

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/30/15</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Friends of Sarah Martin</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Sarah Martin</u>		3. ELECTION DATE <u>8/6/15</u>	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route <u>P.O. Box 60808</u>	City <u>Nashville</u>	State <u>TN</u>	Zip Code Phone <u>37207</u> <u>615.335.3118</u>
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)			
Street or Rural Route <u>1020 Stainback Ave.</u>	City <u>Nashville</u>	State <u>TN</u>	Zip Code Phone <u>37207</u> <u>615.335.3118</u>
5. OFFICE SOUGHT (include district number, if applicable) <u>Metro Council District 5</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Rosalynn Phillips</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>7/1/15</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>7/27/15</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>Sarah Martin</u> signature of candidate		<u>Rosalynn Phillips</u> signature of political treasurer	
<u>7/28/15</u> date		<u>7/28/15</u> date	
11. WITNESS SIGNATURE			
<u>Joe Martin</u> signature of witness		<u>Joe Martin</u> signature of witness	
<u>7/28/15</u> date		<u>7/28/15</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	\$ <u>11,869.70</u>		
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>1,950.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>6,339.94</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>7,479.76</u>		
e. TOTAL LOANS OUTSTANDING	\$ <u>5,000.00</u>		
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>		



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Sarah Martin				2. REPORT COVERING THE PERIOD		
				FROM: 07/01/15	TO: 07/27/15	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Nancy		Middle Name		Contribution Received For:		Amount of Contribution 100.00
Last Name/Organization Name Muckler				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 1008 Stainback Ave				<input type="checkbox"/> Runoff (Local Elections Only)		
City Nashville		State TN	Zip Code 37207	Date of Contribution		Aggregate This Election 200.00
Occupation Auto Underwriter				07/01/2015		
Employer State Farm						
First Name Friday and Sheri		Middle Name		Contribution Received For:		Amount of Contribution 200.00
Last Name/Organization Name Blackwood				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address PO Box 105				<input type="checkbox"/> Runoff (Local Elections Only)		
City Madison		State TN	Zip Code 37116	Date of Contribution		Aggregate This Election 200.00
Occupation Owner				07/01/2015		
Employer Blackwood Properties						
First Name Renee		Middle Name		Contribution Received For:		Amount of Contribution 250.00
Last Name/Organization Name Butler				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 1103 Lischey Ave				<input type="checkbox"/> Runoff (Local Elections Only)		
City Nashville		State TN	Zip Code 37207	Date of Contribution		Aggregate This Election 500.00
Occupation Digital Assets Manager				07/01/2015		
Employer GS&F						
First Name		Middle Name		Contribution Received For:		Amount of Contribution 1,000.00
Last Name/Organization Name SEIU Local 205				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 521 Central Avenue				<input type="checkbox"/> Runoff (Local Elections Only)		
City Nashville		State TN	Zip Code 37211	Date of Contribution		Aggregate This Election 1,000.00
Occupation				07/17/2015		
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.)					1,550.00	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Sarah Martin				2. REPORT COVERING THE PERIOD		
				FROM: 7/1/15	TO: 7/27/15	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1,550.00	
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 200.00
Last Name/Organization Name Women in Numbers				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address PO Box 218561				<input type="checkbox"/> Runoff (Local Elections Only)		
City Nashville		State TN	Zip Code 37221	Date of Contribution 07/27/2015		Aggregate This Election 200.00
Occupation						
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	Zip Code	Date of Contribution		
Occupation						
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	Zip Code	Date of Contribution		
Occupation						
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	Zip Code	Date of Contribution		
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS					1,750.00	
<small>(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.)</small>						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Sarah Martin				2. REPORT COVERING THE PERIOD FROM: 7/1/15 TO: 7/27/15		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0	
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 Brady		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Value of In-Kind Contribution 1,000.00
Last Name/Organization Name Mills				<input type="checkbox"/> Runoff (Local Elections Only)		
Address 234 Truetland Ave				Date of In-Kind Contribution 07/17/2015		Aggregate this Election 1,000.00
City Nashville		State TN	Zip Code 37207	Description of In-Kind Contribution Advertising		
Occupation Self Employed		Employer Brady Mills, LLC				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Value of In-Kind Contribution 195.00
Last Name/Organization Name Mama Shan's Digital Imaging Goodies, LLC				<input type="checkbox"/> Runoff (Local Elections Only)		
Address 1016 Spain Avenue				Date of In-Kind Contribution 07/27/2015		Aggregate this Election 490.00
City Nashville		State TN	Zip Code 37216	Description of In-Kind Contribution Graphic Design		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
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.)					1,195.00	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Sarah Martin		2. REPORT COVERING THE PERIOD	
		FROM: 7/1/15	TO: 7/27/15
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 Nora	Middle Name	Purpose of Expenditure Photography	Amount of Expenditure 110.00
Last Name/Business Name Canfield			
Address 1016 Spain Avenue			
City Nashville	State TN		
First Name	Middle Name	Purpose of Expenditure Permit Fee	Amount of Expenditure 120.00
Last Name/Business Name Metro Board of Parks and Recreation			
Address			
City Nashville	State TN		
First Name	Middle Name	Purpose of Expenditure Printing	Amount of Expenditure 1,131.45
Last Name/Business Name Printing, Etc.			
Address 1100 Melzer			
City Nashville	State TN		
First Name	Middle Name	Purpose of Expenditure Printing	Amount of Expenditure 632.23
Last Name/Business Name Printing, Etc			
Address 1100 Melzer			
City Nashville	State TN		
First Name	Middle Name	Purpose of Expenditure Catering	Amount of Expenditure 849.26
Last Name/Business Name Charlie Bob's			
Address 1330 Dickerson Pike			
City Nashville	State TN		
First Name Troy	Middle Name	Purpose of Expenditure Staff	Amount of Expenditure 464.00
Last Name/Business Name Fair			
Address 1025 Stainback Avenue			
City Nashville	State TN		
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.)			3,306.94

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Sarah Martin			2. REPORT COVERING THE PERIOD FROM: 7/1/15 TO: 7/27/15		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 3,306.94	
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 Leap into Fun		Event Rental		376.13	
Address 1050 Glenbrook Way					
City Hendersonville	State TN				Zip Code 37075
First Name Marcus					Middle Name
Last Name/Business Name Jackson		Professional Services		250.00	
Address 1016 Joseph Avenue					
City Nashville	State TN				Zip Code 37207
First Name Deante					Middle Name
Last Name/Business Name Porter		Staff		123.00	
Address 1220 N. 2nd					
City Nashville	State TN				Zip Code 37207
First Name William					Middle Name
Last Name/Business Name Porter		Staff		123.00	
Address 1220 N. 2nd					
City Nashville	State TN				Zip Code 37207
First Name Damon					Middle Name
Last Name/Business Name Greenlee		Staff		123.00	
Address Best Effort					
City Nashville	State TN				Zip Code
First Name Tamika					Middle Name
Last Name/Business Name White		Consulting		\$500.00	
Address 818 Flint Ridge Drive					
City Nashville	State TN				Zip Code 37189
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.)					4,802.07

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Sarah Martin			2. REPORT COVERING THE PERIOD	
			FROM: 7/1/15	TO: 7/27/15
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 4,802.07
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name Spencer	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Washington		Staff		456.00
Address 3606 Southern Way				
City Antioch	State TN			
First Name Drew	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Sisco		Staff		216.00
Address 111 Old Hickory Blvd Apt 138				
City Nashville	State TN			
First Name Lee	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Watts		Staff		200.00
Address PO Box 0470, 3500 John A. Merritt Blvd				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Printing Etc.		Printing Services		136.56
Address 1100 Melzer				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
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.)				5,810.63

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Sarah Martin				2. REPORT COVERING THE PERIOD			
				FROM: 7/1/15		TO: 7/27/15	
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 Sarah		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name Martin				5,000.00	0	0	5,000.00
Address 1020 Stainback Ave				Loan Received For:		Date of Loan	
City Nashville				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		2/23/15	
State TN				Zip Code 37207			
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)				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.)				5,000.00	0	0	5,000.00



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Sarah Martin			2. REPORT COVERING THE PERIOD			
			FROM: 7/1/15		TO: 7/27/15	
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)
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.)			0	0	0	0