CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

Fo	or State and L	ocal Candida	tes	in a man
DATE OF REPORT		idate Commit	tees	NOV 2 2016 C
10-31-16	2.a. NAMEOFCAND	DIDATE OR COMMITTEE HAGELTY F	TOR MAYOR	WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE	<u> </u>	1//10 61 1 /		······································
ED HAGERTY			3. ELECTION DATE	-
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route	City	State	Zip Code	Phone
3700 OLD LEBANO		MT JULIET	ブン 3ブルン	Phone 615-969-476
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable) 6.	NAME OF POLITICAL	TREASURER (may be	candidate)
mayor, City of mr.	JULIET	ED HAGE	274	oundidate)
7. CATEGORY OR REPORT (Check one)				
FIRST SECOND THIRD	FOURTH F			
QUARTER QUARTER QUARTER		PRE- PRE-	MID-YEAR SUPPLEMENTAL	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		ENDING DATE OF REPO	DRTING PERIOD	SUPPLEMENTAL
10-1-16		10-29	1-1/	
9. (Check one)	<u></u>	100		
 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 	illed financial disclosure	because contributions (in	ı	
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 nonposition. Living Signature of Candidate.	vear or affirm that no ca	mpaion contributions be	e candidate committee b	nd that this report is an by the Campaign e personal financial
signature of candidate	date	signature of	political treasurer	date
11. WITNESS SIGNATURE				
signature of witness	10/31/14 date	signatu	re of witness	10/21/16 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			26,078.06	
b. TOTAL RECEIPTS THIS PERIOD		\$	<i>O</i> .	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$	3,712	
d. BALANCE ON HAND (12.a. plus 12.b. minu	es 12.c.)		····· \$	27,366, 26
e. TOTAL ŁOANS OUTSTANDING			\$ <u></u>	Ò



TOTAL OBLIGATIONS OUTSTANDING

SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT CO	PORT COVERING THE PERIO	
PECEIPTO	FROM: 10-1-16	TO: //	0-29-16
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.	\$	0	
16. LOANS RECEIVED THIS REPORTING PERIOD	\$	0	
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$	0	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$	0	
DISBURSEMENTS			······································
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be listed by category	v - e.g., printing, postage,	gasoline	e)
<u> </u>			
<u></u> \$			
\$			
<u> </u>			
*			
<u> </u>			
Table (F			
Total of Expenditures (\$100 or less each payee)		_	
b. Itemized Expenditures (Over \$100 each payee this period)	-		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)			
20. LOAN REPAYMENTS MADE THIS PERIOD	.\$		
		.\$ 3.7	12, -
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)			
b. Itemized Obligations Outstanding (Over \$100 each)			
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	em 12.f.)	\$	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT C 4. HAGEATY FROM 10.				REPORT COVERING THE PERIOD
		ROM PRECEDING	FPAGE (enter \$0 if first itemized page)	ROM: 10 - 1-1L TO: 10 - 19-1L Amount
4. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH ITE	MIZED EXPENDITU	JRE (expenditures totaling more than \$100 to a	My payee during the period)
First Name	Middle		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name MAILEAS CHOICE		-	mail \$1403,58	
Address ELM HILL PIKE		PRINT + m.	MAIL 1403,	
NASHVILLE	State /^	Zip Code		
First Name	Middle N	Haramar (Africa constantivities and a	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name PosTmASTEL				# 25
Address			POSTAGE	#2,058,35
MT. Julie T	State T~	Zip Code 3ファンン		
irst Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
FACEBOOK.		AD5	#49.97	
ity	State	Zip Code		, ,,
irst Name	Tell M			
	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure
ist Name/Business Name KROGEA Idress			54,000.65/	FOOD # 200. =
			- Supplies /	7000 7000
mi Juliet	State 7~	Zip Code 37ルン	FOIL VOLUE	(1 4 5 7 2)
st Name	Middle Nam	е	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name				
dress				
(State	Zip Code		
st Name	Middle Name		Purpose of Expenditure	Amount of Expenditure
Name/Business Name				
ress			-	
	State	Zip Code		
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional p (If this is the last page of expenditures, this amount	pages of this form are	e used.) em 19b. of summary.)		#3,712. 22