CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

		a Local Cai ndidate Col		• • • • • • • • • • • • • • • • • • • •	03 2017,04
1. DATE OF REPORT		CANDIDATE OR COM		WILSE	- Man
7-1-17	1 .			ma4820	LOOMMISSIE
2.b. IF COMMITTEE, NAME OF CANDIDATE		, ,		3. ELECTION DATE	
ED HAGERTY				2016	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	C	tate		
3700 OLD LEBANON DIRTI	la mrj	WLIST TN 3	7122	Zip Code	Phone 969 - 4769
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City	St	ate	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if		6. NAME OF P	OLITICAL TE	REASURER (may be ca そんてイ	andidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER	PRE-	PRE- ENERAL	MID YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
1-16-17	ļ		·30-1		
9. (Check one)		٧	۱ کان	<u> </u>	
 a. This campaign is exempt from detailed tures total \$1,000 or less for this report b. This campaign is required to file a deta and/or expenditures total more than \$1 	ing period. (Comp iled financial disclo	lete items 12d., 12e sure because contri	. and 12f.)		
10. I/we do solemnly swear or affirm that the info accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sw benefit of the candidate or for any other nonpotential.	vear or affirm that relationship	required to be repo	orted by the c	andidate committee by	the Campaign personal financial
signature of candidate	<u> </u>	si	ignature of bo	political treasurer	7-1-17 date
11. WITNESS SIGNATURE					
signature of witness	7-1-17 date	<u> </u>	signature	of witness.	7-1-/7 date
12. SUMMARY				,	
a. BALANCE ON HAND LAST REPORT		······	\$ -	12,281.26	
b. TOTAL RECEIPTS THIS PERIOD			\$ -	0	
c. TOTAL DISBURSEMENTS THIS PERIOD				1,000	
d. BALANCE ON HAND (12.a. plus 12.b. minu	ıs 12.c.)		• • • • • • • • • • • • • • • • • • • •	\$ <u>/</u>	1,281.26
e. TOTAL LOANS OUTSTANDING				\$	
f. TOTAL OBLIGATIONS OUTSTANDING				\$ —	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVE	RING THE PERIC
ED HAGERTY FOR MAYOR	FROM: 1-16-17	TO: 6-30-17
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.)		\$ <u>O</u>
16. LOANS RECEIVED THIS REPORTING PERIOD		\$O
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ <u></u>
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, g	asoline)
\$, ,
\$		
<u></u> \$		
\$		
		
\$		
\$		
\$		
\$		
•		
Total of Expenditures (\$100 or less each payee)		
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1,000,00	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$	1,000.00
20. LOAN REPAYMENTS MADE THIS PERIOD	\$	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$	1,000,00
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	
b. Itemized in-kind contributions (over \$100 from each source this period)		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$	
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	3	
b. Itemized Obligations Outstanding (Over \$100 each)		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1:		
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER				
1. NAME OF CANDIDATE OR COMMITTEE ED HAGGETY FOR MAYOR			FROM: /_/1-17	TO:6 30 - 17 Amount				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)								
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name make	Middle Nam	1	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name BEAVERS FOR GOVERNOON			A 1,000	». <u>*</u>	عن ممن الله			
Last Name/Business Name BEAVERS FOR GOVERNON Address 2020 HUNTERS PLACE City MT JULIET State Zip Code 37122			(Am PAIGA	J				
City my JULIET	State	Zip Code 37122	CATTON	Marie Ma				
First Name	Middle Nam				Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	l 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		Durgery				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
				Property and the Commission of	and the state of t			