

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/28/16</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Lisa Bell</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Lisa Bell for Judge</u>	3. ELECTION DATE <u>8/4/16</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>718 N. Manay</u> <u>Murfreesboro</u> <u>TN</u> <u>37130</u> <u>615-896-4839</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>3089 Vicwood</u> <u>Murfreesboro</u> <u>TN</u> <u>37128</u> <u>615-849-3409</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>General Sessions Part IV</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Pat Thomas</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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7/1/16</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>7/25/16</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>Lisa A. Bell</u> <u>7-28-16</u> <u>Pat Thomas</u> <u>7/28/16</u> signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE <u>Gard Bell</u> <u>7/28/16</u> <u>Gard Bell</u> <u>7/28/16</u> signature of witness date signature of witness date	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>1025.60</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>36,114.83</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>33,672.92</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>3,467.51</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>33,789.83</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>- 0 -</u>



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Lisa Bell				2. REPORT COVERING THE PERIOD					
				FROM: 7/1/16		TO: 7/25/16			
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 Paul + Lisa		Middle Name		Outstanding Loan Balance (Beginning of Period) -0-		Loans Received 33,789.83	Loan Payments -0-	Outstanding Loan Balance (End of Period) 33,789.83	
Last Name/Organization Name Bell									
Address 3089 Vicwood Drive				Loan Received For:			Date of Loan		
				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			07/2016		
City Murfreesboro				State TN	Zip Code 37128			<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 Paul		Middle Name Daniel		First Name Lisa		Middle Name Ann			
Last Name/Organization Name Bell				Last Name/Organization Name Bell					
Address 3089 Vicwood Drive				Address 3089 Vicwood Drive					
City Murfreesboro		State TN	Zip Code 37128	City Murfreesboro		State TN	Zip Code 37128		
Amount Guaranteed Outstanding 33,789.83				Amount Guaranteed Outstanding 33,789.83					
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.)				-0-		33,789.83	-0-	33,789.83	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Lisa Bell				2. REPORT COVERING THE PERIOD			
				FROM: 7/1/16	TO: 7/25/16		
				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		Address		Picnic Table - Barfield Park		25.00	
Rutherford Co. Republican Party		111 E. Main Street					
City		State	Zip Code				
Murfreesboro		TN	37130				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Spaghetti Supper tickets		18.00	
Lions Club		407 Hickerson Drive					
City		State	Zip Code				
Murfreesboro		TN	37130				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Gas for generator for Cotton Candy Machine @ Rockvale Picnic		5.44	
Home Depot		1750 Old Fort Parkway					
City		State	Zip Code				
Murfreesboro		TN	37129				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Fundraiser for Mainstreet 4 tickets		200.00	
Main Street @ the Grove		225 W. College Street					
City		State	Zip Code				
Murfreesboro		TN	37130				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Campaign Retainer		2500.00	
Navigation Advertising LLC		416 Medical Center Parkway					
City		State	Zip Code				
Murfreesboro		TN	37129				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Signs, stickers, Magnets, business cards Palm Cards		4,488.75	
Navigation Advertising LLC		416 Medical Center Parkway					
City		State	Zip Code				
Murfreesboro		TN	37129				
5. TOTAL ITEMIZED EXPENDITURES						7237.19	
(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 EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Lisa Bell			2. REPORT COVERING THE PERIOD		
			FROM: 7/1/16	TO: 7/25/16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 7237.19		
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 Navigation Advertising LLC		Business Cards (Reprint)	96.08		
Address 416 Medical Center Parkway					
City Murfreesboro	State TN				Zip Code 37129
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Navigation Advertising LLC		Boosted Facebook post	10.30		
Address 416 Medical Center Parkway					
City Murfreesboro	State TN				Zip Code 37129
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Navigation Advertising LLC		Facebook Ad, WANS Ad, Murfreesboro Post Ad & DMJ/Tennessee Ads	1369.90		
Address 416 Medical Center Parkway					
City Murfreesboro	State TN				Zip Code 37129
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Navigation Advertising LLC		60 T-shirts	535.28		
Address 416 Medical Center Parkway					
City Murfreesboro	State TN				Zip Code 37129
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Navigation Advertising LLC		Stationery Invitations / Contributions & envelopes Postage 3% credit card fee	323.62		
Address 416 Medical Center Parkway					
City Murfreesboro	State TN				Zip Code 37129
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Navigation Advertising LLC		Facebook Likes - 2 weeks	2000.00		
Address 416 Medical Center Parkway					
City Murfreesboro	State TN				Zip Code 37129
First Name	Middle Name				Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES			11,572.37		
(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 EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Lisa A Bell</i>			2. REPORT COVERING THE PERIOD		
			FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>11572.37</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>Navigation Advertising LLC</i>		<i>50 Road signs</i>	<i>1384.89</i>		
Address <i>416 Medical Center Parkway</i>					
City <i>Murfreesboro</i>	State <i>TN</i>				Zip Code <i>37129</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Navigation Advertising LLC</i>		<i>Postage for direct mail piece</i>	<i>3715.13</i>		
Address <i>416 Medical Center Parkway</i>					
City <i>Murfreesboro</i>	State <i>TN</i>				Zip Code <i>37129</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Navigation Advertising LLC</i>		<i>WARS.com Ad Run 6/6/16 - 8/4/16</i>	<i>465.00</i>		
Address <i>416 Medical Center Parkway</i>					
City <i>Murfreesboro</i>	State <i>TN</i>				Zip Code <i>37129</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Navigation Advertising LLC</i>		<i>4 outdoor Boards</i>	<i>4677.06</i> <i>4156.03</i>		
Address <i>416 Medical Center Parkway</i>					
City <i>Murfreesboro</i>	State <i>TN</i>				Zip Code <i>37129</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Navigation Advertising LLC</i>		<i>Direct Mail - Postcard 14,754 pieces</i>	<i>1629.46</i>		
Address <i>416 Medical Center Parkway</i>					
City <i>Murfreesboro</i>	State <i>TN</i>				Zip Code <i>37129</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Navigation Advertising LLC</i>		<i>DNS Post It Notes Dates 7/28, 7/29, 8/1, 8/2/16</i>	<i>2121.80</i>		
Address <i>416 Medical Center Parkway</i>					
City <i>Murfreesboro</i>	State <i>TN</i>				Zip Code <i>37129</i>
First Name	Middle Name				Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES			<i>25644.68</i>		
<small>(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.)</small>					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Lisa Bell		2. REPORT COVERING THE PERIOD		
		FROM: 7/1/14	TO: 7/25/16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 25,644.68	
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 Navigation Advertising LLC		30 T-shirts	309.49	
Address 416 Medical Center Parkway				
City Murfreesboro	State TN			Zip Code 37129
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Navigation Advertising LLC		Facebook Advertising	2,000.00	
Address 416 Medical Center Parkway				
City Murfreesboro	State TN			Zip Code 37129
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Navigation Advertising LLC		1000 Printed rack cards	87.10	
Address 416 Medical Center Parkway				
City Murfreesboro	State TN			Zip Code 37129
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Navigation Advertising LLC		Postage for Bio mailer - 22,426 pieces	5631.65	
Address 416 Medical Center Parkway				
City Murfreesboro	State TN			Zip Code 37129
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
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.)			33,672.92	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Lisa Bell				2. REPORT COVERING THE PERIOD FROM: 7/1/16 TO: 7/25/16			
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 Kathy		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Sellers				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100.00	
Address 2507 Morgan Road				<input type="checkbox"/> Runoff (Local Elections Only)			
City 		State 	Zip Code 37129	Date of Contribution 7/13/16		Aggregate This Election	
Occupation Assistant							
Employer Ewing Sellers							
First Name Eric		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Sitler				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100.00	
Address P.O. Box 36				<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville		State TN	Zip Code 37077	Date of Contribution 7/13/16		Aggregate This Election	
Occupation Attorney							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name The Hill Firm, PLLC				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100.00	
Address P.O. Box 150391				<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville		State TN	Zip Code 37215	Date of Contribution 7/13/16		Aggregate This Election	
Occupation Law Firm							
Employer							
First Name Marty		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Luttman				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100.00	
Address 782 Nissan Blvd.				<input type="checkbox"/> Runoff (Local Elections Only)			
City Smyrna		State TN	Zip Code 37167	Date of Contribution 7/13/16		Aggregate This Election	
Occupation Insurance Agent							
Employer State Farm Insurance							
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 CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Lisa Bell				2. REPORT COVERING THE PERIOD	
				FROM: 7/1/16	TO: 7/25/16
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 400.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Thomas		Middle Name		Contribution Received For:	
Last Name/Organization Name Norris				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 428 Belle Pointe Drive				<input type="checkbox"/> Runoff (Local Elections Only)	
City Nashville		State TN	Zip Code 31221	Date of Contribution 7/13/16	
Occupation Attorney				Amount of Contribution 50.00	
Employer				Aggregate This Election	
First Name David		Middle Name		Contribution Received For:	
Last Name/Organization Name La Roche Law Offices				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address P.O. Box 331514				<input type="checkbox"/> Runoff (Local Elections Only)	
City Murfreesboro		State TN	Zip Code 37133	Date of Contribution 7/13/16	
Occupation Attorney				Amount of Contribution 100.00	
Employer				Aggregate This Election	
First Name John Robert + Addie		Middle Name		Contribution Received For:	
Last Name/Organization Name Toy				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 5445 Peakness Ct.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Christiana		State TN	Zip Code 37037	Date of Contribution 7/13/16	
Occupation Attorney				Amount of Contribution 25.00	
Employer				Aggregate This Election	
First Name Joseph B + Gail		Middle Name		Contribution Received For:	
Last Name/Organization Name Hollister				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 3093 Vickwood Drive				<input type="checkbox"/> Runoff (Local Elections Only)	
City Murfreesboro		State TN	Zip Code 37129	Date of Contribution 7/13/16	
Occupation R				Amount of Contribution 50.00	
Employer National Guard				Aggregate This Election	
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.)					625.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Lisa Bell				2. REPORT COVERING THE PERIOD	
				FROM: 7/1/16	TO: 7/25/16
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1625.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Charlotte		Middle Name		Contribution Received For:	
Last Name/Organization Name Rodes				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 1275 Habersham Way				<input type="checkbox"/> Runoff (Local Elections Only)	
City Franklin		State TN	Zip Code 37067	Date of Contribution 7/13/16	
Occupation Attorney				Amount of Contribution 50.00	
Employer				Aggregate This Election	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name Buffaloe + Vallejo, PLC				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 44 Vantage Way				<input type="checkbox"/> Runoff (Local Elections Only)	
City Nashville		State TN	Zip Code 37228	Date of Contribution 7/13/16	
Occupation Attorney				Amount of Contribution 200.00	
Employer Law Firm				Aggregate This Election	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name Michelle Reynolds PLLC				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 301 Spring Street				<input type="checkbox"/> Runoff (Local Elections Only)	
City Murfreesboro		State TN	Zip Code 37130	Date of Contribution 7/13/16	
Occupation Attorney				Amount of Contribution 500.00	
Employer Law Firm				Aggregate This Election	
First Name Paul		Middle Name		Contribution Received For:	
Last Name/Organization Name JENNINGS				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 8265 Sims Road				<input type="checkbox"/> Runoff (Local Elections Only)	
City Christiana		State TN	Zip Code 37037	Date of Contribution 7/22/16	
Occupation Attorney				Amount of Contribution 250.00	
Employer				Aggregate This Election	
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.)					1625.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Lisa Bell				2. REPORT COVERING THE PERIOD		
				FROM: 7/1/16	TO: 7/25/16	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1625.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Suzanne		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Sennings				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		250.00
Address 8265 Sims Road				<input type="checkbox"/> Runoff (Local Elections Only)		
City Christiana		State TN	Zip Code 37037	Date of Contribution 7/22/16		Aggregate This Election
Occupation Housewife						
Employer						
First Name Susan		Middle Name Hamilton		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Hubbard				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		200.00
Address P.O. Box 331712				<input type="checkbox"/> Runoff (Local Elections Only)		
City Murfreesboro		State TN	Zip Code 37133	Date of Contribution 7/22/16		Aggregate This Election
Occupation Attorney						
Employer						
First Name Maria + Micheal		Middle Name (Guess)		Contribution Received For:		Amount of Contribution
Last Name/Organization Name 16 Digital LLC				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		250.00
Address 214 2nd Avenue N. Suite 203				<input type="checkbox"/> Runoff (Local Elections Only)		
City Nashville		State TN	Zip Code 37201	Date of Contribution 7/22/16		Aggregate This Election
Occupation Owner						
Employer 16 Digital LLC						
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.)					2325.00	