

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| | |
|---|---|
| 1. DATE OF REPORT <u>10/5/16</u> | 2.a. NAME OF CANDIDATE OR COMMITTEE <u>FRIENDS TO ELECT MICHELLE FOR SMYRNA TOWN COUNCIL</u> |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE <u>MICHELLE MASTIN WESNOFSKE</u> | 3. ELECTION DATE <u>NOVEMBER 8, 2016</u> |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>215 HAGER DR</u> <u>SMYRNA</u> <u>TN</u> <u>371167</u> <u>615/394-3352</u> | |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>SAME AS ABOVE</u> | |
| 5. OFFICE SOUGHT (include district number, if applicable) <u>SMYRNA TOWN COUNCIL</u> | 6. NAME OF POLITICAL TREASURER (may be candidate) <u>BRODIE WESNOFSKE</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>7/26/16</u> | 8.b. ENDING DATE OF REPORTING PERIOD <u>9/30/16</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 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>Michelle Mastin Wesnofske</u> signature of candidate | <u>10/5/16</u> date |
|  signature of political treasurer | <u>10/5/16</u> date |
| <u>Brian J. Fung</u> signature of witness | <u>10/5/16</u> date |
| <u>Brian J. Fung</u> signature of witness | <u>10/5/16</u> date |
| 12. SUMMARY | |
| a. BALANCE ON HAND LAST REPORT | \$ <u>20.00</u> |
| b. TOTAL RECEIPTS THIS PERIOD | \$ <u>3049.00</u> |
| c. TOTAL DISBURSEMENTS THIS PERIOD | \$ <u>2456.07</u> |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | \$ <u>412.93</u> |
| e. TOTAL LOANS OUTSTANDING | \$ <u>20.00</u> |
| f. TOTAL OBLIGATIONS OUTSTANDING | \$ <u>0.00</u> |



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| | | | | | |
|--|--|-----------------------------|--------------------------|--|----------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE MICHELLE MASTINI WESNOFSKE | | | | 2. REPORT COVERING THE PERIOD FROM: 7/26/16 TO: 9/30/16 | |
| 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 Jeffery | | Middle Name Scott | | Contribution Received For: | |
| Last Name/Organization Name Ken's Exterminating / Kirby | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | |
| Address 10444 Old Nashville Hwy | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| City Smyrna | | State TN | Zip Code 37167 | Date of Contribution 7/29/16 | |
| Occupation owner | | | | Amount of Contribution \$1500.00 | |
| Employer Ken's Exterminating | | | | Aggregate This Election \$1500.00 | |
| First Name Theima | | Middle Name W. | | Contribution Received For: | |
| Last Name/Organization Name Carney | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | |
| Address 603 Forest View Dr. | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| City Smyrna | | State TN | Zip Code 37167 | Date of Contribution 8/9/16 | |
| Occupation Retired | | | | Amount of Contribution \$200.00 | |
| Employer | | | | Aggregate This Election \$200.00 | |
| First Name Bradley | | Middle Name | | Contribution Received For: | |
| Last Name/Organization Name Austin | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | |
| Address 800 Rock Spgs Rd 1150 | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| City Smyrna | | State TN | Zip Code 37167 | Date of Contribution 9/30/16 | |
| Occupation sales | | | | Amount of Contribution \$200.00 | |
| Employer Discount Car | | | | Aggregate This Election \$200.00 | |
| First Name Amy | | Middle Name R | | Contribution Received For: | |
| Last Name/Organization Name Mabry | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | |
| Address 116 Laurel Hill Dr. | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| City Smyrna | | State TN | Zip Code 37167 | Date of Contribution 3/24/16 | |
| Occupation Real Estate Agent | | | | Amount of Contribution \$250.00 | |
| Employer Action Homes | | | | Aggregate This Election \$250.00 | |
| 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.) | | | | | Amount \$2150.00 |

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

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|--|--|---|--------------------------|--|--------------------------------------|--|--|
| 1. NAME OF CANDIDATE OR COMMITTEE MICHELLE MASTIN WESNORSKY | | | | 2. REPORT COVERING THE PERIOD FROM: 7/26/16 TO: 9/30/16 | | | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | | Amount \$2150⁰⁰ | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) | | | | | | | |
| First Name SEAN | | Middle Name | | Contribution Received For: | | Amount of Contribution | |
| Last Name/Organization Name SAUNDERS / FLORENCE RD STORAGE | | Address 7112 FLORENCE RD | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | | \$200⁰⁰ | |
| City SMYRNA | | State TN | Zip Code 37167 | Date of Contribution 8/24/16 | | Aggregate This Election 200⁰⁰ | |
| Occupation OWNER | | Employer FLORENCE RD SELF STORAGE | | | | | |
| 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 | | | |
| 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 | | Address | | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election | | | |
| 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 | | Address | | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election | | | |
| 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.) | | | | | \$200⁰⁰ | | |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

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|--|--------------------|--|-----------------------|--------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE MICHELLE MASTON WESNOFSKF | | 2. REPORT COVERING THE PERIOD | | |
| | | FROM: 7/2/16 | TO: 9/30/16 | |
| 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 | Amount of Expenditure | |
| Last Name/Business Name HARRELL SIGNS | | Signs + Banner | \$1,791.67 | |
| Address SHACKLETT RD | | | | |
| City MURFREESBORO | State TN | | | Zip Code 37129 |
| | | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name VISTA PRINT (ONLINE) | | Cards + discounts | \$321.55 | |
| Address | | | | |
| City | State | | | Zip Code |
| | | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name ABICALL GIBBS / A+P DESIGNS | | T-SHIRTS | \$240.00 | |
| Address SUMMER DR | | | | |
| City SMYRNA | State TN | | | Zip Code 37167 |
| | | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name SMYRNA LIONS CLUB | | HOLE SPONSOR FOR GOLF TOURNEY | \$150.00 | |
| Address | | | | |
| City SMYRNA | State TN | | | Zip Code 37167 |
| | | | | |
| 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 (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.) | | | \$2,503.22 | |