

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/11/16</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Noranda Lilly</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>8/4/16</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>103 Creek Walk Dr.</u> <u>Murfreesboro</u> <u>TN</u> <u>37130</u> <u>615-663-5380</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>City School Board</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Latonya Wynne</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	8.b. ENDING DATE OF REPORTING PERIOD
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>Noranda Lilly</u> <u>7-11-16</u> <u>Latonya Wynne</u> <u>7/11/16</u> signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE <u>[Signature]</u> <u>7-11-16</u> <u>Colleen Scott</u> <u>7-11-16</u> signature of witness date signature of witness date	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>3,310.⁰⁰</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>1904.40</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>1405.54</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Nouinda L. W.				2. REPORT COVERING THE PERIOD			
				FROM:	TO:		
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		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$200.00	
City		State		Zip Code			
Occupation		Employer		Date of Contribution		\$200.00	
Occupation		Employer		Date of Contribution			
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$500.00	
City		State		Zip Code			
Occupation		Employer		Date of Contribution		\$500.00	
Occupation		Employer		Date of Contribution			
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$100.00	
City		State		Zip Code			
Occupation		Employer		Date of Contribution		\$100.00	
Occupation		Employer		Date of Contribution			
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$100.00	
City		State		Zip Code			
Occupation		Employer		Date of Contribution		\$100.00	
Occupation		Employer		Date of Contribution			
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.)							

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Nouonda Lilly				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
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 Milton		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Lilly				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		150.00
Address 306 Sadler Court				<input type="checkbox"/> Runoff (Local Elections Only)		708.00
City Murfreesboro		State TN	Zip Code 37130	Date of Contribution		Aggregate This Election
Occupation Retired				5/11/16		850.00
Employer Retired				6/11/16		
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.)					\$ 1750.00	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Novondr Lim			2. REPORT COVERING THE PERIOD		
			FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount		
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 Yard Signs Name tags		Amount of Expenditure \$1009.70
Last Name/Business Name Last Signs					
Address					
City Murfreesboro	State TN	Zip Code			
First Name		Middle Name	Purpose of Expenditure campaign T-shirts		Amount of Expenditure \$781.39
Last Name/Business Name The T-shirt Lab					
Address					
City Murfreesboro	State TN	Zip Code 37130			
First Name		Middle Name	Purpose of Expenditure Postcards		Amount of Expenditure \$59.72
Last Name/Business Name Go Print. Com					
Address					
City	State	Zip Code			
First Name		Middle Name	Purpose of Expenditure Labels		Amount of Expenditure \$23.90
Last Name/Business Name Online Labels					
Address					
City	State	Zip Code			
First Name		Middle Name	Purpose of Expenditure Advertising		Amount of Expenditure \$19.79
Last Name/Business Name Facebook Promotions					
Address					
City	State	Zip Code			
First Name		Middle Name	Purpose of Expenditure Advertising		Amount of Expenditure \$9.96
Last Name/Business Name Facebook Promotions					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES				\$1904.40	
(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 Novonda Lilly				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 Novonda	Middle Name	Outstanding Loan Balance (Beginning of Period) \$1,100.00	Loans Received \$1,100.00	Loan Payments 0	Outstanding Loan Balance (End of Period) \$1,100.00
Last Name/Organization Name Lilly		Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan	
Address 1903 Creekwalk Drive		City Wurfreesboro		State NC	
		Zip Code 27130			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)					
First Name		Middle Name		First 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	
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	
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	
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	
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	
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.)					

