CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

T.	6	2015	7

	D.T. O. D. D. O.T.					
1.	JULY 13, 2015	2.a. NAMEOFC		ORCOMMITTEE RAIGHE,	AD	WILSON COUNTY ************************************
2.b.	IF COMMITTEE, NAME OF CANDIDATE	<u> </u>	<u> </u>	EMBEL C	3. ELECTION D	
					i	ola
4.a.	CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		Stata		
	413 OIL SPRINGS RD		ยม	State TN	Zip Code 37087	615-444-2119
4.b.	CANDIDATE'S HOME ADDRESS (if different	than 4.a.)				613 779 5111
	Street or Rural Route	City		State	Zip Code	Phone
	OFFICE SOUGHT (include district number, if	applicable)	ł	ME OF POLITICAL		•
7.	CATEGORY OR REPORT (Check one)			[]	M	
	FIRST SECOND THIRD QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-NEAF SUPPLEMEN	
8.a.	BEGINNING DATE OF REPORTING PERIOD	QONITER		ING DATE OF REPO	RTINGPERIOD	TÄL SUPPLEMENTAL
0. 76	1-16-15			<u>4.30</u>	-15	
9. (0	Check one)					
	 a. This campaign is exempt from detailed tures total \$1,000 or less for this report 	disclosure becaus ting period. (Comp	e contributi dete items	ons (including in-kir 12d., 12e. and 12f.)	nd) received total (\$1,000 or less AND expendi-
	 This campaign is required to file a deta and/or expenditures total more than \$³ 	ailed financial disclo	osure becau ing period.	ise contributions (in	cluding in-kind) re	eceived total more than \$1,000
10.	I/we do solemnly swear or affirm that the inf accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sbenefit of the candidate or for any other none signature of capetate	ns and expenditure: wear or affirm that	s required t no campaig	o be reported by the contributions have the federal internal	e candidate comm e been expended	nittee by the Campaign for the personal financial
11.	WITNESS SIGNATURE	, ,		\sim		
	Rand Rosic	7/13/15		Dow C	Jessei	Tlisto
	signature of witness	date		signat	ure of witness	date
12. \$	SUMMARY				200) I
á	BALANCE ON HAND LAST REPORT		1 *** * * * * * * * * * * * * * * * * *		\$ <u>306</u>	
ł	o. TOTAL RECEIPTS THIS PERIOD				\$	<u>O</u>
C	:. TOTAL DISBURSEMENTS THIS PERIOD		•••••		\$	<u>"</u>
	d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12.c.)				306,91
•	2. TOTAL LOANS OUTSTANDING					5 4,000 <u>o</u>
f	. TOTAL OBLIGATIONS OUTSTANDING					s

JUL 1 6 2015 THE WILSON COUNTY TO STATEMENT OF LOANS - CANDIDATE ON COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE								2. REPORT COVERING THE PERIOD			
PHILIP CRAIGHEAD								FROM: TO: 6/30/15			
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 Loans (Beginning of Period) Received				Loan Outstanding Loan Balance Payments (End of Period)				
Last Name/Organization Name CRAIGHEAD			4,000 ° Ø			Ø 4,000		f,000 œ			
413 OIL SPRINGS RD.				pan Received For: Date of Loan Primary Election 7/3/2012							
	LEBANON TN 37087 - Runoff				ff (Local Elections Only)						
rationale. Protect de l'Altantique de le mont repaire de la constant de la completation de l'Altange, la completation de la completation de l'Altange, la co	All Endon	perioden er		or Above Loa	n (If more spa	ce is needed	please attac	h a page)	::::::::::::::::::::::::::::::::::::::		
First Name PHICIP		Middle Name			First Name Middle Name						
Last Name/Organization Name CRAIGHEAD					Last Name/Organization Name						
413 OIL SPRI	N6.	s RD	•		Address						
City LEBANON		State	Zip Co	#081	City				State	Zip Code	
Amount Guaranteed Outstanding 4,000 99				Amount Guaranteed Outstanding							
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City State Zip Co.			de	City State Zip Code					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 Coo			de	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 Coo	ie	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)				Outstanding Lo (Beginning o		1			Outstanding Loan Balance (End of Period)		
(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.)					ಶಜ್	Ø	9	7	4,000		