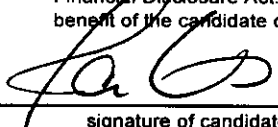
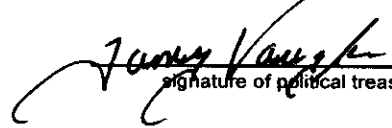

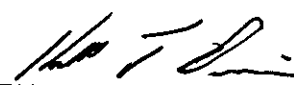


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT April 6, 2016		2.a. NAME OF CANDIDATE OR COMMITTEE James R. (Jim) Vaughn		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE August 7, 2016	
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route	City	State	Zip Code	Phone
2981 Cages Bend Road	Gallatin	TN	37066	615-264-3858
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) 6th District County Commissioner		6. NAME OF POLITICAL TREASURER (maybe candidate) Tammy Vaughn		
7. CATEGORY OR REPORT (Check one)				
<input checked="" type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER	<input type="checkbox"/> 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 January 15, 2016		8.b. ENDING DATE OF REPORTING PERIOD March 31, 2016		
9. (Check one)				
a. <input checked="" 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 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.				
 signature of candidate		<u>4/6/16</u> date	 signature of political treasurer	
			<u>4/6/16</u> date	
11. WITNESS SIGNATURE				
 signature of witness		<u>4-6-16</u> date	 signature of witness	
			<u>4-6-16</u> date	
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		FILED		
		A.M. APR 11 2016 P.M.		
		\$ <u>184.65</u>		
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>0</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>184.65</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>0</u>		
e. TOTAL LOANS OUTSTANDING		\$ <u>0.00</u>		
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0.00</u>		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) James R. (Jim) Vaughn	14. REPORT COVERING THE PERIOD FROM: <u>January 15, 2016</u> TO: <u>March 31, 2016</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$1 00 or less from each source this period) _____ \$ 0

b. Itemized Contributions (over \$1 00 from each source this period) _____ \$ 0

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) _____ \$ 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 - e.g., printing, postage, gasoline)

<u>Jim Vaughn for County Executive</u>	\$	<u>184.65</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total of Expenditures (\$100 or less each payee) _____ \$ _____

b. Itemized Expenditures (Over \$100 each payee this period) _____ \$ 184.65

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) _____ \$ 184.65

20. LOAN REPAYMENTS MADE THIS PERIOD _____ \$ _____

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) _____ \$ _____

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) _____ \$ _____

b. Itemized in-kind contributions (over \$1 00 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 (\$1 00 or less each) _____ \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) _____ \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) _____ \$ _____



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE James R. (Jim) Vaughn			2. REPORT COVERING THE PERIOD		
			FROM: 1/15/2016	TO: 3/31/2016	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 184.64	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Jim Vaughn for County Executive		Transfer to new campaign		184.65	
Address 2981 Cages Bend Road					
City Gallatin	State TN				Zip Code 37066
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
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.) 0				184.64	