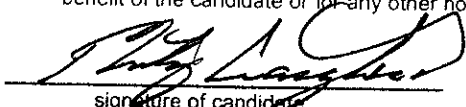
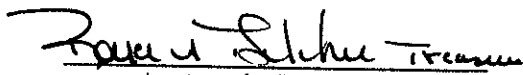
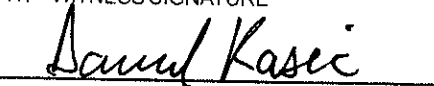
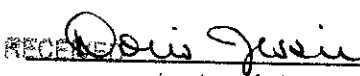
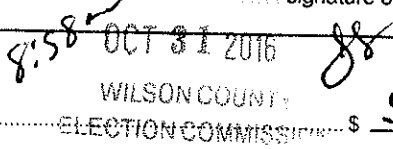


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/31/2016		2.a. NAME OF CANDIDATE OR COMMITTEE PHILIP CRAIG HEAD			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 2016		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route 413 OIL SPRINGS RD		City LEBANON	State TN	Zip Code 37087	Phone 615-444-2119
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) MAYOR			6. NAME OF POLITICAL TREASURER (may be candidate) ROYCE A BELCHER, CPA		
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 10-1-16			8.b. ENDING DATE OF REPORTING PERIOD 10-29-16		
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		10/31/16 date	 signature of political treasurer		10/31/16 date
11. WITNESS SIGNATURE					
 signature of witness		10/31/16 date	 signature of witness		10-31-16 date
12. SUMMARY					
					
a. BALANCE ON HAND LAST REPORT	\$ 5,357.16				
b. TOTAL RECEIPTS THIS PERIOD	\$ 3,300.00				
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 6,498.91				
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 2,158.25				
e. TOTAL LOANS OUTSTANDING	\$ 8,000.00				
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0				



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) PHILIP CRAIGHEAD	14. REPORT COVERING THE PERIOD FROM: <u>10/1/16</u> TO: <u>10/29/16</u>
---	--

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 50.00

b. Itemized Contributions (over \$100 from each source this period) \$ 3,250.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 3,300.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 3,300.00

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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\$580 RECEIVED *H*

OCT 31 2016

WILSON COUNTY
ELECTION COMMISSION

Total of Expenditures (\$100 or less each payee) \$ 0

b. Itemized Expenditures (Over \$100 each payee this period) \$ 0

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 6,498.91

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 6,498.91

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ 0



RECEIVED
 OCT 31 2016
 \$8.800

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE PHILIP CRAIGHEAD		2. REPORT COVERING THE PERIOD FROM: 10/1/16 TO: 10/29/16		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0	
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 RAGAN SMITH ASSOCIATES IN		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		1,000⁰⁰
Address 315 WOODLAND ST		<input type="checkbox"/> Runoff (Local Elections Only)		
City NASHVILLE	State TN	Zip Code 37206	Date of Contribution 10/3/16	Aggregate This Election 1,000⁰⁰
Occupation	Employer			
First Name ROBERT	Middle Name E	Contribution Received For:		Amount of Contribution
Last Name/Organization Name PORTER		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		1,000⁰⁰
Address 5113 BRITTANY DR		<input type="checkbox"/> Runoff (Local Elections Only)		
City OLD HICKORY	State TN	Zip Code 37138	Date of Contribution 9/21/16	Aggregate This Election 1,000⁰⁰
Occupation	Employer			
First Name RANDOLPH	Middle Name L	Contribution Received For:		Amount of Contribution
Last Name/Organization Name LOWRY		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		250⁰⁰
Address 2201 EWING DR		<input type="checkbox"/> Runoff (Local Elections Only)		
City LEBANON	State TN	Zip Code 37087	Date of Contribution 10/5/16	Aggregate This Election 250⁰⁰
Occupation	Employer			
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name CROCKETT SURVEYING		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		1,000⁰⁰
Address 427 PARK AVENUE		<input type="checkbox"/> Runoff (Local Elections Only)		
City LEBANON	State TN	Zip Code 37087	Date of Contribution 10/10/16	Aggregate This Election 1,000⁰⁰
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.)				3,250⁰⁰

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 8/16/16
 OCT 31 2016

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

WILSON COUNTY
 ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE PHILIP CRAIGHEAD		2. REPORT COVERING THE PERIOD FROM: 10/1/16 TO: 10/29/16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 6
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 VISIONARY DESIGN GROUP		PRINTING	1,248.83
Address 300 PUBLIC SQUARE			
City WATERTOWN	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name WANT FM 98.9		ADS RADIO	750.00
Address PO BOX 399			
City LEBANON	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name SIGNS NOW		PRINTING	1,227.43
Address 401 SOUTH MAPLE			
City LEBANON	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name LEBANON PUBLISHING		ADS PRINT	2,182.50
Address 402 N CUMBERLAND ST			
City LEBANON	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name MAIN STREET MEDIA		ADS PRINT	1,090.15
Address PO BOX 8156			
City GALLATIN	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
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.)			6,498.91

8:54 RECEIVED
 OCT 31 2016
 WILSON COUNTY
 ELECTION COMMISSION

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <p style="font-size: 1.2em; margin: 0;">PHILIP CRAIGHEAD</p>	2. REPORT COVERING THE PERIOD FROM: 10/1/16 TO: 10/29/16
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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 PHILIP	Middle Name	Outstanding Loan Balance (Beginning of Period) 8,000.00	Loans Received ∅	Loan Payments ∅	Outstanding Loan Balance (End of Period) 8,000.00	
Last Name/Organization Name CRAIGHEAD						
Address 413 OIL SPRINGS RD		Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			Date of Loan	
City LEBANON	State TN	Zip Code 37087	<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			
City	State	Zip Code	City
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	
First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address			
City	State	Zip Code	City
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	
First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address			
City	State	Zip Code	City
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	
First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address			
City	State	Zip Code	City
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) (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.)	Outstanding Loan Balance (Beginning of Period) 8,000.00	Loans Received ∅	Loan Payments ∅	Outstanding Loan Balance (End of Period) 8,000.00
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