

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/1/2016</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Don Ames</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>11/8/2016</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>107 STONES THROW HENDERSONVILLE TN</u> <u>37075</u> <u>615 822-6595</u>	
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) <u>CITY OF HENDERSONVILLE WARD 4 ALDERMAN</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>NANCY K. CORLEY</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>APRIL 1, 2016</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>JUNE 30, 2016</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>Don Ames</u> <u>7/1/2016</u> <u>Nancy K. Corley</u> <u>7/3/16</u> signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE <u>Mabel Ames</u> <u>7/3/16</u> <u>Mabel Ames</u> <u>7/3/16</u> signature of witness date signature of witness date	
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ <u>N/A</u> #0 b. TOTAL RECEIPTS THIS PERIOD \$ <u>10,175.00</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>8,604.51</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>1570.49</u> e. TOTAL LOANS OUTSTANDING \$ <u>8,000</u> f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>-0-</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Don Ames</u>	14. REPORT COVERING THE PERIOD	
	FROM: <u>4/1/16</u>	TO: <u>6/30/16</u>

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>925</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>1250</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>2175</u>

16. LOANS RECEIVED THIS REPORTING PERIOD

	\$ <u>8000</u>
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17. INTEREST RECEIVED THIS REPORTING PERIOD

	\$ <u>0</u>
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18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)

	\$ <u>10175</u>
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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>SOCIAL MEDIA</u>	\$ <u>35.00</u>
<u>POSTAGE</u>	\$ <u>28.20</u>
<u>SPACE RENTAL</u>	\$ <u>120.00</u>
<u>DECORATIONS</u>	\$ <u>70.19</u>
<u>ENTERTAINMENT</u>	\$ <u>22.00</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____

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

	\$ <u>276.39</u>
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b. Itemized Expenditures (Over \$100 each payee this period)

	\$ <u>8300.92</u>
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c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)

	\$ <u>8576.31</u>
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20. LOAN REPAYMENTS MADE THIS PERIOD

	\$ <u>-0-</u>
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21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)

	\$ <u>8576.31</u>
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22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>-0-</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>-0-</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>-0-</u>

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>-0-</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>-0-</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>-0-</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE DON AMBS				2. REPORT COVERING THE PERIOD		
				FROM: 4/1/16	TO: 6/30/16	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name PAUL & JODY		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name CORLEY				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$ 250.00
Address P.O. BOX 151				<input type="checkbox"/> Runoff (Local Elections Only)		
City MADISON		State TN	Zip Code 37116	Date of Contribution 6/23/16		Aggregate This Election
Occupation OWNER/AGENT						\$ 250.00
Employer STATE FARM INSURANCE AGENCY						
First Name JOHN		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name EVANS				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$ 1,000.00
Address 155 CUMBERLAND DRIVE				<input type="checkbox"/> Runoff (Local Elections Only)		
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution 6/23/16		Aggregate This Election
Occupation PRESIDENT						\$ 1,000.00
Employer NGH RISK MANAGEMENT						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS					\$ 1,250.00	
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Don Ames				2. REPORT COVERING THE PERIOD			
				FROM: 4/1/16		TO: 6/30/16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)						Amount 0	
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 PRAESENTIA, INC				Consulting, Design, writing		\$3,000.00	
Address 985 CRATER LAKE COURT							
City GALLATIN	State TN	Zip Code 37066					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name AMARATH DESIGNS				ARTWORK		\$1611.44	
Address 1015 MANSKER FARMS BLVD							
City HENDERSONVILLE	State TN	Zip Code 37075					
First Name AT		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name MR. SIGNMAN				MAGNETS + SIGNS		\$369.27	
Address 29 INDUSTRIAL PARK DR.							
City HENDERSONVILLE	State TN	Zip Code 37075					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name KEYSTONE BUSINESS SOLUTIONS				WEBSITE		\$760.13	
Address 3050 BUSINESS PARK CIRCLE #301							
City GOODLETTSVILLE	State TN	Zip Code 37072					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name POURVOUS!				REFRESHMENT FOR RALLY		\$293.86	
Address 263 INDIAN LAKE BLVD							
City HENDERSONVILLE	State TN	Zip Code 37075					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name ASAP PRINTING				PRINTING		\$417.82	
Address 116 IMPERIAL BLVD							
City HENDERSONVILLE	State TN	Zip Code 37075					
5. TOTAL ITEMIZED EXPENDITURES						\$6452.58	
<small>(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.)</small>							

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE DON AMES			2. REPORT COVERING THE PERIOD		
			FROM: 4/1/16	TO: 6/30/16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$6452.58	
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 AMSI		MAILING	\$ 1848.34		
Address 404 NEW HIGHWAY 52 EAST ST. A					
City WESTMORELAND	State PA				Zip Code 15386
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
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				Amount	
(Carry forward to item 3. of next page if additional pages of this form are used.)				\$ 8300.92	
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Don Ames</div>				2. REPORT COVERING THE PERIOD			
				FROM: 4/1/16		TO: 6/30/16	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name Don		Middle Name Eugene		Outstanding Loan Balance (Beginning of Period) 0	Loans Received \$6,000	Loan Payments 0	Outstanding Loan Balance (End of Period) \$6,000
Last Name/Organization Name Ames				Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Date of Loan 4/25/16	
Address 107 STONES THROW				<input type="checkbox"/> Runoff (Local Elections Only)			
City HENDERSONVILLE	State TN	Zip Code 37075					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City	State	Zip Code		City	State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City	State	Zip Code		City	State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City	State	Zip Code		City	State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City	State	Zip Code		City	State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)				- 0 -	\$6,000	- 0 -	\$6,000

