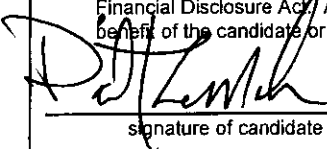

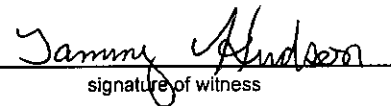
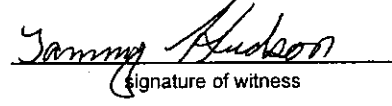


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT Oct. 29, 2016	2.a. NAME OF CANDIDATE OR COMMITTEE David LeMarbre for Alderman Ward 5		
2.b. IF COMMITTEE, NAME OF CANDIDATE David LeMarbre	3. ELECTION DATE Nov. 8, 2016		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 430 Spy Glass Way Hendersonville TN 37075 615-824-2912			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone SAME			
5. OFFICE SOUGHT (include district number, if applicable) City Alderman - Ward 5	6. NAME OF POLITICAL TREASURER (may be candidate) Trisha S. LeMarbre		
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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD Oct. 1, 2016	8.b. ENDING DATE OF REPORTING PERIOD Oct. 29, 2016		
9. (Check one) a. <input 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.			
 _____ signature of candidate	10/31/16 _____ date	 _____ signature of political treasurer	10-31-16 _____ date
11. WITNESS SIGNATURE			
 _____ signature of witness	10/31/16 _____ date	 _____ signature of witness	10-31-16 _____ date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	FILED	\$ <u>2685.00</u>	
b. TOTAL RECEIPTS THIS PERIOD	A.M. P.M. OCT 31 2016	\$ <u>2025.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>1350.65</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY ELECTION COMMISSION	\$ <u>3359.35</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>David LeMarbre for Alderman Ward 5</u>	14. REPORT COVERING THE PERIOD FROM: <u>10/1/16</u> TO: <u>10/29/16</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 625-
- b. Itemized Contributions (over \$100 from each source this period) \$ 1400-
- c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 2025.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 2025.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>Misc. food - water for Polls</u>	\$ <u>232.50</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 232.50

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1118.60

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 1350.65

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 1350.65

22. IN-KIND CONTRIBUTIONS

- a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0
- b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0
- c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

- a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____
- b. Itemized Obligations Outstanding (Over \$100 each) \$ _____
- c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ 0



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE David LeMarbre			2. REPORT COVERING THE PERIOD		
			FROM: 10-1-16	TO: 10-29-16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0		
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 Mr. Sign Man				Advertising (Signs)	\$698.62
Address 29 Industrail Park Dr.					
City Hendersonville	State TN	Zip Code 37075			
First Name		Middle Name			
Last Name/Business Name Hendersonville Standard				Advertising	420.-
Address 335 W. Main Street Suite A1					
City Gallatin	State TN	Zip Code 37066			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES			Amount \$1118.60		
(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 CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE David LeMaybre for Alderman Ward 5			2. REPORT COVERING THE PERIOD FROM: 10/1/16 TO: 10/29/16		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Dan		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name Roth		Address 1055 Litchford Place		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	\$1000 -
City Gallatin		State TN	Zip Code 37066	Date of Contribution 10/11/16	Aggregate This Election
Occupation Dentist		Employer VA Hospital		<input type="checkbox"/> Runoff (Local Elections Only)	
First Name Bill & Erin		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name Taylor		Address 200 Oak Hill Ct.		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	200 -
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 10/18/16	Aggregate This Election
Occupation Dentist		Employer		<input type="checkbox"/> Runoff (Local Elections Only)	
First Name Beth & William		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name Whitmer		Address 109 Gaston		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	200 -
City Gallatin		State TN	Zip Code 37066	Date of Contribution	Aggregate This Election
Occupation		Employer		<input type="checkbox"/> Runoff (Local Elections Only)	
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation		Employer		<input type="checkbox"/> Runoff (Local Elections Only)	
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.)				\$1400 -	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE David Lemarble for Alderman				2. REPORT COVERING THE PERIOD FROM: 10-1-16 TO: 10-29-16			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0		
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:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution				Aggregate this Election			
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.)					0		