## CAMPAIGN FINANCIAL DISCLOSURE STATEMENTINTY

For State and Local Candidates
For Single-Candidate Committees

ELECTION COMMISSION

DATE OF REPORT			- CHARLEST CO	769	
I. DAIEOFREFORI	2.a. NAME OF CA	ANDIDATEOR	COMMITTEE		
1- 1- 14	Lind	a H.	Acmis	ead	
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	N .
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route	City		State	Zip Code	Dhana
	•		Oldio	zip oode	Phone
4.b. CANDIDATE'S HOME ADDRESS (if differen	141				
Street or Rural Route	City		Ctata	7:- 0-4-	
0. 5 1		.4 -	State	Zip Code	Phone
210 torrest Lawn	, Mt. Jul	12/11	V. 3712		4-5410
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME (	OF POLITICAL 7	REASURER (may be o	andidate)
School Board Zo	Ne 4	1.	: 1	LI A . +	. [
7. CATEGORY OR REPORT (Check one)	NC I		10.00	H. Armist	ead
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
our property of the office of		O.D. ENDING	DATE OF REPOR	RINGPERIOD	
4-1-14		6	-30-1	4	
9. (Check one)					
a This campaign is exampt from datails	d diselectes because				
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	ding period (Como	lete items 12d	(including in-kin	d) received total \$1,000	or less AND expendi-
b. This campaign is required to file a det	ailed financial disclo	sure because o	contributions (in	cluding in-kind) received	total more than \$1,000
and/or expenditures total more than \$	1,000 for this reporti	ng period.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	total more than \$1,000
10. I/we do solemnly swear or affirm that the in	formation contained	in this camnai	an financial died	locure report is touc an	J 16_1 11.*
accounting of Campagn Chambann	HS AIRI EXDEROIDURE	reallined to be	canoriad by the	onndidate	
I III I I I I I I I I I I I I I I I I	swear or amm mat r	10 campaign c	antributione have	a hear avacaded for the	personal financial
benefit of the candidate or for any other non	political purpose as i	defined by the	federal internal	revenue code.	
A 1 C. T. 1	~ 1 1.	,	D.	· ·	
Finda irmisle a of	7-1-14		Tunda	( ames lo	ad 7-1-14
signature of candidate	date	-	signature of	political treasurer	date
					auto
11. WITNESS SIGNATURE					
/					
210/ (10/10)	71 111		1. 1	N 1	
- Street College	1-1-14	1	rea	Colley	7-1-14
signature of witness	date		signatu	ure of witness	date
12. SUMMARY					ALABAM DE ALALE MANAGE AND THE STATE OF THE
a. BALANCE ON HAND LAST REPORT		*******************		\$	
				11 >000	
b. TOTAL RECEIPTS THIS PERIOD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******************	***************************************	s 1650 -	
				143034	
c. TOTAL DISBURSEMENTS THIS PERIOD		*****************		s 1430 °	
					016
<li>d. BALANCE ON HAND (12.a. plus 12.b. mi</li>	nus 12.c.)	***************	*******************	\$	21900
e. TOTAL LOANS OUTSTANDING				1500	25000
	***************************************	•••••••••	***************************************	····· \$ <u> </u>	0.00
f. TOTAL OBLIGATIONS OUTSTANDING			*****************	\$	0
				5. 320 2516	1

# JUL 1 - 2014 399 WILSON COUNTY ELECTION COMMISSION

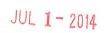
#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 PEROPE 001	EDUAL -
Linda H. Amistead	FROM: 4-1-14	ERING THE PERIOD
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	7-7-74	TO: 6-30-14
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 25000	30°
b. Itemized Contributions (over \$100 from each source this period)	.\$ \$ 550.00	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ 860-
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ 85000
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 165000
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	J., printing, postage,	gasoline)
Jard Signs \$ 7374	<u>4</u>	•
Business Cards \$ 224	9	
News Paper \$ 450	0	
Grocen Products/ campaign Social \$ 254	1	
* \$	on the state of th	
<del></del>	-	
<b></b> \$		
\$		
Total of Evnenditures (\$100 es less and less)	0 20 34	
Total of Expenditures (\$100 or less each payee)	\$ 630	-
b. Itemized Expenditures (Over \$100 each payee this period)		- 54
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		
20. LOAN REPAYMENTS MADE THIS PERIOD		\$ 60000
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 1430 34
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.)	•••••	\$
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 1:		0



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	F					
Linda H. A	RING THE PERIOD					
	TO: 6-30-14					
TOTAL ITEMIZED CAMPAIGN EXPEND     COMPLETE THE APPROPRIATE TYPES FOR						
COMPLETE THE APPROPRIATE ITEMS FOR  First Name				) to any payee during the pe	riod)	
,	Middle	Name	Purpose of Expenditure		Amount of Expenditure	
Last Name Business Name  CEMPC Sign  Address	Tri	sehy				
1018 McCleary	Rd.	. (				
Lebanon	State	Zip Code 37090	Yard Sig	INS.	\$ 727 44	
First Name Last Name/Business Name	Middle	Name	Purpose of Expenditure		Amount of Expenditure	
Remium Busin	less	Cards				
City 45 Hayden	lve.					
Lexington	State	Zip Code	2 -	C \	5 2 49	
First Name	Middle N		Business Purpose of Expenditure		22 .	
Last Name/Business Name			Turpose of Expenditure		Amount of Expenditure	
	Mt.	Tulist				
P.O. Box 647		, .				
Oity Mt. Juliet	State	Zip Code	1	1		1
First Name	TN	37122	Ad in Po	wec	* 4500	
	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Address						-
4400 Lebanon	Rd.					
City	State	Zip Code				
Mt. Juliet	TN.	37122	ICE Cream	Social	*2541	
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	1
ast Name/Business Name	A		×			
Address						
Dity	State	Zip Code	a.			
irst Name	Middle Nam	е	Purpose of Expenditure	A	mount of Expenditure	1
ast Name/Business Name						
ddress						
ity	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must	of this form ar	e used.) tem 19b. of summary.)			830 34	





## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE MISSION

NAME OF CANDIDATE OR COMMITTEE	2. REPOR	T COVERING THE PERIOD
Linda H. Armistead	FROM:	1-14 TO: 6-30-14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECED	DING PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRI		contributor)
First Name Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Elec	ction
Address	D Brooff (I and Floriday Oak)	\$ - ~
4190 Murtreesboro Rd.	Runoff (Local Elections Only)	3000
City Lebanon State Zip Code	Date of Contribution	Aggregate This Election
Self employed		
Employer		
First Name . Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name Fout Ch	Primary Election 🏻 General Elec	ction
Addrace	Runoff (Local Elections Only)	476000
City State Zip Code	Date of Contribution	Aggregate This Election
Mount Juliet IN 371	22	, 1551-09dice This Election
Retired		
Employer		
		100
First Name Middle Name	Contribution Received For:	Amount of Contribution
Patricia	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Contribution Received For:	
Last Name/Organization Name  Climer  Address		
Last Name/Organization Name  Cliner  Address  City State Zip Code	Primary Election General Elections Only)  Date of Contribution	tion
Last Name/Organization Name  Cliner  Address  210 South Tarrer	Primary Election General Elections Only)  Date of Contribution	tion 4 100 00
Cliver  Address  City  Lebanon  Ccupation  Retired	Primary Election General Elections Only)  Date of Contribution	tion 4 100 00
Last Name/Organization Name  Cliner  Address  City  Lebanon  Tocycer  Tocycer  Tocycer  Tocycer  Tocycer  Tocycer  Tocycer	Primary Election General Elections Only)  Date of Contribution	tion 4 100 00
Last Name/Organization Name  Cliner  Address  City State Zip Code  TN 3708  Occupation  Retired  Employer  Middle Name	Primary Election General Elections Only)  Date of Contribution	tion 4 100 00
Last Name/Organization Name  Cliner  Address  210 South Tarver  City State Zip Code TN 3708  Occupation  Retired  Employer	Primary Election General Elections Only)  Date of Contribution  Contribution Received For:	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Cliner  Address  210 South Tacver  City State Zip Code TN 3708  Occupation  Retired  Employer  First Name  Last Name/Organization Name  Hiddle Name  B  Last Name/Organization Name	Primary Election General Elections Only)  Date of Contribution  Contribution Received For:	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Cliver  Address  City State Zip Code TN 3708  Occupation Retired  Employer  First Name Debra Last Name/Organization Name  Address  Address  Address  Address  Retired  Bluegrass  Rackway	Primary Election General Elections Only)  Date of Contribution  Contribution Received For:  Primary Election General Elections Only)  Runoff (Local Elections Only)	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Cliver  Address  City State Zip Code TN 3708  Occupation Retired  Employer  First Name Debra Last Name/Organization Name  Address  Address  Address  Address  Retired  Bluegrass  Rackway	Primary Election General Elections Only)  Date of Contribution  Contribution Received For:  Primary Election General Elections Only)  Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Climer  Address  City Lebanon  Cocupation  Retired  Employer  First Name  Last Name/Organization Name  Address  Last Name/Organization Name  Address  City Lebanon  City Lebanon  City Lebanon  Cocupation  Cocupation  Address  City Lebanon  Cocupation  Co	Primary Election General Elections Only)  Date of Contribution  Contribution Received For: Primary Election General Elections Only)  Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Cliver  Address  City Lebanon  Cocupation  Retired  Employer  First Name  Address  Last Name/Organization Name  Address  City Lebanon  City Lebanon  City Lebanon  City Lebanon  Cocupation  Cocu	Primary Election General Elections Only)  Date of Contribution  Contribution Received For: Primary Election General Elections Only)  Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Cliver  Address  City Lebanon  Cocupation  Retired  Employer  First Name  Last Name/Organization Name  Address  City Lebanon  Address  City Lebanon  City Lebanon  Occupation  Vouthlinks  Tob Develop  Employer  Wilson County School	Primary Election General Elections Only)  Date of Contribution  Contribution Received For: Primary Election General Elections Only)  Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Cliver  Address  City Lebanon  Cocupation  Retired  Employer  First Name  Address  Last Name/Organization Name  Address  City Lebanon  City Lebanon  City Lebanon  City Lebanon  Cocupation  Cocu	Primary Election General Elections Only)  Date of Contribution  Contribution Received For: Primary Election General Elections Only)  Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election  Amount of Contribution



### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE ON COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD								
Linda H. Armis	TO: 6-30-14								
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	Amount								
4. COMPLETE THE APPROPRIATE ITEMS FOR E	7 1()()								
First Name	The state of the s								
Theodora	Middle Nan	M.	Contribution Received For:	,	Amount of Contribution				
Last Name/Organization Name			Primary Election	General Election					
Address LL COOKS RC		Runoff (Local Election	s Only)	00					
City	Zip Code	Date of Contribution	Aggregate This Election						
Occupation JulieT	110.	37122							
Employer Ratired									
			-						
First Name .	Middle Nan	ne	Contribution Received For:		Amount of Contribution				
Last Name/Organization Name	Last Name/Organization Name								
Address			Runoff (Local Election	s Only)					
City	City State Zip Code				Aggregate This Election				
Occupation	<u></u>				33 - 3-10 - 1112 - 11002011				
Employer		,							
Ciliployer									
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution				
Last Name/Organization Name			Primary Election	General Election					
Address			Runoff (Local Elections Only)						
		20 1	Runoff (Local Elections	s Only)					
City	State	Zip Code	Date of Contribution		Aggregate This Election				
Occupation	American and American								
Employer									
First Name	ρ.	Contribution Received For:		Amount of O . II II					
					Amount of Contribution				
Last Name/Organization Name			☐ Primary Election ☐	General Election					
Address			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 (If this is the last page of contributions, this amount must to	\$ 80000								
(u and is the last bage of contributions, this strictuit must (	oc Shown in Ite	eni 100. oi summary.)		1	8000				



WILSON COUNTY

#### ITEMIZED STATEMENT OF LOANS - CANDIDATE ON COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD											
						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)											
						et nem any		coming the pr	onou)		
Complete the Following for the Source of the Loan			I O Literation								
First Name Middle Name Outstanding				Loan Balance of Period)	Loan Receiv			oan ments	Out		ng Loan Balance
Last Name/Organization Name (Beginning					g of Penod) Received Payments (End of Period)						or renou)
Acmistead	\$ 8 E	5000 + 60000 \$ 2500						50 90			
Address	Loan Receiv	000									
210 Forcest Lawn	☐ Primar	v Election	Conor	ral Election							
City State Zio Code											
Mount Juliet IN	3718	22		f (Local Elections Only)							
List All Endor	sers or Guara	antors fo	or Above Loa	n (If more spa	ice is neede	ed please a	attach	a page)			
First Name	Middle Name			First Name					Middle	e Name	
Last Mary 10 and a first Mary											
Last Name/Organization Name				Last Name/Org	janization Na	ame					
Address				Address							
City	State	Zip Co	ode	City					State		Zip Code
									Cidio		Zip Code
Amount Guaranteed Outstanding				Amount Guara	nteed Outsta	inding					
First Name	Middle Name			First Name	-				Middle	Name	
			,								
Last Name/Organization Name			Last Name/Organization Name								
Address			*	Address							
		-			-						
City	State	Zip Co	de	City					State		Zip Code
Amount Guaranteed Outstanding			Amount Guarar	iteed Outstar	nding						
First Name	Middle Name			First Name				100	Middle	e Name	
				This contains							
Last Name/Organization Name			Last Name/Organization Name								
Address			Address								
	,										
City	State	Zip Coo	de	City				2	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								
A-11											
Address				Address							
City	State	Zip Cod	le	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guarani	leed Outstan	ding					
Father to the second se											
Totals for all Loans (complete on last page of it (Total loans received should also be shown in item 16. on su	emized loan	is)		Outstanding Loa		Loans		Loan	- 1		anding Loan Balance
(Total loan payments should also be shown in item 20, on su	mmary page.)		1	4 () E	(Beginning of Period) Received Payments (End of Period)						
(Total outstanding loan balance should also be shown in item 12.e. on front page.)				" DOO	-	-0		\$60	000	\$	20000