

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Judicial Single - Candidate Committees

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1. DATE OF REPORT	2.a. NAME OF CANDIDATE <i>Ensley Hagan</i>
2.b. NAME OF CANDIDATE'S COMMITTEE <i>Committee to Elect Ensley Hagan</i>	3. ELECTION DATE <i>2020</i> <small>WILSON COUNTY ELECTION COMMISSION</small>
4.a. CAMPAIGN ADDRESS AND PHONE <small>Street or Rural Route City State Zip Code Phone</small> <i>107.5 S. Cumberland St. Lebanon TN 37087 615-444-5881</i>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) <small>Street or Rural Route City State Zip Code Phone</small>	
5. JUDICIAL OFFICE SOUGHT (include district number, if applicable) <i>General Sessions, Div. III</i>	6. NAME OF POLITICAL TREASURER <i>Andrea Hagan</i>
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"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <i>July 1, 2019</i>	8.b. ENDING DATE OF REPORTING PERIOD <i>January 15, 2020</i>
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosures 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. SIGNATURE OF CANDIDATE  <i>Ensley Hagan</i> 1/10/2020 Signature of Candidate Date  <i>Rim E. Bae</i> 1/10/2020 Signature of Witness Date	11. SIGNATURE OF POLITICAL TREASURER  I do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and accurate. Additionally, I 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.  <i>Andrea Hagan</i> 1/10/2020 Signature of Political Treasurer Date  <i>Rim E. Bae</i> 1/10/2020 Signature of Witness Date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>N/A</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>5,000.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>0</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>5,000.00</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>5,000.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Easley Hagan</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>7/1/19</i>	TO: <i>1/15/2020</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <del>8000</del> <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<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	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<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	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<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	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<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	Aggregate This Election
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3 of next page if additional pages of this form are used.)				<i>0</i>
(If this is the last page of contributions, this amount must be shown in item 15b of summary.)				

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Enley Hagen</i>				2. REPORT COVERING THE PERIOD FROM: <i>7/1/19</i> TO: <i>11/15/2020</i>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					Amount <i>0</i>		
(Carry forward to item 3. of next page if additional pages of this form are used.)							
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)							

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
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	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Sigs & stands		\$1,008.38	
Address					
City	State				
Lebanon	TN	37087			
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					Amount
(Carry forward to item 3. of next page if additional pages of this form are used.)					\$1,008.38
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Erday Hagan</i>			2. REPORT COVERING THE PERIOD			
			FROM: <i>7/1/19</i>		TO: <i>1/15/2020</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						
<b>4. TOTALS</b> (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						