

JUL 31 2014 11:40
WILSON COUNTY
ELECTION COMMISSION

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7-29-14</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Linda H. Armistead</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>8-7-14</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>210 Forrest Lawn Dr. Mt. Juliet TN 37122 615-754-5410</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>School Board Zone 4</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Linda H. Armistead</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" 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 <u>7-1-14</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>7-28-14</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>Linda Armistead</u> signature of candidate		<u>Linda Armistead</u> signature of political treasurer	
<u>7-29-14</u> date		<u>7-29-14</u> date	
11. WITNESS SIGNATURE			
<u>Ined Corley</u> signature of witness		<u>Ined Corley</u> signature of witness	
<u>7-29-14</u> date		<u>7-29-14</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>219⁶⁶</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>50⁰⁰</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>125⁰⁰</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>144⁶⁶</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>250.⁰⁰</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



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SUMMARY PAGE - CANDIDATE

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WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)

Linda H. Armistead

14. REPORT COVERING THE PERIOD

FROM: 7-1-14 TO: 7-28-14

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) \$ 50.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 50.00

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.) \$ 50.00

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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

b. Itemized Expenditures (Over \$100 each payee this period) \$ 307.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 307.00

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 307.00

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) \$

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) \$

b. Itemized Obligations Outstanding (Over \$100 each) \$ 250.00

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 250.00



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ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <u>Linda H. Armistead</u>		2. REPORT COVERING THE PERIOD FROM: <u>7-1-14</u> TO: <u>7-28-14</u>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <u>800.00</u>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <u>Roy</u>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <u>\$ 50.00</u>
Last Name/Organization Name <u>Ortengren</u>		Date of Contribution	Aggregate This Election
Address <u>114 Tanglewood Dr.</u>			
City <u>Mount Juliet</u>	State <u>TN.</u>	Zip Code <u>37120</u>	
Occupation <u>Retired</u>			
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
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.)			<u>850.00</u>



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LECTION COMMISSION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <u>Linda H. Armistead</u>		2. REPORT COVERING THE PERIOD FROM: <u>7-1-14</u> TO: <u>7-28-14</u>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <u>830.34</u>
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 <u>Lebanon Democrat</u>		<u>Ad.</u>	<u>\$ 125.00</u>
Address <u>P.O. Box 430</u>			
City <u>Lebanon</u>	State <u>TN</u> Zip Code <u>37088</u>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <u>Chronicle of Mt Juliet</u>			<u>182.00</u>
Address <u>P.O. Box 647</u>			
City <u>Mt. Juliet</u>	State <u>TN</u> Zip Code <u>37122</u>		
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.)			<u>1137.34</u>



ITEMIZED STATEMENT OF LOANS - CANDIDATE

JUL 31 2014

WILSON COUNTY
ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE Linda H. Armistead				2. REPORT COVERING THE PERIOD FROM: 7-1-14 TO: 7-28-14			
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 Linda		Middle Name H.		Outstanding Loan Balance (Beginning of Period) 250.00	Loans Received 0.	Loan Payments 0.	Outstanding Loan Balance (End of Period) \$250.00
Last Name/Organization Name Armistead							
Address 210 Forrest Lawn Dr.				Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan	
City Mt. Juliet	State TN	Zip Code 37122					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name Linda		Middle Name H.		First Name		Middle Name	
Last Name/Organization Name Armistead				Last Name/Organization Name			
Address 210 Forrest Lawn Dr.				Address			
City Mt. Juliet	State TN	Zip Code 37122		City	State	Zip Code	
Amount Guaranteed Outstanding \$37.34				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			
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) (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 (Beginning of Period) 250.00	Loans Received 37.34	Loan Payments 0.	Outstanding Loan Balance (End of Period) 287.34

