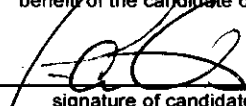

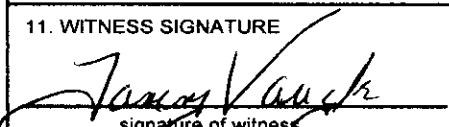



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <b>January 17, 2017</b>		2.a. NAME OF CANDIDATE OR COMMITTEE <b>James R. (Jim) Vaughn</b>			
2.b. IF COMMITTEE, NAME OF CANDIDATE <b>Jim Vaughn for County Executive</b>			3. ELECTION DATE <b>May 1, 2018</b>		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <b>2981 Cages Bend Road</b>		City <b>Gallatin</b>	State <b>TN</b>	Zip Code <b>37066</b>	Phone <b>615-973-6813</b>
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) <b>Sumner County Executive</b>			6. NAME OF POLITICAL TREASURER (maybe candidate) <b>Kirk Moser</b>		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER		<input type="checkbox"/> SECOND QUARTER		<input type="checkbox"/> THIRD QUARTER	
<input checked="" 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 <b>October 1, 2016</b>			8.b. ENDING DATE OF REPORTING PERIOD <b>January 15, 2017</b>		
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		<b>1-17-2017</b> date		 signature of political treasurer	
 signature of witness		<b>1-17-17</b> date		 signature of witness	
11. WITNESS SIGNATURE					
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		FILED		\$ <u>564.65</u>	
b. TOTAL RECEIPTS THIS PERIOD				\$ <u>500.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		A.M. <b>JAN 23 2017</b>		\$ <u>0</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		SUMNER COUNTY ELECTION COMMISSION		\$ <u>1064.65</u>	
e. TOTAL LOANS OUTSTANDING				\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING				\$ <u>0</u>	



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>James R. (Jim) Vaughn</b>				2. REPORT COVERING THE PERIOD FROM: 10/1/2016 TO: 1/15/2017	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>David</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>Cummings</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <b>1514 Hwy 259</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Portland</b>		State <b>TN</b>	Zip Code <b>37148</b>	Date of Contribution	
Occupation				Aggregate This Election	
Employer				<b>\$500.00</b>	
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (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.)					<b>\$500.00</b>