



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1-29-24 2.a. Candidate or Committee Name: Roy "Sonny" Weatherford

2.b. If Committee, Name of Candidate: _____ 3. Election Date: Aug 2022

4. Campaign Address: 1654 B Highway 231 South
 City: Bethpage State: TN Zip Code: 37022 Phone: 615-841-4024

5. Candidate Home Address: 1654 B Highway 231 South
 City: Bethpage State: TN Zip Code: 37022 Phone: 615-84-4024

Candidate Email Address: sweatherford@sumnersheriff.com

6. Office Sought: (include district number, if applicable) Sheriff

7. Name of Political Treasurer (may be candidate): Cheryl Collins

Political Treasurer Email Address: Cherylcollins2@aol.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

9. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24

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.

<u>Roy "Sonny" Weatherford</u>	<u>1-30-2024</u>	<u>Cheryl Collins</u>	<u>1-30-2024</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Granda M. Adell</u>	<u>1-30-2024</u>	<u>Granda M. Adell</u>	<u>1-30-2024</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report.....	\$	<u>11,390.¹²</u>
b. Total Receipts This Period.....	\$	<u>0</u>
c. Total Disbursements This Period.....	\$	<u>4172.⁸²</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.).....	\$	<u>7,217.³⁰</u>
e. Total Loans Outstanding.....	\$	<u>0</u>
f. Total Obligations Outstanding.....	\$	<u>0</u>

FILED
JAN 30 2024
SUMNER COUNTY
ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Ray "Sonny" Weatherford

14. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(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) \$ 0
- 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.) \$ 0

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 4,172.⁸²
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 4,172.⁸²

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.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Roy "Sonny" Weatherford
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
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: _____ 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: \$ _____

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: \$ 0

(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: Roy "Sonny" Weatherford
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: \$ 0
(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: Roy "Sonny" Weatherford
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
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: Tennessee Sheriff's Association OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 145 S. College St. City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 100.⁰⁰ Date of Expenditure: 7/27/23

Business or Organization Name: Republican Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 1055 City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: _____
Amount of Expenditure: \$ 50.⁰⁰ Date of Expenditure: 7/18/23

Business or Organization Name: Gallatin Greenwave Quarterback Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1501 E. Main St City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Sponsor (Donation) Golf Tournament
Amount of Expenditure: \$ 150.⁰⁰ Date of Expenditure: 7/31/23

Business or Organization Name: Hendersonville Rotary Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 550 E. Main St City: Hendersonville State: TN Zip Code: 37025
Purpose of Expenditure: Dues
Amount of Expenditure: \$ 225.⁰⁰ Date of Expenditure: 8/30/23

Business or Organization Name: John Isbell for County Mayor OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 108 Walton Trace N City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 1000.⁰⁰ Date of Expenditure: 8/31/23

Total Expenditures: \$ 1525.⁰⁰

(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: Roy "Sonny" Weatherford
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1525.⁰⁰

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: Kee McCormick for Judge OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 242 W. Main St # 219 City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 500.⁰⁰ Date of Expenditure: 9/7/23

Business or Organization Name: Gallatin Chamber of Commerce OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 118 W. Main St City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: GALA
Amount of Expenditure: \$ 250.⁰⁰ Date of Expenditure: 10/12/23

Business or Organization Name: Hendersonville Morning Rotary OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 550 E. Main St City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Dues
Amount of Expenditure: \$ 225.⁰⁰ Date of Expenditure: 10/24/23

Business or Organization Name: Eric Craddock for Sheriff OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1901 Cairo Rd. City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: _____
Amount of Expenditure: \$ 1000.⁰⁰ Date of Expenditure: 11/28/23

Business or Organization Name: Hendersonville Morning Rotary OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 550 E. Main St. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 100.⁰⁰ Date of Expenditure: 10/24/23

Total Expenditures: \$ 3600.⁰⁰

(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: Roy "Sonny" Weatherford
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 3,600⁰⁰

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: Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 84 City: Memphis State: TN Zip Code: 38101
Purpose of Expenditure: Bank Service Charge
Amount of Expenditure: \$ 15.⁰⁰ Date of Expenditure: 10/2/23

Business or Organization Name: Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 84 City: Memphis State: TN Zip Code: 38101
Purpose of Expenditure: Bank Service Charge
Amount of Expenditure: \$ 15.⁰⁰ Date of Expenditure: 11/2/23

Business or Organization Name: Epic Eatery OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 394 West Main St. City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Employee Food for Dinner
Amount of Expenditure: \$ 512.⁸² Date of Expenditure: 12/21/23

Business or Organization Name: Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 84 City: Memphis State: TN Zip Code: 38101
Purpose of Expenditure: Bank Service Charge
Amount of Expenditure: \$ 15.⁰⁰ Date of Expenditure: 12/1/23

Business or Organization Name: Horizon Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 84 City: Memphis State: TN Zip Code: 38101
Purpose of Expenditure: Bank Service Charge
Amount of Expenditure: \$ 15.⁰⁰ Date of Expenditure: 1/2/24

Total Expenditures: \$ 4172.⁸²

(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: Rep "Sonny" Weatherford
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
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: _____ 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) \$ 0
Loans Received \$ 0
Loan Payments \$ 0
Outstanding Loan (End) \$ 0