

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4/29/14	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 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) DISTRICT 7- County Commissioner	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 checked="" 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 April 1, 2014	8.b. ENDING DATE OF REPORTING PERIOD April 26, 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. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u><i>Trisha LeMarbre</i></u> signature of candidate </div> <div style="text-align: center;"> <u>4/29/14</u> date </div> <div style="text-align: center;"> <u><i>Pat Sodersten</i></u> signature of political treasurer </div> <div style="text-align: center;"> <u>4/29/14</u> date </div> </div>													
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u><i>Canglea</i></u> signature of witness </div> <div style="text-align: center;"> <u>4/29/14</u> date </div> <div style="text-align: center;"> <u><i>Canglea</i></u> signature of witness </div> <div style="text-align: center;"> <u>4/29/14</u> date </div> </div>													
12. SUMMARY <div style="text-align: center; font-weight: bold; font-size: 2em; opacity: 0.5;">FILED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">A.M. APR 29 2014 P.M.</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">SUMNER COUNTY ELECTION COMMISSION</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. BALANCE ON HAND LAST REPORT</td> <td style="text-align: right;">\$ <u>494.22</u></td> </tr> <tr> <td>b. TOTAL RECEIPTS THIS PERIOD</td> <td style="text-align: right;">\$ <u>400.00</u></td> </tr> <tr> <td>c. TOTAL DISBURSEMENTS THIS PERIOD</td> <td style="text-align: right;">\$ <u>495.49</u></td> </tr> <tr> <td>d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)</td> <td style="text-align: right;">\$ <u>398.73</u></td> </tr> <tr> <td>e. TOTAL LOANS OUTSTANDING</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>f. TOTAL OBLIGATIONS OUTSTANDING</td> <td style="text-align: right;">\$ <u>715.01</u></td> </tr> </table>		a. BALANCE ON HAND LAST REPORT	\$ <u>494.22</u>	b. TOTAL RECEIPTS THIS PERIOD	\$ <u>400.00</u>	c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>495.49</u>	d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>398.73</u>	e. TOTAL LOANS OUTSTANDING	\$ _____	f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>715.01</u>
a. BALANCE ON HAND LAST REPORT	\$ <u>494.22</u>												
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c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>495.49</u>												
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>398.73</u>												
e. TOTAL LOANS OUTSTANDING	\$ _____												
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>715.01</u>												



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <p style="text-align: center; margin: 0;">Committee to Elect LeMarbre</p>	14. REPORT COVERING THE PERIOD FROM: 4-1-14 TO: 4-26-14
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ _____
b. Itemized Contributions (over \$100 from each source this period)	\$ 400.⁰⁰
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 400.⁰⁰
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.)	\$ 400.⁰⁰
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>Marketing (tees, pushcard, mailout)</u>	\$ 495⁴⁹
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ _____
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 495⁴⁹
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 495⁴⁹
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 0
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 495⁴⁹
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 545.⁰⁰
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ 545.⁰⁰
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 715.⁰¹
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$ 715.⁰¹



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect LeMarbre				2. REPORT COVERING THE PERIOD FROM: 4-1-14 TO: 4-26-14		
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 Joe		Middle Name H.		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Thompson			<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election			\$100⁰⁰
Address 1022 Grider Dr.			<input type="checkbox"/> Runoff (Local Elections Only)			
City Gallatin		State TN	Zip Code 37066	Date of Contribution 4-10-14		Aggregate This Election
Occupation						\$100 -
Employer						
First Name David		Middle Name J.		Contribution Received For:		Amount of Contribution
Last Name/Organization Name LeMarbre			<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election			200.-
Address 230 Spy Glass Way			<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 4-16-14		Aggregate This Election
Occupation Parks Director						\$ 200.-
Employer City of Hendersonville						
First Name Robert		Middle Name H.		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Goodall, Jr.			<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election			\$100.-
Address 393 Maple Street, Suite 100			<input type="checkbox"/> Runoff (Local Elections Only)			
City Gallatin		State TN	Zip Code 37066	Date of Contribution 4.22.14		Aggregate This Election
Occupation						\$100.-
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.)					\$ 400.⁰⁰	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect LeMarbre				2. REPORT COVERING THE PERIOD FROM: 4-1-14 TO: 4-26-14			
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 David		Middle Name		In-Kind Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution \$545⁰⁰	
Last Name/Organization Name LeMarbre				<input type="checkbox"/> Runoff (Local Elections Only)			
Address 230 Spy Glass Way				Date of In-Kind Contribution 4.22.14		Aggregate this Election 545⁰⁰	
City Hendersonville		State TN	Zip Code 37075	Description of In-Kind Contribution Payment of Signs and Car Magnets			
Occupation Parks Director		Employer City of H'ville					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		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.)					\$ 545⁰⁰		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect LeMarbre			2. REPORT COVERING THE PERIOD FROM: 4-1-14 TO: 4-26-14	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
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 Southern Promotions Inc		Tee Shirts for workers		\$ 182.45
Address 146 Volunteer Dr. Unit B				
City Hendersonville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Conquest Communications Group		Auto message		\$ 100.00
Address 2812 Emerywood Pky Ste 103				
City Richmond	State VA			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name ASAP		Push Cards		213.04
Address Imperial Ctr.				
City Hendersonville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
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.)				\$ 495.49

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	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name									
Address				Loan Received For:			Date of Loan		
City		State	Zip Code	<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election					
				<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	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 OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect LeMarbre</i>			2. REPORT COVERING THE PERIOD			
			FROM: <i>4-1-14</i>		TO: <i>4-26-14</i>	
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		<i>-0-</i>	<i>715.01</i>	<i>-0-</i>	<i>715.01</i>
Last Name/Business Name		<i>Office Support Systems</i>				
Address		<i>P.O. Box 544</i>				
City	State	Zip Code				
<i>Madison</i>	<i>TN</i>	<i>37116</i>				
Description of Obligation			<i>Mailout</i>			
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.)						<i>715.01</i>