

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| | |
|---|--|
| 1. DATE OF REPORT <u>4-12-2016</u> | 2.a. NAME OF CANDIDATE OR COMMITTEE <u>Michael V Anderson</u> |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | 3. ELECTION DATE <u>8-4-2016</u> |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>829 Sunrise St</u> <u>Murfreesboro</u> <u>TN</u> <u>37130</u> <u>615-714-6626</u> | |
| 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) <u>Road Board 17, 18, 21</u> | 6. NAME OF POLITICAL TREASURER (may be candidate) <u>Michael V Anderson</u> |
| 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>3-24-16</u> | 8.b. ENDING DATE OF REPORTING PERIOD <u>3-31-16</u> |
| 9. (Check one) a. <input checked="" 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 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>Michael V Anderson</u> signature of candidate | <u>Michael V Anderson</u> signature of political treasurer |
| <u>4-12-2016</u> date | <u>4-12-2016</u> date |
| 11. WITNESS SIGNATURE | |
| _____ | _____ |
| signature of witness | signature of witness |
| _____ | _____ |
| date | date |
| 12. SUMMARY | |
| a. BALANCE ON HAND LAST REPORT | \$ _____ |
| b. TOTAL RECEIPTS THIS PERIOD | \$ _____ |
| c. TOTAL DISBURSEMENTS THIS PERIOD | \$ _____ |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | \$ <u>\$100.⁰⁰</u> |
| e. TOTAL LOANS OUTSTANDING | \$ <u>\$100.⁰⁰</u> |
| f. TOTAL OBLIGATIONS OUTSTANDING | \$ _____ |



APR 12 '16 4:10:20

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| | | | | | | | | |
|---|--|------------------------------|--------------------------|---|--|---|---------------|---|
| 1. NAME OF CANDIDATE OR COMMITTEE <i>Michael V Anderson</i> | | | | 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 <i>Michael</i> | | Middle Name <i>Victor</i> | | Outstanding Loan Balance (Beginning of Period) <i>\$100.00</i> | | Loans Received | Loan Payments | Outstanding Loan Balance (End of Period) |
| Last Name/Organization Name <i>Anderson</i> | | | | Address <i>829 Sunrise St</i> | | Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election | | Date of Loan |
| City <i>Murfreesboro</i> | | State <i>TN</i> | Zip Code <i>37130</i> | | <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) (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) <i>\$100.00</i> |

