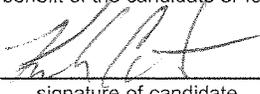
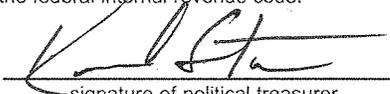


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7/25/2016	2.a. NAME OF CANDIDATE OR COMMITTEE Committee to elect Kirk Catron Judge		
2.b. IF COMMITTEE, NAME OF CANDIDATE Kirk Catron		3. ELECTION DATE 08/04/2016	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route 503 Garden City Drive	City Murfreesboro	State TN	Zip Code Phone 37127 615-849-5588
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) General Sessions Judge, Part IV		6. NAME OF POLITICAL TREASURER (may be candidate) Richard C. Stone Jr.	
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 checked="" type="checkbox"/> PRE- GENERAL	
<input type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 07/1/2016		8.b. ENDING DATE OF REPORTING PERIOD 07/25/2016	
9. (Check one)			
a. <input 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 checked="" 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	7/28 _____ date	 _____ signature of political treasurer	7/28 _____ date
11. WITNESS SIGNATURE			
_____ signature of witness	_____ date	_____ signature of witness	_____ date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	\$	13,874.47	_____
b. TOTAL RECEIPTS THIS PERIOD	\$	5,350.00	_____
c. TOTAL DISBURSEMENTS THIS PERIOD	\$	130.00	_____
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$	19,094.47	_____
e. TOTAL LOANS OUTSTANDING	\$	0.00	_____
f. TOTAL OBLIGATIONS OUTSTANDING	\$	0.00	_____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Kirk Catron				2. REPORT COVERING THE PERIOD		
				FROM: 7.1.16	TO: 7.25.16	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1,450.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Kyle		Middle Name		Contribution Received For:		Amount of Contribution 1,500.00
Last Name/Organization Name Williams				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 2224 Oakleigh Dr.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Murfreesboro		State TN	Zip Code 37129	Date of Contribution 7/14/2016		Aggregate This Election 1,500.00
Occupation Sales				Employer Venture Express		
First Name Elizabeth		Middle Name		Contribution Received For:		Amount of Contribution 150.00
Last Name/Organization Name Rhea				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 1925 Memorial Blvd., Apt. 200				<input type="checkbox"/> Runoff (Local Elections Only)		
City Murfreesboro		State TN	Zip Code 37129	Date of Contribution 7/14/2016		Aggregate This Election 150.00
Occupation retired				Employer		
First Name Charles		Middle Name		Contribution Received For:		Amount of Contribution 200.00
Last Name/Organization Name McDonald				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 216 Megan Cir				<input type="checkbox"/> Runoff (Local Elections Only)		
City Shelbyville		State TN	Zip Code 37160	Date of Contribution 7/14/2016		Aggregate This Election 400.00
Occupation retired				Employer		
First Name Garth		Middle Name		Contribution Received For:		Amount of Contribution 250.00
Last Name/Organization Name Bentley				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 2302 Battleground Dr.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Murfreesboro		State TN	Zip Code 37129	Date of Contribution 7/14/2016		Aggregate This Election 250.00
Occupation Banking				Employer Pinnacle Bank		
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.)					3550.00	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Kirk Catron				2. REPORT COVERING THE PERIOD FROM: 07.1.16 TO: 07.25.16		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 3,550.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Amanda		Middle Name		Contribution Received For:		Amount of Contribution 250.00
Last Name/Organization Name O'Neal				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 635 North Main St., Ste. G				<input type="checkbox"/> Runoff (Local Elections Only)		
City Shelbyville		State TN	Zip Code 37160	Date of Contribution 7/14/2016		Aggregate This Election 250.00
Occupation Insurance						
Employer All State						
First Name Richard		Middle Name		Contribution Received For:		Amount of Contribution 1,000.00
Last Name/Organization Name Stone				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 2619 Charter Ct.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Murfreesboro		State TN	Zip Code 37129	Date of Contribution 7/14/2016		Aggregate This Election 1,290.00
Occupation Banking						
Employer Avenue Bank						
First Name John		Middle Name		Contribution Received For:		Amount of Contribution 500.00
Last Name/Organization Name Catron				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 387 Sayre Lane				<input type="checkbox"/> Runoff (Local Elections Only)		
City Murfreesboro		State TN	Zip Code 37127	Date of Contribution 7/14/2016		Aggregate This Election 1,000.00
Occupation retired						
Employer						
First Name Troy		Middle Name		Contribution Received For:		Amount of Contribution 50.00
Last Name/Organization Name Festervand				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 2231 Northwoods Dr.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Murfreesboro		State TN	Zip Code 37130	Date of Contribution 7/14/2016		Aggregate This Election 550.00
Occupation Professor						
Employer MTSU						
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.)					5,350.00	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Kirk Catron				2. REPORT COVERING THE PERIOD FROM: 07/1/2016 TO: 07/25/2016		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Jack		Middle Name		Contribution Received For:		Amount of Contribution 1,000.00
Last Name/Organization Name Attaway				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 372 Bluestocking Hollow Rd.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Shelbyville		State TN	Zip Code 37160	Date of Contribution 7/6/2016		Aggregate This Election 1,000.00
Occupation retired						
Employer						
First Name Emily		Middle Name		Contribution Received For:		Amount of Contribution 250.00
Last Name/Organization Name Cartwright				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 292 Anthony Rd.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Wartrace		State TN	Zip Code 37183	Date of Contribution 7/14/2016		Aggregate This Election 250.00
Occupation sales						
Employer VF Jeanswear						
First Name RJ		Middle Name		Contribution Received For:		Amount of Contribution 100.00
Last Name/Organization Name Balazs				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 322 Whiteamore Run				<input type="checkbox"/> Runoff (Local Elections Only)		
City Murfreesboro		State TN	Zip Code 37128	Date of Contribution 7/14/2016		Aggregate This Election 100.00
Occupation retired						
Employer						
First Name James		Middle Name		Contribution Received For:		Amount of Contribution 100.00
Last Name/Organization Name Lane				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 107 Nannie Ola Ct.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Lascassas		State TN	Zip Code 37085	Date of Contribution 7/14/2016		Aggregate This Election 100.00
Occupation Dentist						
Employer Self						
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.)					1,450.00	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Kirk Catron				2. REPORT COVERING THE PERIOD FROM: 07/1/2016 TO: 07/25/2016		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00	
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 Terry		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Value of In-Kind Contribution
Last Name/Organization Name Greer/TG Promotions				<input type="checkbox"/> Runoff (Local Elections Only)		450.00
Address 3725 Leanna Rd.			Date of In-Kind Contribution 7/6/2016		Aggregate this Election 825.00	
City Murfreesboro		State TN	Zip Code 37129		Description of In-Kind Contribution Shirts	
Occupation Promotional Marketing		Employer TG Promotions				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (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.)					450.00	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Kirk Catron			2. REPORT COVERING THE PERIOD FROM: 07/01/2016 TO: 07/25/2016	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name Rockvale Ruritans	Middle Name	Purpose of Expenditure July 4th Picnic booth		Amount of Expenditure 130.00
Last Name/Business Name				
Address 9081 Concord Rd.				
City Rockvale	State TN	Zip Code 37153		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
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.)				130.00

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE N/A					2. REPORT COVERING THE PERIOD FROM: _____ TO: _____				
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name				Address		Loan Received For:		Date of Loan	
City		State	Zip Code	<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<input type="checkbox"/> Runoff (Local Elections Only)			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans)					Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16, on summary page.)									
(Total loan payments should also be shown in item 20, on summary page.)									
(Total outstanding loan balance should also be shown in item 12.e, on front page.)									



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE N/A				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
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							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							