.00

(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: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$4,225.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: RA Middle Name: _____ Last Name: Palazzolo
Address: 2053 Sunset Rd City: Germantown State: TN Zip Code: 38138
Occupation: CEO Employer: International Education Consulting
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 8/16/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: William Middle Name: T. Last Name: Basinger
Address: 8401 Hunters Horn City: Germantown State: TN Zip Code: 38138
Occupation: Partner Employer: Basinger Electric
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 8/16/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Susan Middle Name: S. Last Name: Burrow
Address: 1399 Tuscany Way City: Germantown State: TN Zip Code: 38138
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 9/17/2024 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: \$ _____

Total Contributions: \$ \$4,850.00

(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: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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: Watkins Uiberall PLLC **OR**

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

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Accounting

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 8/14/2024

Business or Organization Name: Margin of Victory Partners LLC **OR**

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

Address: PO Box 196 City: Collierville State: TN Zip Code: 38027

Purpose of Expenditure: Campaian Commissions

Amount of Expenditure: \$ \$2,500.00 Date of Expenditure: \$ 9/23/2024

Business or Organization Name: Perry Strategies **OR**

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

Address: 1797 Lisson Cove City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Campaian Consulting

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 7/23/2024

Business or Organization Name: Perry Strategies **OR**

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

Address: 1797 Lisson Cove City: Collierville State: TN Zip Code: 38017

Purpose of Expenditure: Campaign Consulting

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 8/16/2024

Business or Organization Name: Congregation Coffee **OR**

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

Address: 3060 Forest Hill Irene City: Germantown State: TN Zip Code: 38138

Purpose of Expenditure: Food and Beverage

Amount of Expenditure: \$ \$215.73 Date of Expenditure: \$ 7/23/2024

Total Expenditures: \$ \$7,215.73

(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: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$7,215.73

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: Corks Wine & Spirits **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3078 Village Shops Drive Ste 13 City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Food and Beverage
Amount of Expenditure: \$ \$249.21 Date of Expenditure: \$ 7/23/2024

Business or Organization Name: Perry Strategies **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1797 Lisson Cove City: Collierville State: TN Zip Code: 38017
Purpose of Expenditure: Fundraising Commission
Amount of Expenditure: \$ \$810.00 Date of Expenditure: \$ 8/16/2024

Business or Organization Name: Perry Strategies **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1797 Lisson Cove City: Collierville State: TN Zip Code: 38017
Purpose of Expenditure: Fundraising Commission
Amount of Expenditure: \$ \$523.50 Date of Expenditure: \$ 8/16/2024

Business or Organization Name: Mailchimp **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 674 Ponce De Leon Ave NE Ste 5 City: Atlanta State: GA Zip Code: 30308
Purpose of Expenditure: Email Marketing
Amount of Expenditure: \$ \$148.16 Date of Expenditure: \$ 7/23/2024

Business or Organization Name: USPS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7776 Farmington Blvd City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Postage
Amount of Expenditure: \$ \$32.64 Date of Expenditure: \$ 7/23/2024

Total Expenditures: \$ \$8,979.24

(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

- Candidate or Committee Name: Rhea Clift
- Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
- Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$8,979.24

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: USPS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7776 Farmington Blvd City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Postage
Amount of Expenditure: \$ \$560.00 Date of Expenditure: \$ 8/16/2024

Business or Organization Name: USPS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7776 Farmington Blvd City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Postage
Amount of Expenditure: \$ \$13.14 Date of Expenditure: \$ 8/16/2024

Business or Organization Name: Mailchimp **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 674 Ponce De Leon Ave NE Ste 5 City: Atlanta State: GA Zip Code: 30308
Purpose of Expenditure: Email Marketing
Amount of Expenditure: \$ \$148.16 Date of Expenditure: \$ 8/16/2024

Business or Organization Name: Vistaprint **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 02421
Purpose of Expenditure: Printing
Amount of Expenditure: \$ \$131.21 Date of Expenditure: \$ 7/23/2024

Business or Organization Name: FedEx Office **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6641 Poplar Ave Ste 104 City: Germantown State: TN Zip Code: 38138
Purpose of Expenditure: Printing
Amount of Expenditure: \$ \$120.73 Date of Expenditure: \$ 8/16/2024

Total Expenditures: \$ \$9,952.48

(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: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$9,952.48

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: Raise the Money Inc **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$74.00 Date of Expenditure: \$ 8/2/2024

Business or Organization Name: Raise the Money Inc **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$13.97 Date of Expenditure: \$ 8/2/2024

Business or Organization Name: Raise the Money Inc **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$5.15 Date of Expenditure: \$ 8/2/2024

Business or Organization Name: Raise the Money Inc **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$82.24 Date of Expenditure: \$ 8/2/2024

Business or Organization Name: Raise the Money Inc **OR**

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

Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$7.60 Date of Expenditure: \$ 8/1/2024

Total Expenditures: \$ \$10,135.44

(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: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$10,135.44

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: Raise the Money Inc **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 26466 City: Little Rock State: AR Zip Code: 72221
Purpose of Expenditure: Service Fees
Amount of Expenditure: \$ \$5.15 Date of Expenditure: \$ 8/6/2024

Business or Organization Name: Beacon Strategies **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 959 Fisher Road City: Gross Pointe State: MI Zip Code: 48230
Purpose of Expenditure: Voter Contact
Amount of Expenditure: \$ \$1,050.00 Date of Expenditure: \$ 8/14/2024

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: \$ \$11,190.59

(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: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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: Rhea Middle Name: _____ Last Name: Clift

Address: 2365 Carters Grove Ln City: Germantown State: TN Zip Code: 38138

Outstanding Loan Balance (Beginning) \$ \$3,000.00

Loans Received \$ \$1,000.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$4,000.00

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

Date of Loan: 8/16/2024

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 LOANS - CANDIDATE

1. Candidate or Committee Name: Rhea Clift
2. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024
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: Rhea Middle Name: _____ Last Name: Clift

Address: 2365 Carters Grove Ln City: Germantown State: TN Zip Code: 38138

Outstanding Loan Balance (Beginning) \$ \$4,000.00

Loans Received \$ \$1,000.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$5,000.00

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

Date of Loan: 9/17/2024

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) \$ \$7,000.00

Loans Received \$ \$2,000.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$9,000.00