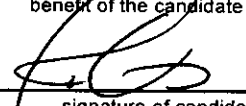
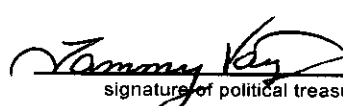
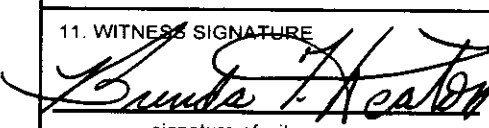
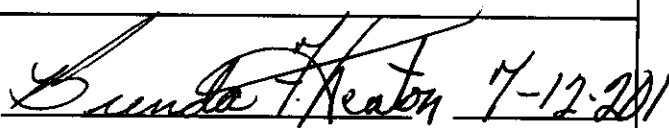


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <b>July 12, 2019</b>		2.a. NAME OF CANDIDATE OR COMMITTEE <b>James R. (Jim) Vaughn</b>			
2.b. IF COMMITTEE, NAME OF CANDIDATE <b>Jim Vaughn for County Executive</b>			3. ELECTION DATE <b>May 1, 2018</b>		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route <b>2981 Cages Bend Road</b>	City <b>Gallatin</b>	State <b>TN</b>	Zip Code <b>37066</b>	Phone <b>615-973-6813</b>	
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>Sumner County Executive</b>			6. NAME OF POLITICAL TREASURER (maybe candidate) <b>Jim 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 type="checkbox"/> PRE-GENERAL
			<input checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <b>January 16, 2019</b>			8.b. ENDING DATE OF REPORTING PERIOD <b>June 30, 2019</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		7/12/2019 date		 signature of political treasurer	
		7/12/2019 date			
11. WITNESS SIGNATURE					
 signature of witness		7-12-2019 date		 signature of witness	
		7-12-2019 date			
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		RECEIVED		\$ 6308.70	
b. TOTAL RECEIPTS THIS PERIOD				\$ 0	
c. TOTAL DISBURSEMENTS THIS PERIOD		JUL 12 2019		\$ 200.00	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		SUMNER COUNTY ELECTION COMMISSION		\$ 6108.70	
e. TOTAL LOANS OUTSTANDING				\$ 0	
f. TOTAL OBLIGATIONS OUTSTANDING				\$ 0	



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jim Vaughn for County Executive			2. REPORT COVERING THE PERIOD FROM: 1/16/2019 TO: 6/30/2019	
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)				43646
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Shackle Island Fire Department		Donation		200.00
Address 3199 Long Hollow Pike # B				
City Hendersonville	State TN	Zip Code 37075		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address *				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
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.)				200.00