

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>11-24-14</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Committee to Elect Betsy Hawkins</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Betsy Hawkins</u>		3. ELECTION DATE <u>11-4-14</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>P.O. Box 298</u> <u>Gallatin</u> <u>TN</u> <u>37066</u> <u>615-268-4419</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>475 Bay Point Drive,</u> <u>Gallatin</u> <u>TN</u> <u>37066</u> <u>615-268-8444</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>City Recorder / City Judge</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Bob Lampe</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 26, 2014</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>December 31, 2014</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>Betsy R. Hawkins</u> signature of candidate		<u>Bob Lampe</u> signature of political treasurer	
<u>11-24-14</u> date		<u>11/25/14</u> date	
11. WITNESS SIGNATURE			
<u>Jim Nelson</u> signature of witness		<u>Carol Virginia Lampe</u> signature of witness	
<u>11/24/2014</u> date		<u>11/25/14</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>763.08</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2,464.53</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>3,227.61</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

NOV 25 2014
SUMNER COUNTY
ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <i>Committee to Elect Betsy Hawkins</i>	14. REPORT COVERING THE PERIOD FROM: <i>10-26-14</i> TO: <i>12-31-14</i>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 50.⁰⁰

b. Itemized Contributions (over \$100 from each source this period) \$ 2,414.53

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 2,464.53

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.) \$ 2,464.53

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)

Wire Transfer Fees \$ 83.50

Facebook Ads \$ 85.46

Fenceposts and zipties from Co-op \$ 50.⁰⁰

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

Total of Expenditures (\$100 or less each payee) \$ 218.96

b. Itemized Expenditures (Over \$100 each payee this period) \$ 3,008.65

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 3,227.61

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 3,227.61

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 Committee to Elect Betsy Hawkins				2. REPORT COVERING THE PERIOD FROM: 10-26-14 TO: 12-31-14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Raju		Middle Name		Contribution Received For:	
Last Name/Organization Name Sivaranathan		Address 2901 North Central Ave. Ste 1600		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
City Phoenix		State AZ		Zip Code 85012	
Occupation Attorney		Employer Bowman & Brooke, LLP		Date of Contribution 10-28-14	
				Amount of Contribution 1,500.⁰⁰	
				Aggregate This Election 1,500.⁰⁰	
First Name Andrew		Middle Name F		Contribution Received For:	
Last Name/Organization Name Hawkins		Address 21193 Sophie Drive		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
City Abingdon		State VA		Zip Code 24211	
Occupation E.R. Physician		Employer Johnson Memorial Hospital		Date of Contribution 10-29-14	
				Amount of Contribution 250.⁰⁰	
				Aggregate This Election 250.⁰⁰	
First Name Betsy		Middle Name R.		Contribution Received For:	
Last Name/Organization Name Hawkins		Address 475 Bay Point Drive		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
City Gallatin		State TN		Zip Code 37066	
Occupation Paralegal, Office Manager		Employer James B. Hawkins Attorney		Date of Contribution 11-3-14	
				Amount of Contribution 414.53	
				Aggregate This Election 1,414.53	
First Name Diane		Middle Name S.		Contribution Received For:	
Last Name/Organization Name Hawkins		Address 21193 Sophie Drive		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
City Abingdon		State VA		Zip Code 24211	
Occupation Psychiatrist		Employer self-employed		Date of Contribution 10-29-14	
				Amount of Contribution 250.⁰⁰	
				Aggregate This Election 250.⁰⁰	
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>					2,414.53

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Betsy Hawkins</i>			2. REPORT COVERING THE PERIOD FROM: <i>10-26-14</i> TO: <i>12-31-14</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)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>24-Hour Yard Signs</i>		<i>Yard Signs</i>		<i>389.65</i>
Address <i>2151 Denton Avenue</i>				
City <i>Cookeville</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>The Gallatin News - Examiner</i>		<i>Advertising</i>		<i>2,175.00</i>
Address <i>1 Examiner Court</i>				
City <i>Gallatin</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>The Gallatin News</i>		<i>Advertising</i>		<i>150.00</i>
Address <i>450 West Main Street, Suite 101</i>				
City <i>Gallatin</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>WHIN-AM Radio</i>		<i>Advertising</i>		<i>294.00</i>
Address <i>1625 Highway 109-N</i>				
City <i>Gallatin</i>	State <i>TN</i>			
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.)				<i>3,008.65</i>