CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

	or State and	Local Candida didate Commit	ites	JAN 24 2017 C
1. DATE OF REPORT 1/22/2017		IDIDATE OR COMMITTEE		WILSON COUNTY ELECTION COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE		· · · · · · · · · · · · · · · · · · ·	3. ELECTION (
4.a. CAMPAIGN ADDRESS AND PHONE			<u> </u>	>16
Street or Rural Route 41.3 OIL SPRINGS RD LE	City EBANON	State TN	Zip Code 37087	Phone GIS-444-2119
.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
o. OFFICE SOUGHT (include district number, if $MAYOR$	f applicable) (NAME OF POLITICA ROYCE A	NL TREASURER (ME BELCHE R	
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 3.a. BEGINNING DATE OF REPORTING PERIOD		PRE- PRE- RIMARY GENERAL B.b. ENDING DATE OF REF	MID-YEAF SUPPLEMEN	YEAR-END
10-30-16 (Check one)		1-15	5-17	
 a. This campaign is exempt from detailed tures total \$1,000 or less for this report. b. This campaign is required to file a detained and/or expenditures total more than \$ 	ailed financial disclosu	re because contributions	•	ceived total more than \$1,000
b. This campaign is required to file a deta and/or expenditures total more than \$	ailed financial disclosu 1,000 for this reporting formation contained in ns and expenditures re	this campaign financial dequired to be reported by campaign contributions his	(including in-kind) re	ue and that this report is an ittee by the Campaign for the personal financial
b. This campaign is required to file a detand/or expenditures total more than \$ 0. I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we see benefit of the candidate or for any other none.	ailed financial disclosu 1,000 for this reporting formation contained in ns and expenditures re	this campaign financial dequired to be reported by campaign contributions his	(including in-kind) re fisclosure report is tr the candidate comm ave been expended al revenue code.	ue and that this report is an ittee by the Campaign for the personal financial
b. This campaign is required to file a detand/or expenditures total more than \$ I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we spenditure of the candidate or for any other none signature of canadate	ailed financial disclosu 1,000 for this reporting formation contained in ns and expenditures re	this campaign financial dequired to be reported by campaign contributions himself by the federal international contributions himself	(including in-kind) re fisclosure report is tr the candidate comm ave been expended al revenue code.	ue and that this report is an ittee by the Campaign for the personal financial
tures total \$1,000 or less for this report to file a detrand/or expenditures total more than \$ D. I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other none signature of candidate. WITNESS SIGNATURE Signature of witness	ailed financial disclosu 1,000 for this reporting formation contained in ns and expenditures re swear or affirm that no political purpose as dei date	this campaign financial dequired to be reported by campaign contributions his fined by the federal international designature	(including in-kind) re fisclosure report is tr the candidate comm ave been expended al revenue code.	ue and that this report is an ittee by the Campaign for the personal financial
b. This campaign is required to file a detand/or expenditures total more than \$ I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other none signature of canedate WITNESS SIGNATURE signature or witness	ailed financial disclosu 1,000 for this reporting formation contained in ns and expenditures re swear or affirm that no political purpose as dei date	this campaign financial dequired to be reported by campaign contributions his fined by the federal international designature	(including in-kind) re fisclosure report is tr the candidate comm ave been expended al revenue code.	ue and that this report is an ittee by the Campaign for the personal financial
b. This campaign is required to file a detand/or expenditures total more than \$ D. I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other none signature of candidate. WITNESS SIGNATURE Signature of witness	ailed financial disclosu 1,000 for this reporting formation contained in ns and expenditures re swear or affirm that no political purpose as dei 1/24//7 date	this campaign financial dequired to be reported by campaign contributions historical by the federal international contributions has a signature	(including in-kind) redisclosure report is trusted the candidate commave been expended all revenue code. I will be a commave of political treasurer of witness	ue and that this report is an ittee by the Campaign for the personal financial
tures total \$1,000 or less for this report to the stand of the adet and/or expenditures total more than \$1. I/we do solemnly swear or affirm that the influence accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other none signature of canedate WITNESS SIGNATURE SIGNATURE	ailed financial disclosu 1,000 for this reporting formation contained in ns and expenditures re swear or affirm that no political purpose as dei	this campaign financial dequired to be reported by campaign contributions his fined by the federal international designature.	(including in-kind) refisclosure report is trusted the candidate commave been expended all revenue code. I will be a surer of political treasurer ature of witness 2158.	ue and that this report is an ittee by the Campaign for the personal financial
b. This campaign is required to file a detand/or expenditures total more than \$ I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sherefit of the candidate or for any other none signature of canadate WITNESS SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DELIVERATION OF THE PORT	ailed financial disclosu 1,000 for this reporting formation contained in ns and expenditures re swear or affirm that no political purpose as dei date	this campaign financial dequired to be reported by campaign contributions his fined by the federal international designature.	(including in-kind) redisclosure report is trust the candidate commave been expended all revenue code. I will be a surer of political treasurer ature of witness 2,158,3 2,919	ue and that this report is an ittee by the Campaign for the personal financial 1/25/16 date
b. This campaign is required to file a detand/or expenditures total more than \$ O. I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other none signature of candidate. WITNESS SIGNATURE WITNESS SIGNATURE SIGNATURE SIGNATURE SIGNATURE DESCRIPTION HAND LAST REPORT	ailed financial disclosu 1,000 for this reporting formation contained in ns and expenditures re swear or affirm that no political purpose as dei date	this campaign financial dequired to be reported by campaign contributions his fined by the federal international signature	(including in-kind) refisclosure report is trusted the candidate commave been expended all revenue code. I Was a large of political treasurer of witness \$\frac{2,158.}{3}\$ \$\frac{2,000}{2,919}\$	ue and that this report is an ittee by the Campaign for the personal financial 1/25/16 date

JAN 24 2017

SUMMARY PAGE - CANDIDATE

WILSON COUNTY

	こう につている	t t Marine
13. NAME OF CANDIDATE OR COMMITTEE (In Full) PHILIP CRAIGHEAD	14. REPORT COVER	ING THE PERIO
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	10-11-1	4:21.0
	. 1.85000	
a. Unitemized Contributions (\$100 or less from each source this period)		
b. Itemized Contributions (over \$100 from each source this period)		6 0000
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	·	C ~~~ 00
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$	6,402
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, gas	ioline)
\$ <u> </u>		
\$		
\$		
<u> </u>		
\$		
\$		
<u></u> \$		
\$		
\$		
	-	
Total of Expenditures (\$100 or less each payee)		
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 2,414.2	- 010 27
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ _.	2,414.5
20. LOAN REPAYMENTS MADE THIS PERIOD	•	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$	2,919,27
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	s <u> </u>	
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.)	<i></i> \$ _	Ø
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	s	
b. Itemized Obligations Outstanding (Over \$100 each)	s	,
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1		φ

JAN 24 2017

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE COUNTY

A MANE OF CAMPIDITIES OF COMP			THON COMMISS
1. NAME OF CANDIDATE OR COMMITTEE PHILIP CRAI	GHEAD	2. REPORT CO FROM: [6/3 0	VERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	ITIONS FROM PRECEDING PA	GE (enter \$0 if first itemized page)	Amount O
4. COMPLETE THE APPROPRIATE ITEMS FOR I	EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contrib	outor)
First Name DONALD	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name CHAMBERS		Primary Election General Election	5000
Address 5875 SE TATER	PERER AD	. Runoff (Local Elections Only)	
CITY LEBANON	State W Zip Code 7090	Date of Contribution	Aggregate This Election
Occupation		10/25/16	5000
Employer			
First Name TOM	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name THOMPSON	(Primary Election General Election	15000
Address 313 ANTIET		Runoff (Local Elections Only)	
LEBANON	Stale TW Zip Code 37087	Date of Contribution	Aggregate This Election
Occupation	i	10/03/10	150 00
Employer			
First Name MONTY	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name M(RES		Primary Election General Election	500 00
Address 101 WAVERLY	PLACE	Runoff (Local Elections Only)	
CITY LEBANON	Tw 37087	Date of Contribution	Aggregate This Election
Occupation		10/27/16	500 cc
Employer			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name LOWERY AND CL	HAMBERS	Primary Election Seneral Election	1,50000
Address PO BOX 998		Runoff (Local Elections Only)	
City LEBANON	State Zip 257088	Date of Contribution	Aggregate This Election
Occupation		10/27/16	/,500 00
Employer			,
 TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be 			2,65000

WILSON COUNTY

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE OMMISSION

1. NAME OF CANDIDATE OR COMMITTEE PHILIP CRAI		RT COVERING THE PERIOD				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	ITIONS FROM PRECEDING PA		Amount 26.50 00			
4. COMPLETE THE APPROPRIATE ITEMS FOR I	EACH ITEMIZED CONTRIBUTION	N (contributions totaling more than \$100 from any contributor)				
First Name WILLIAM	Middle Name	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name DRUNS(C Address PO BOX 795		Primary Election General Ele	SCO 99			
CILY HANCHESTER CEUTER	Slate VT Zip Code OS 255	Date of Contribution	Aggregate This Election			
Occupation Employer	VI 03203	10/27/16	5000			
First Name JORDAN	Middle Name	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name FLEMING		Primary Election General Ele	ction 500 co			
Address 2491 BWEBIR	0 20	Runoff (Local Elections Only)				
City LEBANON	State TW Zip Code 7087	Date of Contribution	Aggregate This Election			
Occupation	7 2 00 (10/27/16	50000			
Employer						
First Name ARBY	Middle Name	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name SMITH		Primary Election General Elec	tion SOO COS			
Address 44 VALLEY CL	UB CIR.	Runoff (Local Elections Only)				
CITY LE ROCK	Stale R Zip Code 72212	Date of Contribution	Aggregate This Election			
Occupation		11/1/16	Son or			
mployer		·				
irst Name	Middle Name	Contribution Received For:	Amount of Contribution			
ast Name/Organization Name		Primary Election General Elect	ion			
Address		Runoff (Local Elections Only)	-			
Sity	State Zip Code	Date of Contribution	Aggregate This Election			
Occupation						
mployer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be			4,15000			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATENTY

1. NAME OF CANDIDATE OR COMMITTEE PHILIP CRAIGHEA)D			2. REPORT COVE FROM 16/36/16	RING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	URES FROM PRE	ECEDING PAG	E (enter \$0 if first itemized pa	ge)	Amount Ø
4. COMPLETE THE APPROPRIATE ITEMS FOR I	EACH ITEMIZED EX	XPENDITURE (expenditures totaling more than \$100	to any payee during the pe	riod)
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
LEBANON PUBL			24A		1,200 00
Address 402 N COMBER	LAND S	57	PRINT		•
CITY LEBANON	State N Zip C	37087			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name HOUDAY INN EX	PRESS		ELECTION		109,25
Address 826 WHBERLAND	s stre	EET	RENTAL.	FEE	
LEBANON	State Zip Cod		REN 1		
First Name PHIHP	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name CRAIGHEAD			ELECTION	D44	
Address	<u> </u>		EXPENSES	•	711.21
City	State Zip Coo	fe f	REIMBURGER		
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name VISIONARY DESI	GN GR	OUP	PRINTIA	i	898.81
Address 300 PUBUC SQ	UARE		& WEBS		·
WATERTOWN	State Zip Cod TN 37	184	KMARKE	TING	
îrst Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
address					
ity	State Zip Code	e			
irst Name	Middle Name	ne ar enterproper en enterprisone	Purpose of Expenditure	es, and a construction of the	Amount of Expenditure
ast Name/Business Name					
ddress					
ity	State Zip Code	9			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages)					2,919.27
(If this is the last page of expenditures, this amount must	oe snown in item 19b. o	ot summary.)			,

WILSON COUNTY

ITEMIZED STATEMENT OF LOANS - CANDIDATE ISSION

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD			
PHILIP CRAIGHEAD							ROM: 10/30		TO:	1/15/17
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (foans totaling more than \$100 from any source during the period)										
	Complete the Following for the Source of the Loan									
First Name PHILIP Middle Na	me	-	Outstanding (Beginning		Loans Receiv	1	Loan ayments	Out	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name CRAIGUEAD 8,000 Ø Ø 8,000								0 00		
Address 413 GIL SPRINGS	RD		Loan Receiv		⊠ Genera	al Election	Date of Loa	3 f1		
City LEBANON State	370	87	☐ Runoff	(Local Elections (Only)				***************************************	
List Alf Endo	rsers or Guara	antors fo	or Above Loa	in (If more spa	ce is neede	d please attact	n a page)			
First Name	Middle Name			First Name				Middle	e Name	
East Name/Organization Name				Last Name/Org	anization Na	me				
Address				Address			***************************************			
City	State	Zip Co	ode	City				State		Zip Code
Amount Guaranteed Outstanding		-J		Amount Guaran	teed Outstan	iding		1		l
First Name Middle Name				First Name Middle Name					A not the stop of a solution of the effective	
Last Name/Organization Name				Last Name/Orga	anization Nar	ne				
Address				Address						
City	State	Zip Co	de	City	**************************************			State		Zip Code
Amount Guaranteed Outstanding				Amount Guarant	teed Outstand	ding				
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name		Last Name/Organization Name								
Address				Address						
City	State	Zip Cod	de	City				State		Zip Code
Amount Guaranteed Outstanding		L		Amount Guarant	eed Outstand	ding		L	1	
First Name	Middle Name	**	AND THE PARTY OF T	First Name				Middle	Name	Content delication of the
Last Name/Organization Name				Last Name/Organization Name						
Address				Address			B		, <u>.</u>	
City	State	Zip Cod	ie	City				State		Zip Code
Amount Guaranteed Outstanding	A	I		Amount Guarante	eed Outstand	ling				
4. Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on s		18)		Outstanding Loa (Beginning of		Loans Received	Loan Paymei			anding 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.)						4	Q	/		000 ∞
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