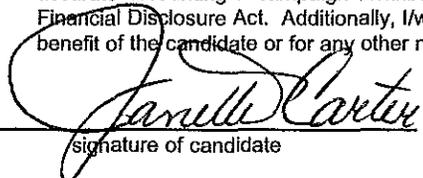
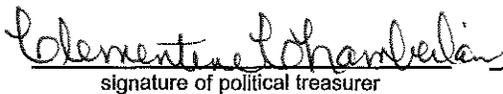


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT April 6, 2016	2.a. NAME OF CANDIDATE OR COMMITTEE Janette Carter
2.b. IF COMMITTEE, NAME OF CANDIDATE School Board - District 1	3. ELECTION DATE Aug. 4, 2016
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 4325 Golden Hill Dr. Nashville, TN 37218 615-330-9860	
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) School Board District 1	6. NAME OF POLITICAL TREASURER (may be candidate) Clementine Chamberlain
7. CATEGORY OR REPORT (Check one) <input checked="" 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 type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD Jan. 1, 2016	8.b. ENDING DATE OF REPORTING PERIOD March 31, 2016
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. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  signature of candidate </div> <div style="text-align: center;"> 4/6/2016 date </div> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> 4-6-16 date </div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> 4-6-2016 date </div> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> 4/6/16 date </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>3405⁰⁰</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>2278¹⁷</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>1,126.83</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Janette Carter				2. REPORT COVERING THE PERIOD	
				FROM: 1/1/16	TO: 3/31/16
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 Phillip	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Strayhorn		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		500⁰⁰	
Address 1457 Starburst Dr.		<input type="checkbox"/> Runoff (Local Elections Only)			
City West Covina	State CA	Zip Code 91790	Date of Contribution		Aggregate This Election
Occupation Retired			2-1-16		
Employer					
First Name William	Middle Name E	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Pearson		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100⁰⁰	
Address 230 Washington Circle		<input type="checkbox"/> Runoff (Local Elections Only)			
City Waverly	State TN	Zip Code 37185	Date of Contribution		Aggregate This Election
Occupation Retired			2-1-16		
Employer					
First Name Vernita	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Smith		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		200⁰⁰	
Address 2713 Stokes Ln. So.		<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville	State TN	Zip Code 37207	Date of Contribution		Aggregate This Election
Occupation Retired			2-8-16		
Employer					
First Name Ed/Jeanette	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Lambert		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100⁰⁰	
Address 6940 Sunderland Circle		<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville	State TN	Zip Code 37221	Date of Contribution		Aggregate This Election
Occupation Scout/Educator			2-5-16		
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.)					900⁰⁰

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Janette Carter				2. REPORT COVERING THE PERIOD	
				FROM: 1/1/16	TO: 3/31/16
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 900⁰⁰
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Yolanda	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Hockett		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100⁰⁰	
Address 2624 Taigans Court		<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville	State TN	Zip Code 37218	Date of Contribution		Aggregate This Election
Occupation Juvenile Corrections		2-2-16			
Employer					
First Name James	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Estes JR		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		200⁰⁰	
Address 300 Fairfax Ave		<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville	State TN	Zip Code 37212	Date of Contribution		Aggregate This Election
Occupation Retired		2-10-16			
Employer					
First Name Roberta	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Hill		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		150⁰⁰	
Address 3141 Harborwood Dr.		<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville	State TN	Zip Code 37214	Date of Contribution		Aggregate This Election
Occupation Educator		2-12-16			
Employer FSS District					
First Name Dorothy	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Ellis		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100⁰⁰	
Address 8207 Sawyer Brown Rd N-38		<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville	State TN	Zip Code 37221	Date of Contribution		Aggregate This Election
Occupation Retired Educator		2-16-16			
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.)					1450⁰⁰

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Janette Carter			2. REPORT COVERING THE PERIOD FROM: 1/1/16 TO: 3/31/16	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1450⁰⁰	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name Bobby + Evelyn	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution 100⁰⁰
Last Name/Organization Name Parker		Date of Contribution 2-20-16		Aggregate This Election
Address 221 Connare Dr.		City Madison		State TN
Occupation Retired		Zip Code 37115		
Employer				
First Name Donal + Annette	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution 200⁰⁰
Last Name/Organization Name Campbell		Date of Contribution 2-26-16		Aggregate This Election
Address 152 East Harbor		City Hendersonville		State TN
Occupation Retired		Zip Code 37075		
Employer				
First Name Robert + Eddreana	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution 100⁰⁰
Last Name/Organization Name Powell		Date of Contribution 2-26-16		Aggregate This Election
Address 5158 Grindin Ridge Dr.		City Hamilton		State OH
Occupation Retired		Zip Code 45011		
Employer				
First Name Jean	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution 100⁰⁰
Last Name/Organization Name Litterer		Date of Contribution 2-20-16		Aggregate This Election
Address 6009 Ashland Dr.		City Nashville		State TN
Occupation Retired Educator		Zip Code 37115		
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.)			1950⁰⁰	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Janette Carter				2. REPORT COVERING THE PERIOD FROM: 1/1/16 TO: 3/31/16	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1950⁰⁰
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Dwayne + Beverly		Middle Name J		Contribution Received For:	
Last Name/Organization Name Bell		Address 4500 Queens Ln.		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
City Nashville		State TN		Zip Code 37218	
Occupation		Employer Excel Real Estate Co.		Date of Contribution 3-4-16	
				Amount of Contribution 500⁰⁰	
				Aggregate This Election	
First Name Ruth		Middle Name		Contribution Received For:	
Last Name/Organization Name Mitchell		Address 424 Hart Ave		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
City Nashville		State TN		Zip Code 37206	
Occupation Flight Attendant		Employer		Date of Contribution 3-5-16	
				Amount of Contribution 100⁰⁰	
				Aggregate This Election	
First Name Charles + Judy		Middle Name		Contribution Received For:	
Last Name/Organization Name Cummings		Address 3965 Drakes Branch Rd.		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
City Nashville		State TN		Zip Code 37218	
Occupation Boiler Operator		Employer		Date of Contribution 2-17-16	
				Amount of Contribution 100⁰⁰	
				Aggregate This Election	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City		State		Zip Code	
Occupation		Employer		Date of Contribution	
				Amount of Contribution	
				Aggregate This Election	
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.)					2650⁰⁰



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Janette Carter				2. REPORT COVERING THE PERIOD FROM: 1-1-16 TO: 3-31-16			
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		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS <small>(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.)</small>					- 0 -		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Janette Carter			2. REPORT COVERING THE PERIOD FROM: 1/1/16 TO: 3-31-16	
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 John	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Smith Marketing		Signs	\$2125⁰⁰	
Address 901 Broadway #22363				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Printing Etc		Campaign Materials	103⁷⁹	
Address 1100 Menzler Rd				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name ARTWEARZ		Printing	49.38	
Address PO Box 424				
City Carthage	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			
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.)			2278.17	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Janette Carter	2. REPORT COVERING THE PERIOD FROM: 1-1-16 TO: 3-31-16
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	Middle Name	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name		Loan Received For:		Date of Loan	
Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City	State	Zip Code	<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	City	State
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	City	State
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	City	State
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	City	State
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) <small>(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.)</small>	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
				-0-



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Janette Carter			FROM: 1-16		TO: 3-31-16	
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						-0-
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						