

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>1/30/2017</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>PAT CAMPBELL Alderman Ward 2</u>			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>192 Rebecca Dr. Hendersonville</u>		City <u>TRU</u>	State <u>NC</u>	Zip Code <u>37075</u>	Phone <u>615-824-2136</u>
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route		City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if applicable) <u>Alderman Ward 2</u>			6. NAME OF POLITICAL TREASURER (may be candidate) <u>Cynthia Garvin</u>		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER		<input type="checkbox"/> SECOND QUARTER		<input type="checkbox"/> THIRD QUARTER	
<input type="checkbox"/> FOURTH QUARTER		<input type="checkbox"/> PRE-PRIMARY		<input type="checkbox"/> PRE-GENERAL	
		<input type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7/1/16</u>			8.b. ENDING DATE OF REPORTING PERIOD <u>1/15/17</u>		
9. (Check one)					
a. <input checked="" type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)					
b. <input type="checkbox"/> 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.					
10. 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>[Signature]</u> signature of candidate		<u>1/30/17</u> date		<u>Cynthia Garvin 1-30-17</u> signature of political treasurer date	
11. WITNESS SIGNATURE					
<u>X Albert M. Gouin Jr. 1-30-17</u> signature of witness date		<u>X Robert P. [Signature] 1-30-17</u> signature of witness date			
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		\$ <u>101.46</u>			
b. TOTAL RECEIPTS THIS PERIOD		\$ <u> </u>			
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>101.46</u>			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>0</u>			
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>			
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>			



Converted 692.80 of outstanding loan to personal contribution to zero out account as of 1/30/17.

FILED
A.M. JAN 31 2017 P.M.
SUMNER COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name						
Address				Date of Contribution		Aggregate This Election
City	State	Zip Code				
Occupation				Date of Contribution		Aggregate This Election
Employer						
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name						
Address				Date of Contribution		Aggregate This Election
City	State	Zip Code				
Occupation				Date of Contribution		Aggregate This Election
Employer						
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name						
Address				Date of Contribution		Aggregate This Election
City	State	Zip Code				
Occupation				Date of Contribution		Aggregate This Election
Employer						
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name						
Address				Date of Contribution		Aggregate This Election
City	State	Zip Code				
Occupation				Date of Contribution		Aggregate This Election
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Value of In-Kind Contribution
Last Name/Organization Name						
Address				Date of In-Kind Contribution	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Value of In-Kind Contribution
Last Name/Organization Name						
Address				Date of In-Kind Contribution	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Value of In-Kind Contribution
Last Name/Organization Name						
Address				Date of In-Kind Contribution	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Value of In-Kind Contribution
Last Name/Organization Name						
Address				Date of In-Kind Contribution	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Value of In-Kind Contribution
Last Name/Organization Name						
Address				Date of In-Kind Contribution	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS						
(Carry forward to item 3. of 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 item 22b. of summary.)						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b, of summary.)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE PAT CAMPBELL Alderman Ward 2				2. REPORT COVERING THE PERIOD FROM: 7/1/16 TO: 4/15/17				
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)								
Complete the Following for the Source of the Loan								
First Name Patrick		Middle Name David		Outstanding Loan Balance (Beginning of Period) 794.26		Loans Received 101.46	Loan Payments 0	Outstanding Loan Balance (End of Period) 0
Last Name/Organization Name Campbell				Address 192 Rebecca Dr				
City Hendersonville TN				State TN		Zip Code 37075		Date of Loan 9-2-14 20.00 9-5-14 400.00 9-19-14 485.00
Loan Received For:				<input type="checkbox"/> Primary Election		<input checked="" type="checkbox"/> General Election		<input type="checkbox"/> Runoff (Local Elections Only)
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)								
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Loan Balance (Beginning of Period) 794.26		Loans Received —	Loan Payments 101.46	Outstanding Loan Balance (End of Period) 0

TOTAL
905.00
110.74

794.26
101.46

692.80

Converting
outstanding
balance
to
Personal Contribution
to Account.



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							