

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>6-23-09</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>MARGARET FEIERABEND</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>5-19-09</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>243 Roscommon</u> <u>Bristol</u> <u>TN</u> <u>37620</u> <u>423-764-3336</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>208 Lovedale Dr.</u> <u>Bristol</u> <u>TN</u> <u>37620</u> <u>423-764-3336</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>City Council South</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Debbie Gwaltney</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input checked="" 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 <u>5-9-2009</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>6-23-09</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>Margaret Feierabend</u> <u>6-23-09</u> <u>Debbie Gwaltney</u> <u>6/23/09</u> signature of candidate date signature of political treasurer date <u>Jany Steel</u> <u>6-23-09</u>	
11. WITNESS SIGNATURE signature of witness date	<u>Jany Steel</u> <u>6-23-09</u> signature of witness date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>1,168.71</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>-0-</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>1,168.71</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>



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
		FROM: 5-9-09	TO: 6-23-09
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 <i>Margaret</i>	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Fierabed</i>		<i>Food for election party</i>	<i>\$103. -</i>
Address <i>208 Loredale Dr</i>			
City <i>Bristol</i>	State <i>TN</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Bristol's Promise</i>		<i>Distribution of funds</i>	<i>560.71</i>
Address <i>PO Box 1701</i>			
City <i>Bristol</i>	State <i>TN</i>		
First Name <i>Bristol Ministry</i>	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Bristol Ministry Mall</i>		<i>Distribution of funds</i>	<i>500 -</i>
Address <i>PO Box 67</i>			
City <i>Bristol</i>	State <i>VA</i>		
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.)			<i>1163.71</i>