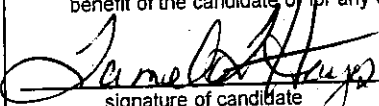
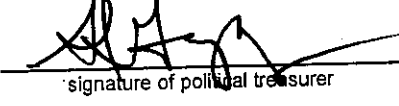




CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7/6/16	2.a. NAME OF CANDIDATE OR COMMITTEE Tammy Hayes			3. ELECTION DATE	
2.b. IF COMMITTEE, NAME OF CANDIDATE					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route		City	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route		City	State	Zip Code	Phone
120 Governors Point Blvd. Hendersonville, TN				37075	615-824-7540
5. OFFICE SOUGHT (include district number, if applicable)			6. NAME OF POLITICAL TREASURER (may be candidate)		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER		<input 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 checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 1/16/2016			8.b. ENDING DATE OF REPORTING PERIOD 6/30/2016		
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		7-6-16 date		 signature of political treasurer	
				7-6-16 date	
11. WITNESS SIGNATURE					
 signature of witness		7/7/16 date		 signature of witness	
				7-6-16 date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		FILED		\$ <u>198.69</u>	
b. TOTAL RECEIPTS THIS PERIOD		A.M. P.M.		\$ _____	
c. TOTAL DISBURSEMENTS THIS PERIOD		JUL 15 2016		\$ _____	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		SUMNER COUNTY		\$ <u>198.69</u>	
		ELECTION COMMISSION		\$ <u>3365.00</u>	
e. TOTAL LOANS OUTSTANDING				\$ <u>0.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING				\$ _____	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Tammy Hayes</div>	14. REPORT COVERING THE PERIOD FROM: <u>1/16/16</u> TO: <u>6/30/16</u>
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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.) \$ _____

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.) \$ -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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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.) \$ -0-

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.) \$ -0-

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 item 12.f.) \$ -0-



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Tammy Hayes</i>					2. REPORT COVERING THE PERIOD FROM: <i>1/16/2016</i> TO: <i>6/30/2016</i>								
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		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)			
Last Name/Organization Name				Address		Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)				Date of Loan			
City		State		Zip Code									
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) <small>(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, s, on front page.)</small>					Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)		
					<i>3,365.00</i>		<i>-0-</i>		<i>-0-</i>		<i>3,365.00</i>		

