

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10/1/2016</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 <u>107 STONES THROW, HENDERSONVILLE, TN</u>		City <u>TN</u>	State	Zip Code <u>37075</u>	Phone <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 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 type="checkbox"/> SECOND QUARTER	<input checked="" 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>JULY 1, 2016</u>			8.b. ENDING DATE OF REPORTING PERIOD <u>SEPT. 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>[Signature]</u> signature of candidate		<u>10/8/2016</u> date	<u>[Signature]</u> signature of political treasurer		<u>10/9/16</u> date
11. WITNESS SIGNATURE					
<u>[Signature]</u> signature of witness		<u>10/10/2016</u> date	<u>[Signature]</u> signature of witness		<u>10/10/16</u> date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		\$ <u>1570.49</u>			
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>4251.00</u>			
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>4302.90</u>			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>2118.59</u>			
e. TOTAL LOANS OUTSTANDING		\$ <u>8000.00</u>			
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>-0-</u>			

FILED

A.M. OCT 11 2016 P.M.

SUMNER COUNTY
ELECTION COMMISSION



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>DON ANES</u>	14. REPORT COVERING THE PERIOD FROM: <u>7/1/16</u> TO: <u>9/30/16</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>1500.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>4851.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>6351</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>6351.00</u>
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>WEBSITE</u>	\$ <u>90.00</u>
<u>REFRESHMENTS FOR MEETINGS</u>	\$ <u>67.41</u>
<u>MEETING EXPENSE</u>	\$ <u>43.07</u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>160.48</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>4302.90</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>4463.38</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>-0-</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>4463.38</u>
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 JOHN AMES				2. REPORT COVERING THE PERIOD FROM: 7/1/16 TO: 9/30/16	
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 TOMMY KOEN		Middle Name		Contribution Received For:	
Last Name/Organization Name KOEN				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 101 HIDDEN WAY COURT				<input type="checkbox"/> Runoff (Local Elections Only)	
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution 8/15/16	
Occupation ORTHODONTIST				Aggregate This Election \$200.00	
Employer SELF					
First Name MAC		Middle Name		Contribution Received For:	
Last Name/Organization Name MC MURRY				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 170 CLIFTOP				<input type="checkbox"/> Runoff (Local Elections Only)	
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution 9/7/16	
Occupation CPA				Aggregate This Election \$500.00	
Employer SELF					
First Name CHARLES		Middle Name		Contribution Received For:	
Last Name/Organization Name GENTRY				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 112 S. KEENE VALLEY				<input type="checkbox"/> Runoff (Local Elections Only)	
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution 8/1/16	
Occupation OFFICER				Aggregate This Election \$250.00	
Employer SOUTHEASTERN BLDG					
First Name KEN VERBLE		Middle Name		Contribution Received For:	
Last Name/Organization Name VERBLE				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 110 THE LANDINGS				<input type="checkbox"/> Runoff (Local Elections Only)	
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution 8/23/16	
Occupation RETIRED				Aggregate This Election \$500.00	
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.)					\$1450.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE DON AMES				2. REPORT COVERING THE PERIOD FROM: 7/1/16 TO: 9/30/16			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$ 1450.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name PAC FUND		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name HENDERSONVILLE FIREFIGHTERS ASSOCIATION				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$ 1,000.00	
Address 241 W. MAIN STREET				<input type="checkbox"/> Runoff (Local Elections Only)			
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution 9/22/16		Aggregate This Election \$ 1,000.00	
Occupation							
Employer							
First Name JAMES		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name PIGLY				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$ 800.00	
Address 360 PK LANE				<input type="checkbox"/> Runoff (Local Elections Only)			
City GREENSBORO		State TN	Zip Code 38562	Date of Contribution 9/22/16		Aggregate This Election \$ 800.00	
Occupation CONTRACTOR							
Employer SELF							
First Name Robert		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Goodall				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$ 500.00	
Address 393 MAPLE ST. STE 110				<input type="checkbox"/> Runoff (Local Elections Only)			
City GALLATIN		State TN	Zip Code 37066	Date of Contribution 8/22/16 9/22/16		Aggregate This Election \$ 500.00	
Occupation DEVELOPER/BUILDER							
Employer SELF							
First Name KEN		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name VERBLE				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$ 1,000.00	
Address 110 THE LANDINGS				<input type="checkbox"/> Runoff (Local Elections Only)			
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution 9/22/16		Aggregate This Election \$ 1,500.00	
Occupation RETIRED							
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.)					\$ 4,750		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Don Ames				2. REPORT COVERING THE PERIOD	
				FROM: 7/1/16	TO: 9/30/16
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 4,750	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name NANCY	Middle Name K	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name CORLEY		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$101.00	
Address 163 INLET DR.		<input type="checkbox"/> Runoff (Local Elections Only)			
City HENDERSONVILLE	State TN	Zip Code 37075	Date of Contribution 9/23/16		Aggregate This Election \$101.00
Occupation ATTORNEY					
Employer SELF					
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					
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					
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 (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.)				\$4851.00	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE DON AMES				2. REPORT COVERING THE PERIOD		
				FROM: 7/1/16	TO: 9/30/16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 4500 - 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			SIGNS + SHIRTS		\$1263.48	
Address						
City	State	Zip Code				
HENDERSONVILLE	TN	37075				
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			PHOTOS		\$273.13	
Address						
City	State	Zip Code				
HENDERSONVILLE	TN	37075				
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			MAILING + POSTAGE		\$1956.16	
Address						
City	State	Zip Code				
BRENTWOOD	TN	37027				
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			WEB SITE		\$810.13	
Address						
City	State	Zip Code				
GOODLETTSVILLE	TN	37072				
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES <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>					\$4302.90	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Don Ames				2. REPORT COVERING THE PERIOD	
				FROM: 7/1/16	TO: 9/30/16
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$1450.00 - 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name	In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name	In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name	In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name	In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name	In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation	Employer		Description of In-Kind Contribution		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					0

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE DON AMES					2. REPORT COVERING THE PERIOD FROM: 7/1/16 TO: 9/30/16						
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		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				Address							
City		State		Zip Code		City		State		Zip Code	
Amount Guaranteed Outstanding											
First Name		Middle Name		First Name		Middle Name					
Last Name/Organization Name				Address							
City		State		Zip Code		City		State		Zip Code	
Amount Guaranteed Outstanding											
First Name		Middle Name		First Name		Middle Name					
Last Name/Organization Name				Address							
City		State		Zip Code		City		State		Zip Code	
Amount Guaranteed Outstanding											
First Name		Middle Name		First Name		Middle Name					
Last Name/Organization Name				Address							
City		State		Zip Code		City		State		Zip Code	
Amount Guaranteed Outstanding											
4. Totals for all Loans (complete on last page of itemized loans) (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.a, on front page.)				Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)	
				\$ 8,000		0		0		\$ 8,000	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
DON AMES				FROM: 7/1/16		TO: 9/30/16	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS							-0-
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							