

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

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1. Date: $\frac{7/7}{25}$ 2.a. Candidate or Committee Name: \underline{E}_{1}	ric Craddock for Sheriff
2.b. If Committee, Name of Candidate:	3. Election Date: Aug 2026
4. Campaign Address: 1269 Barry Lane	
City: Gallatin State: TN Zip Co	ode: 37066 Phone: (615) 290-9035
5. Candidate Home Address:	
City: State: Zip Co	ode: Phone:
Candidate Email Address: Craddock4 sheriffegmail.c	
6. Office Sought: (include district number, if applicable) <u>Sherit</u>	Elles
7. Name of Political Treasurer (may be candidate): <u>Cheryl</u> Ca Political Treasurer Email Address: <u>Cheryl collins</u> 20 aol.com	JUL 09 2025
8. Category or Report: (check one)	SUMNER COUNTY ELECTION COMMISSION
First Quarter Second Quarter Third Quarter	Fourth Quarter Pre-Primary Pre-General
Mid-Year Supplemental Year-End Supplemental R	unoff Election
	Date: 6/30/25
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures because co or less AND expenditures total \$1,000 or less for this reportin	ontributions (including in-kind) received total \$1,000 g period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial disclosure total more than \$1,000 and/or expenditures total more than	e because contributions (including in-kind) received
11. I/we do solemnly swear or affirm that the information container and that this report is an accurate accounting of campaign com- by the candidate committee by the Campaign Financial Discle campaign contributions have been expended for the personal nonpolitical purpose as defined by the federal internal revenue 122 - 1	tributions and expenditures required to be reported osure Act. Additionally, I/we swear or affirm that no I financial benefit of the candidate or for any other
Candidate Signature Date Politic	al Treasurer Signature Date
Witness Signature Date Witness	ndo MODULI 7-8-25 Date
12. Summary:	
a. Balance On Hand Last Report	5 19,896 °3
b. Total Receipts This Period	
c. Total Disbursements This Period	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding	
f. Total Obligations Outstanding	

SUMMARY PAGE - CANDIDATE

ALL ADDRESS OF A DECK			
13. Na	me of Candidate or Committee: Eric Craddock for Sheri	<u>A</u>	
14. Rej	porting Period: Start Date: $1/16/25$ End Date: $6/3$	10/25	
	ceipts:		
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 f	O for more information.)
b.	Itemized Contributions (over \$100 from each source this period)	\$	0
с.	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. Di	sbursements:		100 00
a.	(Note: Effective January 16, 2023, all expenditures must be itemized.)		
b.	Loan Repayments Made This Period	\$	0
с.	T + LOLIN H. D	\$	D
d.		\$	1,850.00
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. O	bligations:		
a	. Total Obligations Outstanding (must be shown in item 12.f.)		0

1. Candidate or Committee M	Name: Eric Craddock for Sherift	ř	
	Date: 1/16/25 End Date: 6/30/4		
3. Total campaign contributi	ons from preceding page (enter \$0 if first page)	\$ 0	
	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Na	me:		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 Nar	me:		OR
First Name:	Middle Name:	Last Name:	***
Address:	City:	State: Zip Code:	
	Employer:		
	Primary Election General Election		
	Date of Contribution:		
Business or Organization Nar	ne:		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
	Primary Election General Election		
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nan	ne:		OR
First Name:	Middle Name:	Last Name:	. On
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:			
Amount of Contribution: \$	Date of Contribution:	Aggregate This Flashing A	

Total Contributions: \$_

(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.)

3. Total in-kind contributions from pro COMPLETE THE APPROPRIATE ITEMS F dollars (\$100) from any contributor during the	$\frac{16}{25}$ End Date: $\frac{6}{30}$	
3. Total in-kind contributions from pro COMPLETE THE APPROPRIATE ITEMS F dollars (\$100) from any contributor during the	eceding page (enter \$0 if first page) \$	
dollars (\$100) from any contributor during the	FOR EACH IN-KIND CONTRIBUTION.	
Business or Organization Name		n-kind contributions totaling more than one hundred
busiliess of organization manie.		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer:	
In-Kind Contribution Value: \$		Election Runoff (Local Elections Only) Aggregate This Election: \$
•		OR
		Last Name:
		State: Zip Code:
	Employer:	
In-Kind Contribution Value: \$	In-Kind Contribution Date:	Election Runoff (Local Elections Only Aggregate This Election: \$
Business or Organization Name:		OR
		Last Name:
Address:	City:	
In-Kind Contribution Value: \$	In-Kind Contribution Date:	I Election Runoff (Local Elections Only Aggregate This Election: \$
Business or Organization Name:		OR
		Last Name:
		State: Zip Code:
In-Kind Contribution Value: \$	In-Kind Contribution Date:	I Election Runoff (Local Elections Only Aggregate This Election: \$

(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.)

Page 4 of 1

1. Candidate or Committee Name:	ric Cr	addock for Sherifi	C		
2. Reporting Period: Start Date: 1/10					
3. Total campaign expenditures from p					
COMPLETE THE APPROPRIATE ITEMS F kind contribution to a candidate, please remen candidate's name in the purpose of the expend	nber to includ	le the purpose of the expenditure (e.c	ust be itemized 3., postage, printir	. If the expenditure is an ng, etc.) along with the	in-
Business or Organization Name:	storic (rastont			OR
First Name: Address: <u>260 Crayfort Rd</u>		City: Castalian Springs	State: The	Zip Code: 37031	
Purpose of Expenditure Donation					
Amount of Expenditure: \$ 1750.		Date of Expenditure: \$ 57/1	6/25		
Business or Organization Name: Por				and the second	OR
First Name:	Middle	Name:	Last Name:		
Address: 600 College St.		City: Portland	State: The	Zip Code: 37148	/
Purpose of Expenditure: Donation					
Amount of Expenditure: \$ _/oo . ==		Date of Expenditure: \$/	10/25		
Business or Organization Name:					OR
First Name:		Name:	Last Name:		*
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OR
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OR
First Name:					
Address:					
Purpose of Expenditure:					

Total Expenditures: $\$ - \frac{1850}{1850}$, (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 S	STATEN	IENT	OF LO	ANS - C	ANDID	ATE	
1. Candidate or Committee Name: 🛃	Tric Cra	dock	for s	heriff			
2. Reporting Period: Start Date: //	16/25	End [Date: 4	130/25			
3. Complete the appropriate items for	/					\$100).	
Complete the following for the source of ea	ach loan recei	ved and/or	outstandi	ng during the g	period.		
Business or Organization Name:							OR
First Name:							
Address:							
Outstanding Loan Balance (Beginning							
Loans Received							
Loan Payments							
Outstanding Loan (End)		\$_					
Loan Received For: Primary Ele	ection [] General	Election	Runoff	f (Local Electi	ons Only)	
Date of Loan:							
List all endorsers or guarantors for above le	oan (If more s	nace is nee	ded pleas	e attach additi			
Business or Organization Name:		Pase 12 1100	ace, preus	e areacii awaicii	unai payes.)		OR
First Name:		Name:			Last Name		
Address:		City:			State:	Zin Code	
Amount Guaranteed Outstanding: \$_							
Business or Organization Name: _							
First Name:							
Address:		_ City:			State:	Zip Code:	
Amount Guaranteed Outstanding: \$							
Business or Organization Name:							OR
First Name:	Middle	Name:			Last Name	•	and the second sec
Address:		City:			State:	Zip Code:	
Amount Guaranteed Outstanding: \$_						-ip code:	
D							
Business or Organization Name: _							
First Name:	Middle	Name: _			Last Name:		
Address: Amount Guaranteed Outstanding: \$_					State:	Zip Code:	enege and approx
Totals for all loans (Complete this page f Total loans received and loan payments should	or each outsta d be shown on	nding loan o summary p	during the p age. Outsta	period. Comple anding loan bala	te this section of ance should be	nly on last page of loa shown on front page.)	ns.
Balance (Beginning)			-				
Loans Received	*******	\$					
Loan Payments		\$					
Outstanding Loan (End)	*****	\$	0				
CC 1122 (D 1 (2022)						t.	

SS-1	132	(Rev. 1	/2023)

ITEMIZED STATEMENT (NS - CA	NDIDAT	E
1. Candidate or Committee Name: <u>Eric Craddock</u>	1 1			
2. Reporting Period: Start Date: 1/16/25 End	/ /			
Complete the appropriate items for each obligation owe	d to a person/vendor at th	ne end of the r	eporting period	
Business Name:	Description of			
First Name: Middle Name:	Obligation:			
Last Name:				
Address:	Outstanding	Debt	Payments	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
	Description of			
Business Name:	Obligation:			
First Name: Middle Name:				
Last Name:				-
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period	No.	(Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name:	Description of			
First Name: Middle Name:	Obligation:			
Last Name:				
Address:	Outstanding	Debt	Payments	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
	Description of			
Business Name:	Obligation:			
First Name: Middle Name:				
Last Name:				
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period		(Period End)
State: Zip Code:	\$	\$	5	\$

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 0	\$ 0	\$ 0