CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

	<u> </u>	Ididate of	//////////////////////////////////////	49						
1. DATE OF REPORT	2.a. NAMEOFC		MMITTEE							
January 20, 2022	James R. V	aughn								
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION	DATE								
Jim Vaughn for County Execut	May 1, 2018									
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phon	e				
2981 Cages Bend Road, Galla	•	615-973-6								
CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City	;	State	Zip Code	Phon	е				
5. OFFICE SOUGHT (include district number, if Sumner County Executive	NAME OF POLITICAL TREASURER (may be candidate) Jim Vaughn									
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER	PRE- PRIMARY 8.b. ENDING DA	PRE- GENERAL ATE OF REPOR	MID-YEA SUPPLEME	- · -	AR-END LEMENTAL				
July 1, 2021										
9. (Check one)										
 a. 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. 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 evenue code.										
the Co	1/20/2022	<	10 6		•	1/20/2022				
signature of candidate	date		signature of	political treasur	rer	date				
11. WITNESS SIGNATURE						·				
Janua Variala	1/20/2022		anen	Van	/ 1	1/20/2022				
signature of witness	date	7		ure of witness	<u> </u>	date				
						date				
12. SUMMARY										
a. BALANCE ON HAND LAST REPORT	AM	FILED	PM	_{\$} <u>5608.7</u>	<u>'1</u>					
b. TOTAL RECEIPTS THIS PERIOD	······································			\$						
c. TOTAL DISBURSEMENTS THIS PERIOD	JAN 2 6 2022			\$ 500.00	<u> </u>					
d. BALANCE ON HAND (12.a. plus 12.b. m	ELECT	ON COMMISSION	N	s <u>5108.71</u>						
e. TOTAL LOANS OUTSTANDING					ş <u>0.00</u>					
f. TOTAL OBLIGATIONS OUTSTANDING					ş <u>0.00</u>					



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1, NAME OF CANDIDATE OR COMMITTEE Jim Vaughn for County Executive FR			2. REPORT COVERING THE PERIOD				
			FROM: 7/1/2021	TO: 12/15/2022			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)							
4. COMPLETE THE APPROPRIATE ITEMS FOR EAC	HITEMIZEI	D EXPENDITURE (expend	ditures totaling more than \$100 to	any payee during the per	iod)		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Campaign to Elect Ron Blanton							
Address 115 Shivel Drive, Hendersonville, TN 370		Campaign Donation		\$500.00			
City	State	Zip Code					
First Name	Middle Nar	ne	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					1		
City	State	Tip Code					
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name					1		
Address							
rity,	State	ZIP CA-AR					
First Name	Middle Name		Purpose of Expendibire		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 ofexpenditures, this amount must be shown in item 19b. of summary.)							