

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Judicial Single - Candidate Committees №

1. DATE OF REPORT	2.a. NAME OF CAN	NDIDATÉ			
7-13-15	Ellis H	Marsha	II IL "	Trey	
2.b. NAME OF CANDIDATE'S COMMITTEE				CTION DATE	
Committee to elect	- Trey M	arshall	Judge	2014	
4.a. CAMPAIGN ADDRESS AND PHONE				·············	
Street or Rural Route	City	State			Phone
1316 Clearview Dr	Mt. Julie	t TN	37	122 61.	<u>5-885-4335</u>
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City	State	e Zip Co	de	Phone
986 Northern Rd	Mt. Juliet	TN			5-444-2380
JUDICIAL OFFICE SOUGHT (include district	·		POLITICAL TRE		,,,
General Sessions Judge	Div I	<u> </u>	ini fer	M Mar	shall
7. CATEGORY OR REPORT (Check one)	VI 4	1 201		1 / (41	211211
	FOURTH	PRE-		囡	
QUARTER QUARTER QUARTER	QUARTER		PRE- GENERAL S	MID-YËAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8	B.b. ENDINGDATE (The second of th
1-16-15		le -	30-19	5	
9. (Check one)					
a. This campaign is exempt from detailed	disclosures because	contributions (inclu	ding in-kind) rece	ived total \$1,000 (or less AND
expenditures total \$1,000 or less for th	is reporting period. (Complete items 12d	I., 12e. and 12f.)		
b. This campaign is required to file a deta	iled financial disclosu	re because contribu	utions (including in	n-kind) received to	otal more than \$1,000
and/or expenditures total more than \$1	,000 for this reporting	period.		•	* * * * * * * * * * * * * * * * * * * *
10. SIGNATURE OF CANDIDATE	1	1. SIGNATURE OF F	POLITICALTREAS	URER	
		l do solemniy sw	ear or affirm that t	he information con	tained in thiscampaign
Ellis H. Manchell TI	7-13-15				dditionally, I swear or
Signature of Candidate	Date				ended for the personal
orginates of Cariculate	Date				onpolitical purpose as
O		defined by the f	ederal internal re	venue code.	
Claine Moore	7/13/15	DANIA	MAL	Ka00 7	-13-15
Signature of Witness	Date	Signature of Pol	itical Treasurer		Date
		Thousand the			- 1879 m 1889 m 1879 m
		Elain	Moroca		1/13/15
		Signature of Wi	tness		Date
		and the section of the section of	er ver		
42 CUMMADV					
 SUMMARY BALANCE ON HAND LAST REPORT 			\$ 31	107 104	
				- 0 -	
b. TOTAL RECEIPTS THIS PERIOD	***************************************		\$ ——		
c. TOTAL DISBURSEMENTS THIS PERIOD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ ——	0 =	
d. BALANCE ON HAND (12.a. plus 12.b. mini	us 12.c.)		*******************************	\$_3	67.64
e. TOTAL LOANS OUTSTANDING	,			\$.3 <i>L</i>	400.00
					
f. TOTAL OBLIGATIONS OUTSTANDING		***************************************		\$	5



ITEMIZED STATEMENT OF LOANS - CANDIDATENCOUNTY

							, p	LECT	<u>'ION COMMISSION</u>	
1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIO									
Commission de sie de	- Tr	o si	11	-1. 11	7.1		FROM:	_	TO: 6-30-15	
Committee to elect 3. COMPLETE THE APPROPRIATE ITEMS F	ODEACHI	TEMIZ	ED LOAN	2 Nev	<u> </u>	<u>ا ڪ</u>	1-16-13	<u>> </u>	6-30-13	
3. COMPLETE THE APPROPRIATE HEIGHT	ON LACITI	I LIVIIZ	ED LOAN (ioans totaling r	nore man \$10	o from any se	ource ouring the per	rioa)		
Complete the Following for the Source of the Loan					T					
First Name Ellis Middle Nam	le Name		Outstanding Loan Balance (Beginning of Period)		Loans Loan Received Payments			Outstanding Loan Balance (End of Period)		
Last Name/Organization Name			34,400.00					26 44 50		
Marshall III	Marshall III			160.00 36,460.00						
Address 986 Northern Rd				ived For: Date of Loan						
City Mt. Juliet State	Zip Code	7 - 4	Primary Election General Election							
	de la companya de la	ottoskypyny	or Above Loa	an (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 Co	ode	City				State	Zip Code	
									2,50000	
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 Co	ode	City			State		Zip Code	
Amount Countries and October to										
Amount Guaranteed Outstanding Amount Guaranteed Outstan						aing				
First Name	Middle Name			First Name	st Name Middle Name					
Last Name/Organization Name				Last Name/Organization Name						
Edit (Gillo of gaing add) For its										
Address				Address						
City	State	Zip Co	de	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 Co	de	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 Loans Loan Outstanding Loan Balance							
(Total loans received should also be shown in item 16, on summary page.)				(Beginning		Receiv	3	1	(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.)			36,40	0.06				36,400.00		