CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

1. DATE OF REPORT			iirrees	APR 7 2000
4-4-16		CANDIDATE OR COMMITT	EE .	4 2010
	(ED	HAGERTY	FOR MAYOR	WILSONCOUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	COMMISSION
ED HAGERTY			30	16
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
3700 OLD LEBANON	DIRT RO	mr Julie	TTN 37122 C	115-764 7946
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)	6. NAME OF POLIT	CAL TREASURER (may be	candidate)
mayor, City of my	JULIET	ED HA		,
7. CATEGORY OR REPORT (Check one)				
FIRST SECOND THIRD	FOURTH	PRE- PRE		
QUARTER QUARTER QUARTER	QUARTER	PRE- PRE- PRIMARY GENER		YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF F	REPORTING PERIOD	SOLV CLIVICIAL
Jan 16, 2016		<u> Nar. 3</u>	12011	
9. (Check one)			.,,,,,,,	
 This campaign is exempt from detailed tures total \$1,000 or less for this report 	disclosure because	e contributions (including	in-kind) received total \$1,00	00 or less AND expendi-
 b. This campaign is required to file a deta and/or expenditures total more than \$1 	iled financial disclo	sure because contribution	ns (including in-kind) receive	ed total more than \$1,000
	tree is the report	ng pendu.		
10. I/we do solemnly swear or affirm that the info	armation contained	in this section is		
i/we do solemnly swear or affirm that the info accurate accounting of campaign contribution Financial Disclosure Act. Additionally, the su				
				ne personal financial
benefit of the candidate or for any other nonpo	olitical purpose as o	defined by the federal inte	ernal revenue code.	
GO Stanon	26 V 11	60	./	
signature of cardidate	4 - ¥ - 1L		Hyury	4-4-16
	date	signatu	re obpolitical treasurer	date
11. WITNESS SIGNATURE				
The state of the s				
Kottana Hagartin	11111	12.	· Colo	. 17.7
signature of witness	- 7-7-7-7-16 date	- Text	va Augusty	4/4/16
U	uaic	Si	gnature of witness	date
12. SUMMARY				
			9	
a. BALANCE ON HAND LAST REPORT			\$ 30,660.	
b. TOTAL RECEIPTS THIS PERIOD			***************************************	
b. TOTAL RECEIPTS THIS PERIOD		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
c. TOTAL DISBURSEMENTS THIS PERIOD			17500	
d. BALANCE ON HAND (12.a. plus 12.b. minu	us 12.c.)		¢	28 905 20
			Ф.	
e. TOTAL LOANS OUTSTANDING			*	
		***************************************	\$ _	
f. TOTAL OBLIGATIONS OUTSTANDING				
			\$ -	



SUMMARY PAGE - CANDIDATE APR 7 2016

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO
ED HAGERTY FOR MAYOR	FROM: 1-16-16 TO: 3-31-16
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	d 15.b.)\$
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.))\$
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by cate	egory - e.g., printing, postage, gasoline)
SAM PARNELL \$_	Sop.
ANDREW CALLAGNAN \$	Sov.
Keily HALERTY \$_	(ov
MT. JULIET SENIOR CENTER \$_	255.
<u> </u>	
<u> </u>	
<u> </u>	
s	
	
Total of Francisco / MACO and and a	
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	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c	c.)
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. al	nd 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 show	vn i item 12.f.)\$\$

RECEIVED

ITEMIZED STATEMENT OF EXPENDITURES

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n de de	nns /a	
APR	7 2016 6	
5-7 1 1 A	a rain A	
- CA	NOLDATE	
1/1/17/57		•

1. NAME OF CANDIDATE OR COMMITTEE					COVERING THE PERIOD	
LZ REPOR			FROM: /-/L/L	TO: 3-31-16		
3. TOTAL ITEMIZED CAMPAIGN E	XPENDITURES I	FROM PRECEDING 6	PAGE (antor \$0 if first its in it		Amount	
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH IT	EMIZED EXPENDITUR	E /expenditures totaling more than \$100 +	e)		
		e Name	Purpose of Expenditure		egi karan da arang panan ang balan karang panah baharan pang ang karang sa ang sa ang sa ang sa	
Last Name/Business Name			- Siposo of Experial(ale		Amount of Expenditure	
PARNELL						
Address ONE UNIVERITY DR.		CAMPAIGN,	LAROR	500.		
City	State	Zip Code	\dashv			
WASHVILLE	Ta	37204				
First Name ANDREW	Middle	Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			_		Tanodia of Experience	
CALLXGHAN						
Address WESTHELD CT			CAMPAIGN L.	4BOK	500	
City	State	Zip Code				
NASWILLE	17~	37224		İ		
First Name Kelly Last Name/Business Name	Middle N	lame	Purpose of Expenditure	The second second second second second	Amount of Fundadit	
Last Name/Buşiness Name					Amount of Expenditure	
HAUERTY						
Address Rozza Anna	Person		CAMPHIGN L	1200	500.	
City ROTAL ARMS	State	Zip Code	- CALLAGA, L.	41302		
NASHVILLE	_ T	37204				
First Name	Middle Na	me	Purpose of Expenditure		A	
Last Name/Business Name					Amount of Expenditure	
MT. JULIET SEX	110A CEA	ITER	_			
Address W TULIET 20 Dily -			DOMATION, Fu	DRAISIA	255-	
City	State	Zip Code	-		, , , , , , , , , , , , , , , , , , , ,	
m. Juise	12	37/22				
irst Name	Middle Nan	ne	Purpose of Expenditure			
ast Name/Business Name			- Poss of Experional	/*	mount of Expenditure	
ddress						
ity	State	Zip Code				
irst Name	Middle Nam	ê	Purpose of Expenditure	Δ.	mount of Expenditure	
Name/Business Name			['''	noon or expenditure		
dress						
у	State	Zip Code				
. TOTAL ITEMIZED EXPENDITURES				Color communication as a supply reported to a great supply as a supply of the supply o		
(Carry forward to item 3, of next page if addition. (If this is the last page of expenditures, this amo	al pages of this form an	e used.)			1755.00	
S page of experiences, this also	one must be shown in it	enr 190. of summary.)			. , 2 4 , , ,	