

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/13/17</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Nick Rapheal Campaign</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Nick Rapheal</u>		3. ELECTION DATE <u>11/8/16</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>110 Dillon Dr. Hendersonville TN 37075 615-824-2911</u>			
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) <u>Hendersonville Alderman Ward 6</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Brent Rapheal</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 type="checkbox"/> PRE-GENERAL <input checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1/24/17</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>7/17/17</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.			
<u>Nick Rapheal</u> signature of candidate		<u>Brent Rapheal</u> signature of political treasurer	
<u>7/16/17</u> date		<u>7-16-17</u> date	
11. WITNESS SIGNATURE			
<u>Shea Rapheal</u> signature of witness		<u>Shea Rapheal</u> signature of witness	
<u>07/16/2017</u> date		<u>07/16/2017</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>1101.06</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>00.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD A.M.		\$ <u>1,101.06</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>00.00</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>00.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>00.00</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Nick Raphael Campaign	14. REPORT COVERING THE PERIOD FROM: 1/24/17 TO: 7/17/17
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 0.00
b. Itemized Contributions (over \$100 from each source this period)	\$ _____
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 0.00
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.)	\$ 0.00
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)	
Bank fees	\$ 60.00
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ 60.00
b. Itemized Expenditures (Over \$100 each payee this period)	\$ _____
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ _____
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ Repay loan from candidate 1,041.06
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 1,101.06
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ _____
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.)	\$ 0.00
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ _____
b. Itemized Obligations Outstanding (Over \$100 each)	\$ _____
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$ 0.00



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Nick Raphael Committee</i>				2. REPORT COVERING THE PERIOD FROM: <i>1/24/17</i> TO: <i>7/1/17</i>			
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 (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
<i>Nick</i>	<i>D.</i>	<i>1,041.06</i>	<i>0.00</i>	<i>1,041.06</i>	<i>0.00</i>		
Last Name/Organization Name		Loan Received For:		Date of Loan			
<i>Raphael</i>		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)					
Address		City		State		Zip Code	
<i>110 Dillen Dr.</i>		<i>Hendersonville</i>		<i>TN</i>		<i>37075</i>	
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		Last Name/Organization Name		Last Name/Organization Name	
Address		Address		Address		Address	
City	State	Zip Code	City	State	Zip Code	City	State
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding		Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name		Last Name/Organization Name		Last Name/Organization Name		Last Name/Organization Name	
Address		Address		Address		Address	
City	State	Zip Code	City	State	Zip Code	City	State
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding		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.a. on front page.)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
				<i>1041.06</i>	<i>0.00</i>	<i>1041.06</i>	<i>0.00</i>

