

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT April 11th, 2016	2.a. NAME OF CANDIDATE OR COMMITTEE Robert Alsup
2.b. IF COMMITTEE, NAME OF CANDIDATE NA	3. ELECTION DATE March 1, 2016
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 580 Alsup Mill Rd. Murfreesboro TN 37130 615-419-4066	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone " " " " " " " " " "	
5. OFFICE SOUGHT (include district number, if applicable) Road Superintendent	6. NAME OF POLITICAL TREASURER (may be candidate) David Cooper
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 type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>2/21/2016</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>3/31/2016</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. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Robert Alsup</u> signature of candidate </div> <div style="text-align: center;"> <u>4-11-16</u> date </div> <div style="text-align: center;"> <u>David Cooper</u> signature of political treasurer </div> <div style="text-align: center;"> <u>4-11-16</u> date </div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>[Signature]</u> signature of witness </div> <div style="text-align: center;"> date </div> <div style="text-align: center;"> <u>[Signature]</u> signature of witness </div> <div style="text-align: center;"> date </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>33,187.49</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>1,100</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>7,474.96</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>25,812.53</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>50,000</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Robert Alsup	14. REPORT COVERING THE PERIOD FROM: <u>2/21/16</u> TO: <u>3/31/16</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>100</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>1,000</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>1,100</u>

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.) \$ 1,100

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) \$ 7,474.96

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

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 7,474.96

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

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

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>0</u>

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$ <u>0</u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Robert Alsup				2. REPORT COVERING THE PERIOD FROM: <u>2/21/16</u> TO: <u>3/31/16</u>	
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 Philip		Middle Name Anthony		Contribution Received For:	
Last Name/Organization Name Griffin				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 1715K S. Rutherford Blvd #272				Date of Contribution 2/20/16	
City Murfreesboro		State TN	Zip Code 37130	Aggregate This Election 1,000	
Occupation Consultant					
Employer Griffin Strategies, LLC					
First Name		Middle Name		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 Contribution	
City		State	Zip Code	Aggregate This Election	
Occupation					
Employer					
First Name		Middle Name		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 Contribution	
City		State	Zip Code	Aggregate This Election	
Occupation					
Employer					
First Name		Middle Name		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 Contribution	
City		State	Zip Code	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.)					1,000

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Robert Alsop				2. REPORT COVERING THE PERIOD		
				FROM: 2/21/16	TO: 3/31/2016	
				Amount 0		
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:		Value of In-Kind Contribution
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		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
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		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
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		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
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		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
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		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					0	
<small>(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.)</small>						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Robert Alsup			2. REPORT COVERING THE PERIOD FROM: <u>2/21/16</u> TO: <u>3/31/2016</u>		
			Amount: _____		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
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 Griffin Strategies LLC		Mail	\$7,474.96		
Address 1715K S. Rutherford Blvd. #272					
City Murfreesboro	State TN				Zip Code 37130
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			\$4,474.96		
(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.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Robert Alsop					2. REPORT COVERING THE PERIOD					
					FROM: 2/21/16		TO: 3/31/16			
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		
					<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)					
City		State	Zip Code							
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) (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)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	

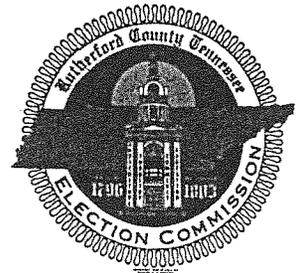
ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Robert Alsup			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) 0	Debt Incurred This Period 0	Payments This Period 0	Outstanding Balance (End of Period) 0
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.)						0



RUTHERFORD COUNTY ELECTION COMMISSION

1 PUBLIC SQUARE, SOUTH
SUITE 103
MURFREESBORO, TENNESSEE 37130-8001



Phone: (615) 898-7743

Facsimile: (615) 898-7938

E-mail: election@rutherfordcountyttn.gov

Web: www.rutherfordcountyttn.gov/election

I, CERTIFY THAT I HAVE A (ZERO) -0- BALANCE IN MY CAMPAIGN FUND

FOR THE Republican Primary ELECTION

WHICH WAS HELD ON 3/1/2016

[Signature]
TREASURER SIGNATURE

[Signature]
CANDIDATE SIGNATURE

4-11-2016
DATE

COMMISSIONERS:

- Ransom Jones, Chairman
- Carolyn Peebles, Secretary
- Felicia A. Hix
- W. Richard Reeves
- John H. Taylor

ADMINISTRATOR:

J. Alan Farley



RUTHERFORD COUNTY ELECTION COMMISSION

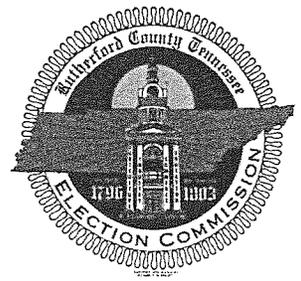
1 SOUTH PUBLIC SQUARE, SUITE 103
MURFREESBORO, TENNESSEE 37130-8001

Phone: (615) 898-7743

Facsimile: (615) 898-7938

Email: election@rutherfordcountyttn.gov

Website: www.rutherfordcountyttn.gov/election

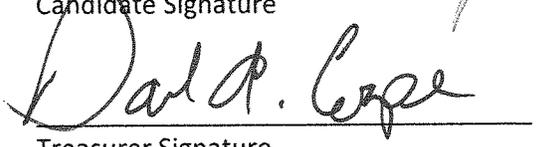


Supplemental Campaign Financial Disclosure Statement

This statement is being filed pursuant to Rule 0350-1-1 (Campaign Loans) of the Campaign Finance Disclosure Rules of the Tennessee Registry of Finance.

I have forgiven and written off the remaining balance \$ 50,000⁰⁰ of the loan. Accordingly, this loan will not be repaid and shall be considered a contribution to the campaign.


Candidate Signature


Treasurer Signature

4-11-16
Date

COMMISSIONERS:

Ransom Jones, Chairman
Carolyn Peebles, Secretary
Felicia A. Hix
W. Richard Reeves
John H. Taylor

ADMINISTRATOR:

J. Alan Farley



RuCo Elections



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