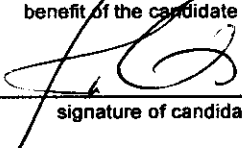
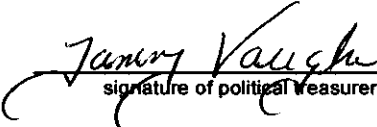
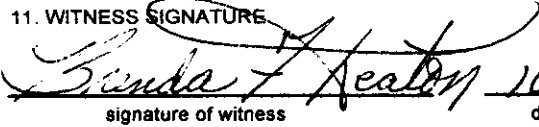
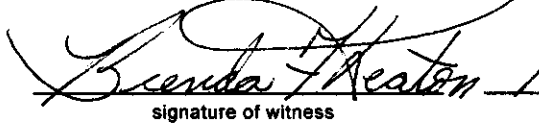


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <b>October 8, 2014</b>		2.a. NAME OF CANDIDATE OR COMMITTEE <b>James R. (Jim) Vaughn</b>		
2.b. IF COMMITTEE, NAME OF CANDIDATE <b>James R. (Jim) Vaughn</b>			3. ELECTION DATE <b>August 7, 2014</b>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone		2981 Cages Bend Road      Gallatin      TN      37066      615-973-6813		
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) <b>6th County Commissioner</b>		6. NAME OF POLITICAL TREASURER (maybe candidate) <b>Tammy Vaughn</b>		
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"/> 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 <b>July 29, 2014</b>		8.b. ENDING DATE OF REPORTING PERIOD <b>September 30, 2014</b>		
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		<b>10-9-2014</b> date	 signature of political treasurer	
			<b>10-9-14</b> date	
11. WITNESS SIGNATURE				
 signature of witness		<b>10-9-14</b> date	 signature of witness	
			<b>10-9-14</b> date	
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$ <u>1046.58</u>		
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>300.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>1331.53</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>15.05</u>		
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>		
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>		

FILED

A.M.      OCT 10 2014      P.M.

SUMNER COUNTY  
ELECTION COMMISSION



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>James R. (Jim) Vaughn</b>		2. REPORT COVERING THE PERIOD FROM: 7/29/2014 TO: 9/30/2014	
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 <b>David</b>	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  <b>300.00</b>
Last Name/Organization Name <b>Black</b>		Date of Contribution  <b>September 30, 2014</b>	Aggregate This Election
Address <b>819 Plantation Blvd</b>			
City <b>Gallatin</b>	State <b>TN</b>	Zip Code <b>37066</b>	
Occupation			
Employer			
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		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
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		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
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		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
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.)			<b>300.00</b>

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>James R. (Jim) Vaughn</b>		2. REPORT COVERING THE PERIOD FROM: 7/29/2014 TO: 9/30/2014		
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) <b>41912</b>				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Gallatin News</b>		<b>News Paper Ad</b>	<b>150.00</b>	
Address <b>450 West Main Street, Suite 101</b>				
City <b>Gallatin</b>	State <b>TN</b>			Zip Code <b>37066</b>
First Name	Middle Name			
Last Name/Business Name <b>News Examiner</b>		<b>News Paper Ad</b>	<b>150.00</b>	
Address <b>1 Examiner Court</b>				
City <b>Gallatin</b>	State <b>TN</b>			Zip Code <b>37066</b>
First Name	Middle Name			
Last Name/Business Name <b>ASAP Printing</b>		<b>Printing</b>	<b>248.00</b>	
Address <b>116 Imperial Blvd</b>				
City <b>Hendersonville</b>	State <b>TN</b>			Zip Code <b>37075</b>
First Name	Middle Name			
Last Name/Business Name <b>FLS Connect</b>		<b>ROBO Calls</b>	<b>300.00</b>	
Address <b>7300 Hudson Blvd. Ste 270</b>				
City <b>St. Paul</b>	State <b>MN</b>			Zip Code <b>55128</b>
First Name	Middle Name			
Last Name/Business Name <b>Pony Mailbox</b>		<b>Postage</b>	<b>483.53</b>	
Address <b>242 West Main Street</b>				
City <b>Hendersonville</b>	State <b>TN</b>			Zip Code <b>37075</b>
First Name	Middle Name			
Last Name/Business Name		Purpose of Expenditure	Amount of Expenditure	
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.) <b>0</b>			<b>1331.53</b>	