

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>2-20-16</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Greg Brooks</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>3-1-16</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>8711 Fox Hollow Rd</u> <u>Christiana, TN</u> <u>37037</u> <u>(615) 394-2855</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>Same</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>R.C. Road Superintendent</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Rita Woodard</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 checked="" 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>1-16-16</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>2-20-16</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>Greg Brooks</u> signature of candidate		<u>Rita Woodard</u> signature of political treasurer	
<u>2/21/16</u> date		<u>2/21/16</u> date	
11. WITNESS SIGNATURE			
<u>Sandy Brooks</u> signature of witness		<u>Sandy Brooks</u> signature of witness	
<u>2/21/16</u> date		<u>2/21/16</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>34,380.86</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>50.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>10,639.96</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>23,790.90</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>40,000.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Greg Brooks</div>	14. REPORT COVERING THE PERIOD FROM: <u>1-16-16</u> TO: <u>2-20-16</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>50.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>50.00</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>50.00</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
<u>Wholesale Supply (zip ties)</u>	\$ <u>19.66</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>19.66</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>10,620.30</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>10,639.96</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>10,639.96</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ _____
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ _____
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>0</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ _____
b. Itemized Obligations Outstanding (Over \$100 each)	\$ _____
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Greg Brooks			2. REPORT COVERING THE PERIOD		
			FROM: 1-16-16	TO: 2-20-16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0	
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		Palm Cards		263.40	
Address 416 Med. Ctr. Pkwy Ste B					
City Murfreesboro	State TN				Zip Code 37129
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Co-op		T-Posts		102.95	
Address 985 Mt Blvd					
City Murfreesboro	State TN				Zip Code 37130
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Co-op		T-Posts		154.42	
Address 985 Mt Blvd					
City Murfreesboro	State TN				Zip Code 37130
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Navigation		Signs		1166.73	
Address 416 Med Ctr Pkwy Ste B					
City Murfreesboro	State TN				Zip Code 37129
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Bill Brooks		T-Post		300.00	
Address 1045 Warrior Dr.					
City Murfreesboro	State TN				Zip Code 37129
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Navigation		Mailers & adver.		6954.80	
Address 416 Med. Ctr. Pkwy Ste B					
City Murfreesboro	State TN				Zip Code 37129
5. TOTAL ITEMIZED EXPENDITURES				Amount	
(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.)				8942.30	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Greg Brooks				2. REPORT COVERING THE PERIOD FROM: 1-16-16 TO: 2-20-16					
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 Greg		Middle Name A		Outstanding Loan Balance (Beginning of Period) 40,000.⁰⁰		Loans Received 0	Loan Payments 0	Outstanding Loan Balance (End of Period) 40,000.⁰⁰	
Last Name/Organization Name Brooks				Address 8711 Fox Hollow		Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan 10-16-15	
City Christiana	State TX	Zip Code 37037							
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) 40,000.⁰⁰		Loans Received 0	Loan Payments 0	Outstanding Loan Balance (End of Period) 40,000.⁰⁰	

