

FILED

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT P.M.
For State and Local Candidates
For Single-Candidate Committees

9:08
THU JUL 31 2014

SUMNER COUNTY
ELECTION COMMISSION

1. DATE OF REPORT 8-1-14 7-31-14		2.a. NAME OF CANDIDATE OR COMMITTEE Committee to Elect LeMarbre	
2.b. IF COMMITTEE, NAME OF CANDIDATE Trisha LeMarbre		3. ELECTION DATE August 7, 2014	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 230 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) County Commissioner - District 7		6. NAME OF POLITICAL TREASURER (may be candidate) Pat Sodersten,	
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 July 1, 2014		8.b. ENDING DATE OF REPORTING PERIOD July 28, 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 S. LeMarbre</u> signature of candidate		<u>Pat Sodersten</u> signature of political treasurer	
7/31/14 date		7/31/14 date	
11. WITNESS SIGNATURE			
<u>Cauglea</u> signature of witness		<u>Cauglea</u> signature of witness	
7/31/14 date		7/31/14 date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 96.22	
b. TOTAL RECEIPTS THIS PERIOD		\$ 1151.66	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 1122.88	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 125.-	
e. TOTAL LOANS OUTSTANDING		\$ 0	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Trisha LeMarbre				2. REPORT COVERING THE PERIOD FROM: 7/1/14 TO: 7/28/14			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1151.64		
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 TN Realtors PAC				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100.-	
Address 901 19th Ave. South				<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville		State TN	Zip Code 37212	Date of Contribution 7/28/14		Aggregate This Election	
Occupation							
Employer							
First Name Trisha		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name LeMarbre (Personal Funds)				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		1051.64	
Address 230 Spy Glass Way				<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville		State TN	Zip Code 37075	Date of Contribution		Aggregate This Election	
Occupation Retired - teacher							
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.)					1151.64		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect LeMarbre</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>7/1/14</i>	TO: <i>7/20/14</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)			<i>1122.88</i>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Office Support Systems</i>		<i>Mailout</i>	<i>\$1122.88</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	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.)			<i>\$1122.88</i>	