JAN 22 2013

2.5

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT SION

For State and Local Candidates
For Single-Candidate Committees

	NATE OF THE OWNER OWNER OF THE OWNER	omgre-ca	nalaste (	ommitt	:ees	
1.	DATE OF REPORT	2.a. NAME OF (			1	
	1-16-2013	1 60	HAGE	1274	FOR MAYOR	2
2.b. 1	F COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	
<u></u>	ED HAGEATY				11-6	-2012
S	AMPAIGN ADDRESS AND PHONE treet or Rural Route	City		C4-4-	Program some III	
	3700 OLD LEBANOL ANDIDATE'S HOME ADDRESS (if different	DIRT	Ro mr	State	Zip Code	Phone
4.b. C	ANDIDATE'S HOME ADDRESS (if different treet or Rural Route	than 4.a.)		DUL'E	1 12 3/122	6/1-117-174
		City		State	Zip Code	Phone
5. OF	FFICE SOUGHT (include district number, if	applicable)	6. NAME O	F POLITICAL	TREASURER (may be c	andidate)
	mayor, City of h	T. JULIET		En HA	168279	andidate)
7. CA	ATEGORY OR REPORT (Check one)				,,,,,	
1	FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	\
	UARTER QUARTER QUARTER GINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
	10 28-12		8.D. ENDINGE		PRTING PERIOD	
9. (Che	ck one)			15-1	3	
	☐ This campaign is exempt from detailed	disclosure because	e contributions (i	ncluding in-kir	nd) received total \$1,000	Or less AND ovpordi
	# W	S Famous (Somple	oto itemis 120.,	126. and 121.)		
b. [	This campaign is required to file a detai and/or expenditures total more than \$1	led financial disclo 000 for this reporti	sure because co ng period.	ntributions (in	cluding in-kind) received	total more than \$1,000
Fin	we do solemnly swear or affirm that the infocurate accounting of campaign contributions nancial Disclosure Act. Additionally, I/we sweet to the candidate or for any other nonpo	ear or affirm that n	required to be it	eborted by the	candidate committee by	that this report is an the Campaign personal financial
4	Ed through	1.11 12		600	(	
	signature of candidate	1-16-13 date	***************************************	Edit	political freasurer	/-16-13 date
				signature or	political freasurer	date
11. WITI	NESS SIGNATURE					
. /						
Kg -	signature of witness	1-16-13 date		signatu	re of witness	1 - 16 ~ 13 date
12. SUMM	MARY					
a. E	BALANCE ON HAND LAST REPORT			\$	8,245.64	
b. T	FOTAL RECEIPTS THIS PERIOD			\$	0.	
c. T	TOTAL DISBURSEMENTS THIS PERIOD			\$	5,695.44	
d. B	BALANCE ON HAND (12.a. plus 12.b. minus	s 12.c.)	•••••		\$ <u>Z</u>	,550.20
e. To	OTAL LOANS OUTSTANDING				s	0.
	OTAL OBLIGATIONS OUTSTANDING					





#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
RECEIPTS	FROM: 10-28-12 TO: 1-15-13
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	\$ D.
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 0.
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 0.
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	., printing, postage, gasoline)
CAMPAILAING   5 POLL WOLKERS \$ 500.00	2
DONATION - LIVING HOTE FOUNDATIONS 100.0	0
CAMPAICHING / 1 POLL WORKER \$ 50.0	
	_
\$	-
\$	-
\$	
*	
	-
Ψ	-
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.)	\$ 5,695.44
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 0
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 5,695.44
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.)	\$ O,
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.	
	and the second s





## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMI	TEE 1 FOR MAYOR	2. REPORT	COVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXPE			28-12 TO: 1-15-13 Amount
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITEMIZED EXPENDIT	G PAGE (enter \$0 if first itemized page)  URE (expenditures totaling more than \$100 to any payee duri	0.
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  MAILERS CHO  Address	ice	MAILING	200.75
City NASHVILLE	State Zip Code		200.73
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  POSTMASTER  Address  City  NA SHVILLE	State Zip Code	POSTAGE	403.25
First Name Kerry	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  HA WELTY  Address  City  M.T. Julian	State Zip Code	CAMPALLENIL	230.00
First Name Auolty	Middle Name	Purpose of Expenditure	Amount of Expenditure
Address  Oity  M.T. Julit	State Zip Code	CAMPAIGNING	260.00
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name  HAGERTY  ddress  IV  NASHVILLE	State Zip Code	CAMPALONING	470.00
rst Name  Kecy st Name/Business Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
HA GERTY dress		CAMPAIGNING	520.00
MT. JULIET	State Zip Code		
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pag (If this is the last page of expenditures, this amount m	es of this form are used.) ust be shown in item 19b. of summary.)		2,084.00



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATEN

<ol> <li>NAME OF CANDIDATE OR COMMIT</li> </ol>	TEE	T. T	2 DEDORT COVEDING THE REPLACE
ED HAGEATI		YOR	2. REPORT COVERING THE PERIOD FROM: 10 - 12 - 13
3. TOTAL ITEMIZED CAMPAIGN EXPE	NDITURES FROM PREC	EDING PAGE (enter \$0 if first itemized page	Amount
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITEMIZED EXF	PENDITURE (expenditures totaling more than \$100)	to any payee during the period)
First Name Kerrey	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
DEW Address		CAMPAIL	N.26 150.00
City			750.00
City HERMITHUE	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
KIZISTILIA Last Name/Business Name			, and a Experiorale
PARNELL			1.
Address		Campaiba	1116 370.00
NASHVILLE	State Zip Code		
	T~		
First Name &	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  HA be Ling			
Address		Supplies Électio	Fuz 113.16
City	State Zip Code	É16070	~ DAY
MT. JULIET	Tw		
First Name CHASE	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name			
FACE BOOK		ADS	
Sity	Isua Isia		424.93
PALO ALTO	State Zip Code		
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
sst Name/Business Name			Amount of Experionale
THE CHRONICE	t	A	4.50
ddress		A05	451.68
mr. Juliet	State Zip Code		
rst Name KRISTNAA	Middle Name	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name			
dress		CAMPAIDA	125.00
1 1	State Zip Code		
NASHVILLE	TN		
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pag (If this is the last page of expenditures, this amount m	es of this form are used.)	nman.)	3918.77
	oot oo ahowii iii ileiii 190, OT SUI	illiary.j	



#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMM	TOR MAYOR	2. REPORT (	COVERING THE PERIOD
		G PAGE (enter \$0 if first itemized page)	8-12 TO: /-15-13 Amount
4. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH ITEMIZED EXPENDIT	URE (expenditures totaling more than \$100 to any payee during	3,918.77
First Name KACY	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  HA GEA			
Address		CAMPAILNING	325.00
City NASHVILLE	State Zip Code		
First Name  KELLY  Last Name/Business Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Address	1	CAMPAIL WILL	325.00
City MT. JULIET	Stale Zip Code		
First Name  KATIZINA  ast Name/Business Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  HAGEPT  Address	7	CAMPAILAING	325.00
MT. JULIET	State Zip Code		
irst Name CHASE	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name FACE Bo	nk:		W-02 - 600000000
ddress	•	Aos	101.67
PALO ALTO	State Zip Code		
rst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name  THE CH,  Idress	RONICLE	Aps	50.00
mT JULIET	State Zip Code		70.00
st Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
t Name/Business Name		-	
dress		-	
	State Zip Code		
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional (If this is the last page of expenditures, this amount	pages of this form are used.)		5,045.44
	o blown in hour 130, or summary.)		1,2,2,1,1