

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>Jan. 15, 2015</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Arlene Cunningham</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Arlene Cunningham</u>		3. ELECTION DATE <u>Nov. 4, 2014</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>129 Windham Dr. Hendersonville</u> City State <u>TN</u> Zip Code <u>37075</u> Phone <u>615-497-5522</u> cell			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone		<u>615-822-6004</u> home	
5. OFFICE SOUGHT (include district number, if applicable) <u>Alderman - Ward 3</u>		6. NAME OF POLITICAL TREASURER (may be candidate)	
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 type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>10/26/2014</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>01/15/2015</u>	
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 checked="" 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>Arlene Cunningham</u> signature of candidate		<u>Arlene Cunningham</u> signature of political treasurer	
<u>1/25/15</u> date		<u>1/25/15</u> date	
11. WITNESS SIGNATURE			
<u>Patricia Gaynor</u> signature of witness		<u>Patricia Gaynor</u> signature of witness	
<u>1/25/15</u> date		<u>1/25/15</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>1,797.21</u> P.M.	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>1,125.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2,922.21</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>	

FILED
A.M. JAN 28 2015
SUMNER COUNTY
ELECTION COMMISSION



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)

Arlene Cunningham

14. REPORT COVERING THE PERIOD

FROM: *10/26/14* TO: *1/15/15*

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

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

b. Itemized Contributions (over \$100 from each source this period) \$ *1,125.00*

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ *1,125.00*

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.) \$ *1,125.00*

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)

Postage \$ *9.95*

Office Supplies \$ *39.00*

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

Total of Expenditures (\$100 or less each payee) \$ *48.95*

b. Itemized Expenditures (Over \$100 each payee this period) \$ *1,873.26*

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ *1,922.21*

20. LOAN REPAYMENTS MADE THIS PERIOD \$ *1,000.00*

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ *2,922.21*

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) \$ *0*

b. Itemized Obligations Outstanding (Over \$100 each) \$ *0*

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ *0*



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Arlene Cunningham</i>		2. REPORT COVERING THE PERIOD FROM: <i>10/26/14</i> TO: <i>1/15/15</i>	
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 <i>Arlene</i>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>125.00</i>
Last Name/Organization Name <i>Cunningham</i>		Date of Contribution <i>11/4/14</i>	Aggregate This Election <i>125.00</i>
Address <i>129 Windham Dr.</i>			
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>	
Occupation <i>Priority Banker/Alderman</i>	Employer <i>Regions Bank/City Hillville</i>		
First Name <i>Arlene</i>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <i>(repayment of loan)</i> <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>1,000.00</i>
Last Name/Organization Name <i>Cunningham</i>		Date of Contribution <i>11/4/14</i>	Aggregate This Election <i>1,125.00</i>
Address <i>129 Windham Dr.</i>			
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>	
Occupation <i>Priority Banker/Alderman</i>	Employer <i>Regions Bank/City Hillville</i>		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation	Employer		
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(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.)</small>			<i>1,125.00</i>

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Arlene Cunningham</i>				2. REPORT COVERING THE PERIOD FROM <i>10/20/14</i> TO: <i>1/15/15</i>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>		
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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.)					<i>0</i>		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Arlene Cunningham</i>				2. REPORT COVERING THE PERIOD FROM: <i>10/30/14</i> TO: <i>11/15/15</i>			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name <i>Keith</i>		Middle Name		Purpose of Expenditure <i>Design Work</i>			
Last Name/Business Name <i>Turrell-Michael Design</i>						Amount of Expenditure <i>325.00</i>	
Address <i>80 Villa Way</i>							
City <i>Hendersonville</i>		State <i>TN</i> Zip Code <i>37075</i>					
First Name		Middle Name		Purpose of Expenditure <i>Marketing</i>			
Last Name/Business Name <i>Facebook Marketing</i>						Amount of Expenditure <i>103.39</i>	
Address							
City		State Zip Code					
First Name		Middle Name		Purpose of Expenditure <i>Printing Mailers</i>			
Last Name/Business Name <i>ASAP Printing</i>						Amount of Expenditure <i>613.55</i>	
Address <i>111 Imperial Blvd</i>							
City <i>Hendersonville</i>		State <i>TN</i> Zip Code <i>37075</i>					
First Name		Middle Name		Purpose of Expenditure <i>Mailing Services</i>			
Last Name/Business Name <i>Office Support Systems</i>						Amount of Expenditure <i>655.27</i>	
Address <i>P.O. Box 544</i>							
City <i>Madison</i>		State <i>TN</i> Zip Code <i>37116</i>					
First Name		Middle Name		Purpose of Expenditure <i>Victory Party (food)</i>			
Last Name/Business Name <i>Barefoot Charlie's</i>						Amount of Expenditure <i>176.05</i>	
Address <i>Sanders Ferry Rd</i>							
City <i>Hendersonville</i>		State <i>TN</i> Zip Code <i>37075</i>					
First Name		Middle Name		Purpose of Expenditure			
Last Name/Business Name						Amount of Expenditure	
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.)					<i>1,873.26</i>		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Arlene Cunningham	2. REPORT COVERING THE PERIOD FROM: 10/20/14 TO: 1/15/15
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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 Arlene	Middle Name	Outstanding Loan Balance (Beginning of Period) 1,000.00	Loans Received 0	Loan Payments 1,000.00	Outstanding Loan Balance (End of Period) 0
Last Name/Organization Name Cunningham		Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Date of Loan 11/5/15	
Address 129 Windham Dr.		<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville	State TN	Zip Code 37075			

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			
City	State	City	State
Zip Code		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			
City	State	City	State
Zip Code		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			
City	State	City	State
Zip Code		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			
City	State	City	State
Zip Code		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)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
Arlene Cunningham				FROM: 10/20/14		TO: 1/15/15	
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	325.00	0	-325.00	0
Keith		Tyrrell	Michael Design				
City	State	Zip Code					
Hendersonville	TN	37015					
Description of Obligation							
Design Work							
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.)				325.00	0	-325.00	0