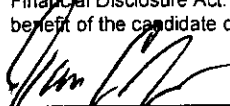
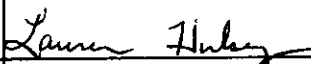
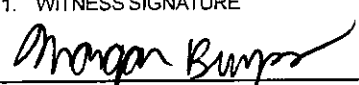



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 11-1-16	2.a. NAME OF CANDIDATE OR COMMITTEE Clary for Mayor / Jamie Clary		
2.b. IF COMMITTEE, NAME OF CANDIDATE Jamie Clary		3. ELECTION DATE 11-8-16	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 125 N. Shadowhawn Way Hendersonville, TN 37075 615-824-5779			
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) Mayor		6. NAME OF POLITICAL TREASURER (may be candidate) Lauren Hulsey	
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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD Oct. 1, 2016		8.b. ENDING DATE OF REPORTING PERIOD Oct. 29, 2016	
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.			
 signature of candidate		 signature of political treasurer	
11-1-16 date		10-31-16 date	
11. WITNESS SIGNATURE			
 signature of witness		 signature of witness	
11-1-16 date		10-31-16 date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 34,939.69	
b. TOTAL RECEIPTS THIS PERIOD		\$ 2,970	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 27,101.14	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 10,808.55	
e. TOTAL LOANS OUTSTANDING		\$ 0	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Clary for Mayor</i>		2. REPORT COVERING THE PERIOD FROM: <i>10-1-16</i> TO: <i>10-29-16</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <i>Barbara</i>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>\$ 100</i>
Last Name/Organization Name <i>Ward</i>			
Address <i>144 Vulco Dr.</i>			
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>Oct. 5</i>
Occupation <i>retired</i>			Aggregate This Election <i>\$ 150</i>
Employer			
First Name <i>Cindy</i>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>\$ 150</i>
Last Name/Organization Name <i>Stamps</i>			
Address <i>105 Red Maple Ct</i>			
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>Oct. 14</i>
Occupation <i>teacher</i>			Aggregate This Election <i>\$ 950</i>
Employer <i>Sumner County School System</i>			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>1250</i>
Last Name/Organization Name <i>Rogers Group PAC</i>			
Address <i>421 Great Circle Rd.</i>			
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37228</i>	Date of Contribution <i>Oct. 25</i>
Occupation			Aggregate This Election <i>\$ 250</i>
Employer			
First Name <i>Bob</i>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>\$ 100</i>
Last Name/Organization Name <i>Bristol</i>			
Address <i>19 Ashland Pt.</i>			
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>Oct. 23</i>
Occupation <i>retired</i>			Aggregate This Election <i>\$ 350</i>
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.)			<i>600</i>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Clary for Mayor</i>				2. REPORT COVERING THE PERIOD FROM: <i>10-1-16</i> TO: <i>10-29-16</i>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>600</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name <i>Barbara</i>		Middle Name		Contribution Received For:		Amount of Contribution <i>100</i>
Last Name/Organization Name <i>Brennan</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address <i>116 Jefferson Pr.</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Hendersonville</i>		State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>Oct. 7</i>		Aggregate This Election <i>200</i>
Occupation <i>Nurse</i>						
Employer <i>skyline Medical center</i>						
First Name <i>Bruce</i>		Middle Name		Contribution Received For:		Amount of Contribution <i>100</i>
Last Name/Organization Name <i>Day</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address <i>144 Fairways Dr.</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Hendersonville</i>		State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>Oct. 7</i>		Aggregate This Election <i>200</i>
Occupation <i>retired</i>						
Employer						
First Name <i>Al</i>		Middle Name		Contribution Received For:		Amount of Contribution <i>50</i>
Last Name/Organization Name <i>Ballenger</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address <i>258 Lake Terrace Dr.</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Hendersonville</i>		State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>Oct. 9</i>		Aggregate This Election <i>325</i>
Occupation <i>retired</i>						
Employer						
First Name <i>Bob</i>		Middle Name		Contribution Received For:		Amount of Contribution <i>100</i>
Last Name/Organization Name <i>Sudderth</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address <i>555 Indian Lake Rd.</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Hendersonville</i>		State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>Oct. 20</i>		Aggregate This Election <i>200</i>
Occupation <i>retired</i>						
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.)				<i>950</i>		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Clary for Mayor</i>		2. REPORT COVERING THE PERIOD FROM: <i>10-1-16</i> TO: <i>10-29-16</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>950</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <i>Robert</i>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	Amount of Contribution <i>150</i>
Last Name/Organization Name <i>Joslin</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
Address <i>108 LeeWard Pt.</i>			
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>Oct. 30</i>
Occupation			Aggregate This Election <i>\$145</i>
Employer			
First Name <i>Brad</i>	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	Amount of Contribution <i>100</i>
Last Name/Organization Name <i>Stephens</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
Address <i>138 Island Dr.</i>			
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>Oct. 31</i>
Occupation <i>owner</i>			Aggregate This Election <i>\$600</i>
Employer <i>self-employed</i>			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Address			
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Address			
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.)			<i>\$1100</i>

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Clary for Mayor</i>		2. REPORT COVERING THE PERIOD FROM: <i>10-1-16</i> TO: <i>10-29-16</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>	
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 <i>ASAP</i>		<i>Printing</i>	<i>\$2,805.71</i>	
Address <i>116 Imperial Blvd.</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Office Depot</i>		<i>Printing</i>	<i>\$305.74</i>	
Address <i>252 E. Main St.</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Wix.com</i>		<i>Web hosting</i>	<i>\$120.00</i>	
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Hendersonville Area Chamber of Comm</i>		<i>Membership</i>	<i>175.00</i>	
Address <i>100 Country Club Dr. #104</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name		<i>-</i>	<i>-</i>	
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Direct Edge</i>		<i>Mail services & Postage</i>	<i>11,590.50</i>	
Address <i>1200 Division St. #404</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37203</i>
First Name	Middle Name			Purpose of Expenditure
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>			<i>14,912.95</i>	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Clary for Mayor</i>		2. REPORT COVERING THE PERIOD FROM: <i>10-1-16</i> TO: <i>10-29-16</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>14,912.95</i>	
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 <i>Bill Hudson Agency</i>		<i>Bill Hudson Agency P.R. and Advertising</i>	<i>\$ 6,301</i>	
Address <i>814 Church St.</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37203</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>U.S.P.S.</i>		<i>U.S.P.S. Postage</i>	<i>\$ 3,173</i>	
Address <i>Imperial Blvd.</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Captain Video</i>		<i>Captain Video Postage</i>	<i>\$ 1,222</i>	
Address <i>247 W. Main St.</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Office Max</i>		<i>Supplies</i>	<i>\$ 126.47</i>	
Address <i>252 E. Main St.</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Black-eyed Pea</i>		<i>Food</i>	<i>\$ 181.10</i>	
Address <i>164 E Main St.</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Wal. Mart</i>		<i>Food</i>	<i>\$ 137.48</i>	
Address <i>204 Anderson Lane N.</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
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.)			<i>26,054.95</i>	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Clary for Mayor</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>10-1-16</i>	TO: <i>10-29-16</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>26054⁰⁰</i>	
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 <i>Hazel Path</i>		<i>outside event rental</i>	<i>200</i>	
Address <i>105 Hazel Path</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
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 (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.)			<i>26,254⁰⁰</i>	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Clary for Mayor</i>				2. REPORT COVERING THE PERIOD FROM: <i>10-1-16</i> TO: <i>10-29-16</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>	
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		Address		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>600</i>
<i>Black-eyed pea</i>		<i>164 E Main</i>		<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		Date of In-Kind Contribution		Aggregate this Election
<i>Hendersonville</i>		<i>TN</i>		<i>Oct. 23, 2016</i>		<i>600</i>
Occupation		Employer		Description of In-Kind Contribution		
				<i>Food</i>		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		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		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		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		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		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		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State		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.)					<i>600</i>	