

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

**For State and Local Candidates
For Single-Candidate Committees**

FILED

1. DATE OF REPORT <u>JANUARY 22nd 2015</u>	2.a. NAME OF CANDIDATE OR COMMITTEE - <u>10:27 A.M. THU</u> P.M. <u>STEPHEN C. BROWN</u> <u>JAN 23 2015</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE SUMNER COUNTY ELECTION COMMISSION
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>110 MEADOW LANE</u> <u>HENDERSVILLE</u> <u>TN</u> <u>37015</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 4</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>FRED QUALLS</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" 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>OCTOBER 26th 2014</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>JANUARY 15th 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>[Signature]</u> signature of candidate	<u>1-21-15</u> date
<u>[Signature]</u> signature of political treasurer	<u>1-21-15</u> date
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness	<u>1/21/15</u> date
<u>[Signature]</u> signature of witness	<u>1/21/15</u> date
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ <u>1597.38</u> b. TOTAL RECEIPTS THIS PERIOD \$ <u>250.00</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>1830.51</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>16.87</u> e. TOTAL LOANS OUTSTANDING \$ <u>- 0 -</u> f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>- 0 -</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
					Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name		Middle Name		Contribution Received For:		Amount of 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		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of 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		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of 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		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of 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		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of 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		Date of Contribution		Aggregate This Election
Occupation						
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 EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE STEPHEN C BROWN			2. REPORT COVERING THE PERIOD		
			FROM: 10/22/14	TO: 1/15/15	
			Amount - 0 -		
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 OFFICE SUPPLY SYSTEMS		MAIL HANDLING + POSTAGE	\$ 691.62		
Address 445 MYATT DRIVE					
City MADISON	State TN				Zip Code 37115
First Name					Middle Name
Last Name/Business Name HENDERSONVILLE STAR NEWS		ADVERTISING	\$ 237.50		
Address 1 EXAMINER CT					
City Gallatin	State TN				Zip Code 37075
First Name					Middle Name
Last Name/Business Name A SAP PRINTING		Printing	\$ 179.14		
Address 116 IMPERIAL BLVD					
City HENDERSONVILLE	State TN				Zip Code 37075
First Name					Middle Name
Last Name/Business Name OFFICE SUPPORT SYSTEMS		MAILING + POSTAGE	\$ 377.25		
Address 445 MYATT DRIVE					
City MADISON	State TN				Zip Code 37115
First Name					Middle Name
Last Name/Business Name SMITH		Graphic DESIGN SERVICE	\$ 175.00		
Address 132 THORNWOOD PLACE					
City HENDERSONVILLE	State TN				Zip Code 37075
First Name					Middle Name
Last Name/Business Name BLACK EYED PEA		CAMPAIGN WORKERS DINNER	\$ 125.00		
Address 164 EAST MAIN STREET					
City HENDERSONVILLE	State TN				Zip Code 37075
First Name					Middle Name
5. TOTAL ITEMIZED EXPENDITURES			\$ 1785.51		
(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE STEPHEN C. BROWN				2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15	
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 JON		Middle Name MATHEW		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Last Name/Organization Name STAMPER		Date of In-Kind Contribution 10/20/14		Value of In-Kind Contribution \$ 210.00	
Address 115 CAMDEN CT.				Aggregate this Election - 0 -	
City HENDERSONVILLE		State TN	Zip Code 37275	Description of In-Kind Contribution FACEBOOK ADVERTISMENT	
Occupation CPA		Employer			
First Name		Middle Name			
Last Name/Organization Name		Date of In-Kind Contribution		Value of In-Kind Contribution	
Address				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation		Employer			
First Name		Middle Name			
Last Name/Organization Name		Date of In-Kind Contribution		Value of In-Kind Contribution	
Address				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation		Employer			
First Name		Middle Name			
Last Name/Organization Name		Date of In-Kind Contribution		Value of In-Kind Contribution	
Address				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation		Employer			
First Name		Middle Name			
Last Name/Organization Name		Date of In-Kind Contribution		Value of In-Kind Contribution	
Address				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 LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD	
					FROM:	TO:
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		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments
Last Name/Organization Name						Outstanding Loan Balance (End of Period)
Address			Loan Received For:			Date of Loan
			<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City		State	Zip Code		<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)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments
(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 (End of Period)



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		NONE			
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.)							