

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <u>7/28/16</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Kirt Wade</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>8/4/16</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>1126 Campbell Ct. Murfreesboro TN 37130 615-969-5207</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route      City      State      Zip Code      Phone <u>5403 Sherrington Rd Murfreesboro TN 37128 615-818-1002</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>Murfreesboro City Council</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Ken Halliburton</u>
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 <u>7/1/16</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>7/25/16</u>
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.  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>T. Wade</u>      <u>7/28/16</u>              signature of candidate      date           </div> <div style="text-align: center;"> <u>Ken Halliburton</u>      <u>7/28/16</u>              signature of political treasurer      date           </div> </div>	
11. WITNESS SIGNATURE  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Ken Halliburton</u>      <u>7/28/16</u>              signature of witness      date           </div> <div style="text-align: center;"> <u>T. Wade</u>      <u>7/28/16</u>              signature of witness      date           </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>6946<sup>44</sup></u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>450<sup>00</sup></u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>400<sup>00</sup></u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>6996.44</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Kirt Wade</i>				2. REPORT COVERING THE PERIOD		
				FROM: <i>7/1/16</i>	TO: <i>7/25/16</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name <i>Randy</i>		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>BOZEMAN</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>250<sup>00</sup></i>
Address <i>1514 N. Highland</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Murfreesboro</i>		State <i>TN</i>	Zip Code <i>37130</i>	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <i>TN Realtors PAC</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>200<sup>00</sup></i>
Address <i>901 19th Ave South</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Nashville</i>		State <i>TN</i>	Zip Code <i>37212</i>	Date of Contribution <i>7/1/16</i>		Aggregate This Election <i>200<sup>00</sup></i>
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.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					<i>450<sup>00</sup></i>	

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Kirt Wade</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>7/1/16</i>	TO: <i>7/25/16</i>
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
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
Last Name/Business Name <i>Riverdale High Spirit Boosters</i>			Amount of Expenditure <i>300<sup>00</sup></i>
Address <i>802 Warrior Dr.</i>			
City <i>Murfreesboro</i>	State <i>TN</i>	Zip Code <i>37128</i>	
First Name		Middle Name	
Last Name/Business Name			Purpose of Expenditure
Address			Amount of Expenditure
City	State	Zip Code	
First Name		Middle Name	Purpose of Expenditure
Last Name/Business Name			Amount of Expenditure
Address			
City	State	Zip Code	
First Name		Middle Name	
Last Name/Business Name			Purpose of Expenditure
Address			Amount of Expenditure
City	State	Zip Code	
First Name		Middle Name	Purpose of Expenditure
Last Name/Business Name			Amount of Expenditure
Address			
City	State	Zip Code	
First Name		Middle Name	
Last Name/Business Name			Purpose of Expenditure
Address			Amount of Expenditure
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.)			<i>300<sup>00</sup></i>

