

# 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>THOMAS D. FROST</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>ELECT THOMAS D. FROST</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>2160 N. THOMPSON LANE, MURFREESBORO, TN 37129</u> <u>615-631-5097</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>GENERAL SESSIONS JUDGE PT 4</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>JEFFREY O. BROWN</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>7-1-16</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>7-27-16</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>[Signature]</u> <u>7-28-16</u> <u>[Signature]</u> <u>7-28-16</u> signature of candidate      date      signature of political treasurer      date			
11. WITNESS SIGNATURE  <u>[Signature]</u> <u>7-28-16</u> <u>[Signature]</u> <u>7-28-16</u> signature of witness      date      signature of witness      date			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT .....		\$ <u>1,285.00</u>	
b. TOTAL RECEIPTS THIS PERIOD .....		\$ <u>13,950.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD .....		\$ <u>15,000.00</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....		\$ <u>235.00</u>	
e. TOTAL LOANS OUTSTANDING .....		\$ <u>21,150.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING .....		\$ <u>0</u>	





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ELECT THOMAS D. FROST</b>				2. REPORT COVERING THE PERIOD FROM: <b>7-1-16</b> TO: <b>7-27-16</b>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>0</b>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name <b>MICHAEL</b>		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <b>STRICKLER</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<b>\$100.00</b>
Address <b>904 AURORA ST.</b>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <b>HOUSTON</b>		State <b>TX</b>	Zip Code <b>77009</b>	Date of Contribution <b>7-26-16</b>		Aggregate This Election <b>\$100.00</b>
Occupation <b>HEALTHCARE</b>						
Employer <b>SELF</b>						
First Name <b>LARRY</b>		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <b>SIMS</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<b>\$400.00</b>
Address <b>10 N. PUBLIC SQUARE</b>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <b>MURFREESBORO</b>		State <b>TN</b>	Zip Code <b>37130</b>	Date of Contribution <b>7-26-16</b>		Aggregate This Election <b>\$400.00</b>
Occupation <b>REAL ESTATE</b>						
Employer <b>SELF</b>						
First Name <b>JARED</b>		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <b>STREICH</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<b>\$100.00</b>
Address <b>419 TESSA COURT</b>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <b>MURFREESBORO</b>		State <b>TN</b>	Zip Code <b>37128</b>	Date of Contribution <b>7-20-16</b>		Aggregate This Election <b>\$100.00</b>
Occupation <b>LAWYER</b>						
Employer <b>SELF</b>						
First Name <b>MARK</b>		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <b>NOBLES</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<b>\$250.00</b>
Address <b>3103 ST. JOHNS DRIVE</b>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <b>MURFREESBORO</b>		State <b>TN</b>	Zip Code <b>37130</b>	Date of Contribution <b>7-26-16</b>		Aggregate This Election <b>\$250.00</b>
Occupation <b>LAWYER</b>						
Employer <b>SELF</b>						
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.)					<b>\$850.00</b>	

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ELECT THOMAS D. FROST</b>				2. REPORT COVERING THE PERIOD	
				FROM: 7-1-16	TO: 7-27-16
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>850.00</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>DARREN</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>DRAKE</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>120 E. MAIN ST.</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>MURFREESBORO</b>		State <b>TN</b>	Zip Code <b>37130</b>	Date of Contribution <b>7-26-16</b>	
Occupation <b>LAWYER</b>				Amount of Contribution <b>\$200.00</b>	
Employer <b>SELF</b>				Aggregate This Election <b>\$200.00</b>	
First Name <b>WESLEY</b>		Middle Name <b>B.</b>		Contribution Received For:	
Last Name/Organization Name <b>CLARK</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>211 ST. PAULS LANE</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>SMYRNA</b>		State <b>TN</b>	Zip Code <b>37167</b>	Date of Contribution <b>7-26-16</b>	
Occupation <b>LAWYER</b>				Amount of Contribution <b>\$200.00</b>	
Employer <b>SELF</b>				Aggregate This Election <b>\$200.00</b>	
First Name <b>KRIS</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>OLIVER</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>38 SAWMILL LANE</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>PLEASANT SHADE</b>		State <b>TN</b>	Zip Code <b>37145</b>	Date of Contribution <b>7-26-16</b>	
Occupation <b>LAWYER</b>				Amount of Contribution <b>\$100.00</b>	
Employer <b>SELF</b>				Aggregate This Election <b>\$200.00</b>	
First Name <b>JOHN</b>		Middle Name <b>D.</b>		Contribution Received For:	
Last Name/Organization Name <b>DRAKE</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>120 E. MAIN ST.</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>MURFREESBORO</b>		State <b>TN</b>	Zip Code <b>37130</b>	Date of Contribution <b>7-26-16</b>	
Occupation <b>LAWYER</b>				Amount of Contribution <b>\$250.00</b>	
Employer <b>SELF</b>				Aggregate This Election <b>\$500.00</b>	
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.)					<b>\$1600.00</b>

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ELECT THOMAS D. FROST</b>				2. REPORT COVERING THE PERIOD	
				FROM: <b>7-1-16</b>	TO: <b>7-27-17</b>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>\$1,600.00</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>DAVID</b>	Middle Name <b>B</b>	Contribution Received For:			Amount of Contribution
Last Name/Organization Name <b>WHELAN</b>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			<b>\$100.00</b>
Address <b>8 PUBLIC SQ NORTH</b>		<input type="checkbox"/> Runoff (Local Elections Only)			
City <b>MURFREESBORO</b>	State <b>TN</b>	Zip Code <b>37130</b>	Date of Contribution  <b>7-27-17</b>		Aggregate This Election
Occupation <b>LAWYER</b>					
Employer <b>SELF</b>					
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					
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					
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.)					<b>\$1,700.00</b>



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>ELECT THOMAS D. FROST</i>			2. REPORT COVERING THE PERIOD		
			FROM: <i>7-1-16</i>	TO: <i>7-27-16</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>GRIFFIN STRATEGIES</i>		<i>POSTAGE, PRINTING, PROMOTION, CONSULTING</i>	<i>\$15,000.00</i>
Address		<i>7715 K S. RUTHERFORD BLVD BOX 272</i>			
City		State	Zip Code		
<i>MURFREESBORO</i>		<i>TN</i>	<i>37133</i>		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<i>(This section is crossed out with a diagonal line)</i>	<i>(This section is crossed out with a diagonal line)</i>
Address					
City		State	Zip Code		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<i>(This section is crossed out with a diagonal line)</i>	<i>(This section is crossed out with a diagonal line)</i>
Address					
City		State	Zip Code		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<i>(This section is crossed out with a diagonal line)</i>	<i>(This section is crossed out with a diagonal line)</i>
Address					
City		State	Zip Code		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<i>(This section is crossed out with a diagonal line)</i>	<i>(This section is crossed out with a diagonal line)</i>
Address					
City		State	Zip Code		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<i>(This section is crossed out with a diagonal line)</i>	<i>(This section is crossed out with a diagonal line)</i>
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.)				<i>\$15,000.00</i>	

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ELECT THOMAS D. FROST</b>				2. REPORT COVERING THE PERIOD						
				FROM: <b>7-1-16</b>		TO: <b>7-27-16</b>				
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 <b>THOMAS</b>		Middle Name <b>D</b>		Outstanding Loan Balance (Beginning of Period) <b>\$ 8,950.00</b>		Loans Received <b>\$ 12,200.00</b>	Loan Payments <b>0</b>	Outstanding Loan Balance (End of Period) <b>\$ 21,150.00</b>		
Last Name/Organization Name <b>FROST</b>				Loan Received For:				Date of Loan <b>7-1-16</b>		
Address <b>2160 N. THOMPSON LANE APT G-3</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election						
City <b>MURFREESBORO</b>		State <b>TN</b>	Zip Code <b>37129</b>		<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)				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.)				<b>\$ 8,950.00</b>		<b>12,200.00</b>	<b>0</b>	<b>\$ 21,150.00</b>		
(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.)										

