## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

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, or origie-candidate committees
1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE WILSON COUNTY
7-1-18 ED HAGERTY FOR MAYOR ELECTION COMMISSION
2.6. II COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE
ED HAGERTY 2016
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone
3700 OLD LEBANION DIRT FO MT JULIET TN 37122 615-969-4769
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone
OFFICE SOUGHT (include district number, if applicable)     NAME OF POLITICAL TREASURER (may be candidate)
MAYOR, CITY OF MT JULIET ES HAGERTY
7. CATEGORY OR REPORT (Check one)
S.B. Elbitob (Elbitob)
9. (Check one)
<ul> <li>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.)</li> <li>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.</li> <li>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 experienced.</li> </ul>
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 condidate date signature of condidate
signature of condidate date signature of political treasurer date
11. WITNESS SIGNATURE
Aghtina Hagerto 7-1-18  signature of witness date  Signature of witness date
12. SUMMARY
a. BALANCE ON HAND LAST REPORT
b. TOTAL RECEIPTS THIS PERIOD\$
c. TOTAL DISBURSEMENTS THIS PERIOD
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)
e. TOTAL LOANS OUTSTANDING\$
f. TOTAL OBLIGATIONS OUTSTANDING\$

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO FROM: /-/L-/8 TO: 6.30/
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	<del></del>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - 6	
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\$	
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\$	<del></del>
<u> </u>	American
\$	Production
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	\$
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 353.60
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 353, ==
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.	.)\$
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 i item	12.f.)\$



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	2. REPORT COVERING THE PERIOD				
1. NAME OF CANDIDATE OR COMMITTEE  2. REPORT COV FROM: 1-16					TO: 6-30-18	
					Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT						
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEM	MIZED EXPENDITURE (6	expenditures totaling more than \$100	to any payee during the per	riod)	
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
First Name JEFF			_			
Last Name/Business Name  HAATLINE FOR COUNTY COMM.					,60	
Address	CDU,J.	, / (0.01/14) "	CONTAIB	4700	100.	
Address						
City	State	Zip Code	1			
	PARTIES AND RESIDENCE				and the state of t	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure	
	1					
Last Name/Business Name	Л	_	DOWNTS AT		53.20	
DEL WEBB MENS	، ( ز	u 13				
Address						
City	State	Zip Code	CVEL	17		
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S.E. CHARGON, AND DESCRIPTION OF THE PROPERTY	ran vinasuskingung.	en e		A CONTRACTOR TO CONTRACTOR	4	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	1		1			
CAMPAILN FOR MA.	1K	1007			200.00	
Address			CONTRIBUTION		200.	
0.	16	1 7 0 1				
City	State	Zip Code				
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name						
Less Name Dashies Name						
Address						
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
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Last Name/Business Name						
Address						
Address						
City	State	Zip Code				
				1		
First Name	Middle Nan	ne	Purpose of Expenditure	entre entre est entre est entre	Amount of Expenditure	
			,			
Last Name/Business Name						
				[		
Address						
City	State	Zip Code		Į		
5. TOTAL ITEMIZED EXPENDITURES	radionipaga anggaras				H	
(Carry forward to item 3. of next page if additional pages	of this form a	are used.)			353.2	
(If this is the last page of expenditures, this amount must					Water Er Herr V	