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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

SUMNER COUNTY
ELECTION COMMISSION

1. DATE OF REPORT 4-10-14		2.a. NAME OF CANDIDATE OR COMMITTEE Committee to Elect LeMarbre			
2.b. IF COMMITTEE, NAME OF CANDIDATE Trisha LeMarbre			3. ELECTION DATE May 6, 2014		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 230 Spy Glass Way		City Hendersonville	State TN	Zip Code 37075	Phone 615-824-2912
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route SAME		City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if applicable) Dist. 7 - County Commission			6. NAME OF POLITICAL TREASURER (may be candidate) Pat Sodersten		
7. CATEGORY OR REPORT (Check one)					
<input checked="" 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 Start Jan. 15, 2014			8.b. ENDING DATE OF REPORTING PERIOD March 31, 2014		
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>Trisha LeMarbre</u> signature of candidate		<u>4-9-14</u> date		<u>Pat Sodersten</u> signature of political treasurer	
				<u>4/9/14</u> date	
11. WITNESS SIGNATURE					
<u>[Signature]</u> signature of witness		<u>4-9-14</u> date		<u>[Signature]</u> signature of witness	
				<u>4-9-14</u> date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		\$ <u>0</u>			
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>1120.⁰⁰</u>			
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>625.78</u>			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>494.22</u>			
e. TOTAL LOANS OUTSTANDING		\$ _____			
f. TOTAL OBLIGATIONS OUTSTANDING		\$ _____			



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect LeMarbre				2. REPORT COVERING THE PERIOD FROM: 1/15/14 TO: 3/31/14			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 500⁰⁰		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name Anthony		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Holt (Anthony Holt Campaign Fund)		Address		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		500⁻	
City		State		Zip Code		Date of Contribution 3/05/14	
Occupation		Employer				Aggregate This Election	
First Name Judy		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Hambriek		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		20⁰⁰	
City		State		Zip Code		Date of Contribution	
Occupation		Employer				Aggregate This Election	
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	
Occupation		Employer				Aggregate This Election	
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	
Occupation		Employer				Aggregate This Election	
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 Committee to Elect LeMarble		2. REPORT COVERING THE PERIOD FROM: 1/15/14 TO: 3/31/14	
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 ASAP	Middle Name	Purpose of Expenditure Purchase Push Cards	Amount of Expenditure \$ 221.70
Last Name/Business Name			
Address			
City Hendersonville	State TN	Zip Code 37015	
First Name Capital Productions	Middle Name	Purpose of Expenditure Signs	Amount of Expenditure 404.00
Last Name/Business Name			
Address P.O. Box 231			
City Glenside	State PA	Zip Code 19038	
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.)			625.70

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD				
Committee to Elect LeMarbre				FROM:		TO:		
				1-15-14		3-31-14		
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	Outstanding Loan Balance (End of Period)	
Patricia				-	\$600-	-	\$600-	
Last Name/Organization Name				Loan Received For:		Date of Loan		
LeMarbre								
Address				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		3/6/14		
230 Spy Glass Way								
City	State	Zip Code						
Hendersonville	TN	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				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	Outstanding Loan Balance (End of Period)	
(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.)								



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

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

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.)							