

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

Amended

#2

1. DATE OF REPORT 10-30-12		2.a. NAME OF CANDIDATE OR COMMITTEE Annette Stafford	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 11-06-12	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 607 C.L. Mainer Lebo City Lebo State TN Zip Code 37087 Phone			
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) Alderman Ward 2		6. NAME OF POLITICAL TREASURER (may be candidate) Ranessa Stafford Shipman	
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 10-1-12		8.b. ENDING DATE OF REPORTING PERIOD 10-27-12	
9. (Check one) a. <input checked="" 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. <div><div>Signature of candidate: <u>Annette Stafford</u> date: <u>1-16-13</u></div><div>Signature of political treasurer: <u>Ranessa Shipman</u> date: <u>10-3</u></div></div>			
11. WITNESS SIGNATURE <div><div>Signature of witness: <u>Randy J. Stafford</u> date: <u>Jan 14, 13</u></div><div>Signature of witness: <u>[Signature]</u> date: <u>1-16-13</u></div></div>			
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ <u>0</u> b. TOTAL RECEIPTS THIS PERIOD \$ <u>0</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>0</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>0</u> e. TOTAL LOANS OUTSTANDING \$ <u>0</u> f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>0</u>			



SUMMARY PAGE - CANDIDATE

Amended

13. NAME OF CANDIDATE OR COMMITTEE (In Full)

14. REPORT COVERING THE PERIOD

FROM: 10-1-12 TO: 10-27-12

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ _____

b. Itemized Contributions (over \$100 from each source this period) \$ _____

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 350.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ - 0 -

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ - 0 -

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 350.00

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)

Chili Supper \$ 200.00

ReMar \$ 335.74

ReMar \$ 286.00

Lebanon Democrat \$ 455.36

Went FM \$ 170.00

Wilson Post \$ 198.00

USPS \$ 250.00

Total of Expenditures (\$100 or less each payee) \$ _____

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1695.10

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ _____

20. LOAN REPAYMENTS MADE THIS PERIOD \$ - 0 -

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 1695.10

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ - 0 -

b. Itemized in-kind contributions (over \$100 from each source this period) \$ - 0 -

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ - 0 -

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 in item 12.f.) \$ - 0 -



Amended

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <u>Annette Stafford</u>				2. REPORT COVERING THE PERIOD FROM: <u>10-1-12</u> TO: <u>10-27-12</u>	
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 <u>EMTAR</u>		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <u>242 N. Mt Juliet Rd.</u>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <u>Mt Juliet</u>	State <u>TN</u>	Zip Code <u>37122</u>	Date of Contribution		Amount of Contribution <u>\$300.00</u>
Occupation					Aggregate This Election
Employer					
First Name <u>Franklin</u>		Middle Name		Contribution Received For:	
Last Name/Organization Name <u>Westbrook</u>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <u>202 Leeanna Lane</u>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <u>Lebanon</u>	State <u>TN</u>	Zip Code <u>37090</u>	Date of Contribution <u>10-25-12</u>		Amount of Contribution <u>\$250.00</u>
Occupation					Aggregate This Election
Employer					
First Name <u>Gentry</u>		Middle Name		Contribution Received For:	
Last Name/Organization Name <u>Dixon</u>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <u>606 Leerille Pike</u>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <u>Lebanon</u>	State <u>TN</u>	Zip Code <u>37081</u>	Date of Contribution <u>10-25-12</u>		Amount of Contribution <u>\$100.00</u>
Occupation					Aggregate This Election
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name <u>Faternal Order of Police</u>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <u>PO Box 2275</u>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <u>Lebanon</u>	State <u>TN</u>	Zip Code <u>37087</u>	Date of Contribution <u>10-17-12</u>		Amount of Contribution <u>350.00</u>
Occupation					Aggregate This Election
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.)					



Amended

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD FROM <u>10-1-12</u> TO: <u>10-27-12</u>	
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 <u>R. H.</u>		Middle Name		Contribution Received For:	
Last Name/Organization Name <u>Goodall</u>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <u>383 Maple St.</u>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <u>Hendersonville</u>		State <u>TN</u>		Date of Contribution <u>9-11-12</u>	
Zip Code <u>37074</u>				Amount of Contribution <u>\$100.00</u>	
Occupation				Aggregate This Election	
Employer					
First Name <u>Randy</u>		Middle Name		Contribution Received For:	
Last Name/Organization Name <u>Stafford</u>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <u>607 C. L. Manier St.</u>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <u>Lebanon</u>		State <u>TN</u>		Date of Contribution	
Zip Code <u>37087</u>				Amount of Contribution <u>\$695.10</u>	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of Contribution	
Zip Code				Amount of Contribution	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of Contribution	
Zip Code				Amount of Contribution	
Occupation				Aggregate This Election	
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.)					



Amended

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD FROM: <u>10-1-12</u> TO: <u>10-27-12</u>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Aggregate this Election	
Description of In-Kind Contribution					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					

Amended

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM: 10-1-12	TO: 10-27-12
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				
Address				
City	State	Zip Code		
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		
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		
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		
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.)				



Amended

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD FROM: 10-1-12 TO: 10-27-12			
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		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name							
Address				Loan Received For:		Date of Loan	
City		State	Zip Code	<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <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)							
(Total loans received should also be shown in item 16, on summary page.)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
(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.)							



Amended

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
FROM: 10-1-12 TO: 10-27-12						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS						
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						