

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT September 15, 2016	2.a. NAME OF CANDIDATE OR COMMITTEE James B. Hawkins (Committee to Elect Jim Hawkins)		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE August 4, 2016	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 475 Bay Point Drive Gallatin TN 37066 615-268-4419			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone Same			
5. OFFICE SOUGHT (include district number, if applicable) 6th District School Board Seat		6. NAME OF POLITICAL TREASURER (may be candidate) Hugh O. Love, III	
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 July 26, 2016		8.b. ENDING DATE OF REPORTING PERIOD September 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 James B. Hawkins		_____ signature of political treasurer Hugh O. Love, III	
_____ signature of witness Betsy R. Hawkins		_____ signature of witness Stephanie Johnson	
11. WITNESS SIGNATURE			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 179.73	
b. TOTAL RECEIPTS THIS PERIOD		\$ 750.00	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 929.73	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 0	
e. TOTAL LOANS OUTSTANDING		\$ 0	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0	

FILED
 11:28 AM
 SEP 12 2016
 P.M.
 SUMNER COUNTY
 ELECTION COMMISSION



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) James B. Hawkins (<i>Committee to Elect Jim Hawkins</i>)	14. REPORT COVERING THE PERIOD FROM: 7/26/16 TO: 9/30/16
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>300.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>450.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>750.00</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>750.00</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>Supplies for advertisement signs</u>	\$ <u>45.63</u>
<u>Sunscreen and water/beverages for workers</u>	\$ <u>30.76</u>
<u>Thank you notes and postage</u>	\$ <u>44.10</u>
<u>Disposal of sign materials</u>	\$ <u>5.30</u>
<u>Car clean up</u>	\$ <u>6.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>131.79</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>797.94</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>929.73</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>929.73</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>61.55</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>61.55</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 James B. Hawkins (<i>Committee to elect Jim Hawkins</i>)			2. REPORT COVERING THE PERIOD FROM: 7/26/16 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 Don		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 \$200.00
Last Name/Organization Name Lampe					
Address 460 Plantation Road					
City Martinsville		State VA	Zip Code 24112	Date of Contribution 7/26/2016	Aggregate This Election \$200.00
Occupation Attorney					
Employer Morrison/Foerster					
First Name Ronald		Middle Name V.		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution \$250.00
Last Name/Organization Name Miller					
Address 617 Bay Point Drive					
City Gallatin		State TN	Zip Code 37066	Date of Contribution 8/3/2016	Aggregate This Election \$250.00
Occupation Physician					
Employer Gallatin Children's Clinic					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
City		State	Zip Code	Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name					
Address					
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.)				\$450.00	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE James B. Hawkins (<i>Committee to Elect Jim Hawkins</i>)		2. REPORT COVERING THE PERIOD FROM: 7/26/16 TO: 9/30/16		
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 Gallatin News-Examiner		Advertisements	\$403.99	
Address 1 Examiner Court				
City Gallatin	State TN			Zip Code 37066
First Name				Middle Name
Last Name/Business Name Literacy Council of Middle Tennessee		Charitable contribution to 501(c)(3) organization, as allowed by law, to distribute excess funds and to close bank account.	\$100.00	
Address P.O. Box 0903		Charitable contribution to 501(c)(3) organization, as allowed by law, to distribute excess funds and to close bank account.	\$293.95	
City Hendersonville	State TN			Zip Code 37077-0903
First Name				Middle Name
Last Name/Business Name Sumner County Food Bank		Charitable contribution to 501(c)(3) organization, as allowed by law, to distribute excess funds and to close bank account.	\$293.95	
Address 1021 Woods Ferry Road				
City Gallatin	State TN			Zip Code 37066
First Name				Middle Name
Last Name/Business Name		Charitable contribution to 501(c)(3) organization, as allowed by law, to distribute excess funds and to close bank account.	\$293.95	
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name		Charitable contribution to 501(c)(3) organization, as allowed by law, to distribute excess funds and to close bank account.	\$293.95	
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name		Charitable contribution to 501(c)(3) organization, as allowed by law, to distribute excess funds and to close bank account.	\$293.95	
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name		Charitable contribution to 501(c)(3) organization, as allowed by law, to distribute excess funds and to close bank account.	\$293.95	
Address				
City	State			Zip Code
First Name				Middle Name
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.)			\$797.94	