

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10-4-16</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Jim Waters</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Jim Waters</u>	
3. ELECTION DATE <u>12-8-16</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>244 Southburn Dr. Hendersonville, N.C. 37075</u> <u>948-0414</u> 615	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>JAW</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>Alderman Ward 6</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Jim Waters</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>Jim Waters</u> <u>10/4/16</u> <u>Jim Waters</u> <u>10/4/16</u> signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE <u>Virginia Waters</u> <u>10-4-16</u> <u>Virginia Waters</u> <u>10-4-16</u> signature of witness date signature of witness date	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>1262.04</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>2300.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>2494.01</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>1068.03</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>

FILED

(A.M. 4:30 AM) P.M.
OCT 05 2016

SUMNER COUNTY
ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Jim Waters</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>0</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>2300.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>2300.00</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>2300.00</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>Gasoline</u>	\$ <u>92.34</u>
<u>Stamps</u>	\$ <u>500.00</u>
<u>Copies</u>	\$ <u>185.31</u>
<u>Printing</u>	\$ <u>635.83</u>
<u>T-Post - Campaign Signs</u>	\$ <u>280.53</u>
<u>Advertisement</u>	\$ <u>100.00</u>
<u>DONATION</u>	\$ <u>700.00</u>
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>192.34</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>2301.67</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>2494.01</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.)	\$ _____
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.)	\$ <u>0</u>
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 in item 12.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jim Waters		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. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name HENDERSONVILLE FIRE FIGHTERS ASSOC.		Middle Name ASSOC.	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 242 W. MAIN ST.		<input type="checkbox"/> Runoff (Local Elections Only)	
City HENDERSONVILLE	State TN	Zip Code 37075	Date of Contribution 9-22-16
Occupation	Employer		Amount of Contribution 1,000⁰⁰
			Aggregate This Election X
First Name JAS. + MELISSIA PIGG		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 360 PK. LANE		<input type="checkbox"/> Runoff (Local Elections Only)	
City GAINSBORO	State TN	Zip Code 38522	Date of Contribution 8-12-16
Occupation CONTRACTOR	Employer SELF		Amount of Contribution 800⁰⁰
			Aggregate This Election X
First Name ROBT. GOODALL		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 393 MAPLE ST.		<input type="checkbox"/> Runoff (Local Elections Only)	
City COLLIER	State TN	Zip Code 37066	Date of Contribution
Occupation DEVELOPER	Employer SELF		Amount of Contribution 5000 5000
			Aggregate This Election
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <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	Employer		Amount of Contribution
			Aggregate This Election
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.)			2300⁰⁰

**HENDERSONVILLE FIREFIGHTERS ASSOCIATION
PAC FUND**

242 W. MAIN STREET PMB 407
HENDERSONVILLE, TN 37075

1047

87-155/641
180624711

DATE 22 Sept 16

PAY TO THE ORDER OF Jim Waters

ONE THOUSAND & NO/100

\$ 1000.00

DOLLARS  Security Features
Detailed on back

FIRST TENNESSEE
www.firsttennessee.com

FOR CHECK VERIFICATION DIAL: 1-800-284-0730

Memo _____

[Handwritten Signature]
[Handwritten Signature]

⑆064101550⑆1047 180624711⑆

WAL-AN

© 2004 CheckArt

JAMES ALVIN PIGG
MELISSIA KAY ALLEN
FARM ACCOUNT PH. 615-812-9919
360 PK LANE
GAINESBORO, TN 38562

3160
87-274/641

8-12-16
Date

Pay to the
Order of Jim Waters for Aldeman \$ 800.00
Eight hundred Dollars



CITIZENS BANK
BANK OF CELINA • LIBERTY STATE BANK
SMITH COUNTY BANK • TRADERS BANK
"Serving Thousands of Customers. ONE at a time!"



For _____

James A Pigg

⑆064102740⑆ ⑆01455923⑆ 3160

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

116

ROBERT H. GOODALL, JR.
393 MAPLE STREET, SUITE 100
GALLATIN, TN 37066
(615) 451-5029

SUMNER
BANK & TRUST

87-895/641

4/6/2016

PAY TO THE ORDER OF Jim Waters

\$ **250.00

Two Hundred Fifty Only*****

DOLLARS

Jim Waters Campaign
244 South Burn Drive
Hendersonville TN
37075

MEMO

RR

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑆011654⑆ ⑆064108951⑆ 3027224⑆

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

117

ROBERT H. GOODALL, JR.
393 MAPLE STREET, SUITE 100
GALLATIN, TN 37066
(615) 451-5029

SUMNER
BANK & TRUST

87-895/641

8/23/2016

PAY TO THE ORDER OF Jim Waters

\$ **250.00

Two Hundred Fifty Only*****

DOLLARS

Jim Waters Campaign
244 South Burn Drive
Hendersonville, TN 37075

MEMO

RR

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑆011706⑆ ⑆064108951⑆ 3027224⑆

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jim Waters				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
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name TRACTOR Supply	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		METAL T-POST CAMPAIGN SIGNS		255.52	
Address 911 Center Point RD.					
City HENDERSONVILLE	State TN				
First Name HENDERSONVILLE Sporting Food	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Campaign stickers + emps		273.12	
Address main ST.					
City HENDERSONVILLE	State TN				
First Name CONCEPT ONE	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		CAMPAIGN SIGNS		362.77	
Address 210 No. Woods ST.					
City CHATTANOGA	State TN				
First Name US POST OFFICE	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		STAMPS		235.00	
Address 105 Imperial Blvd					
City HENDERSONVILLE	State TN				
First Name Pony Mail Box + Business Cnt.	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		copies + STAMPS		450.31	
Address 242 W. Main St.					
City HENDERSONVILLE	State TN				
First Name Terry Waters	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		DONATION TOWARDS CAMPAIGN		100⁰⁰	
Address 100 Glen Blvd Apt. 15					
City HENDERSONVILLE	State TN				
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.)					
\$226.72					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Tim Waters</i>				2. REPORT COVERING THE PERIOD FROM: <i>7/1/16</i> TO: <i>9/30/16</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) (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.e. on front page.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>Jim Watkins</i>				FROM: <i>9/1/16</i> TO: <i>9/30/16</i>			
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							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS							
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							