RECEIVED



CAMPAIGN FINANCIAL DISCLOSURE STATEMENS

For State and Local Candidates For Single-Candidate Committees

1	ror single-	Candidat	e Commit	foos				
- 1	1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE							
+	21100HO 11, 2014 1 DIII	LIP CR	AIGHEA	-D				
	2.b. IF COMMITTEE, NAME OF CANDIDATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
L				3. ELECTION D	ATE			
- 1	4.a. CAMPAIGN ADDRESS AND PHONE							
- 1	Street or Rural Route City		State	Zip Code				
+	413 OIL SPRINGS RD LEBA	NON	TA	27000	Phone			
- 1	4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route		170	21081	615-444-211	9		
	City		State	Zip Code	Dhan			
-	OFFICE COLUMN			Sec. 1	Phone			
1	OFFICE SOUGHT (include district number, if applicable)	6. NAN	ME OF POLITICAL	TREASURER (may				
_	MAYOR	RO	YCE A	Both Cio	De candidate)			
17	CATEGORY OR REPORT (Check one)	, -	ice A	BELCHE	-R CPA			
	FIRST SECOND THIRD FOURTH				V	\neg		
	QUARTER QUARTER QUARTER	PRE- PRIMARY	PRE-	MID-YEAR	YEAR-END	- 1		
10.	a. BEGINNING DATE OF REPORTING PERIOD		GENERAL NG DATE OF REPO	SUPPLEMENTA ORTING PERIOD	L SUPPLEMENTAL			
-	1-1-14		1-15					
9.	(Check one)		1 10	10		-		
	a. This campaign is exempt from detailed disclosure by	2 886						
	 This campaign is exempt from detailed disclosure becautures total \$1,000 or less for this reporting period. (Co 	ause contributio Implete items 11	ns (including in-kir	nd) received total \$1,	000 or less AND expendi-			
1	b. This campaign is required to file a data it is	mpiete items 12	.u., 12e. and 121.)		- onpolia			
1	 This campaign is required to file a detailed financial dis and/or expenditures total more than \$1,000 for this rep 	sclosure becaus	e contributions (in	cluding in-kind) recei	ved total more than \$1 000			
-	t the felt this tep	orting period.			1010 than \$1,000			
10.	I/we do solemnly swear or affirm that the information contain	-1.				-1		
1	I/we do solemnly swear or affirm that the information contain accurate accounting of campaign contributions and expenditure Financial Disclosure Act. Additionally, I/we swear or affirm the benefit of the captidate of for	red in this camp	aign financial disc	closure report is true	and that this report is an			
1	Financial Disclosure Act. Additionally, I/we swear or affirm the benefit of the candidate or for any other poppolitical purpose a	at no campaign	contributions have	been expended for	e by the Campaign			
	benefit of the candidate of for any other poppolitical purpose a	as defined by th	e federal internal r	evenue code.	trie personal financial			
5	hasimand 1/7/15		~	11	\			
7	signature of capadate		Dear	show ct	A linhis			
	date		signature of	political treasurer	date			
11.	WITNESS SIGNATURE					1		
/						1		
_4	cul horses 1/17/18	(1					
	signature of witness date	-	Doce,	128Su	1-17-15			
	Vale		signatur	e of witness	date			
12. S	UMMARY							
_	DALANCE COMPANY			0 01				
a.	BALANCE ON HAND LAST REPORT		s	306.91				
b.					j			
	TOTAL RECEIPTS THIS PERIOD		\$	\mathcal{L}	1			
C.				1-1				
	TOTAL DISBURSEMENTS THIS PERIOD		\$	7				
d.	BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				2NC 91			
	The state of the s			\$	506			
e.	TOTAL LOANS OUTSTANDING				4 mm 00			
	TOTAL LOANS OUTSTANDING			\$ _	7,000 ==			
f.	TOTAL OBLIGATIONS OF ITSTANDING				d			
	TOTAL OBLIGATIONS OUTSTANDING			\$ -	\mathcal{L}			



SUMMARY PAGE - CANDIDATE

RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) a. Uniternized Contributions (\$100 or less from each source this period) \$ a. Uniternized Contributions (\$100 or less from each source this period) \$ b. Remized Contributions (over \$100 from each source this period) \$ c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) 16. LOANS RECEIVED THIS REPORTING PERIOD 17. INTEREST RECEIVED THIS REPORTING PERIOD 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) 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) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Total of Expenditures (\$100 or less each payee)	13. NAME OF CANDIDATE OR COMMITTEE (In Full) PHILLY CRAIGHEAD	14. REPORT COV	VERING THE PERIOD				
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