

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>2-23-16</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Rob mitchell Campaign</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Rob mitchell Campaign</u>	3. ELECTION DATE <u>8-4-16</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>3450 Northboro Ct murfreesboro TN 37129 615-426-7373</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>SAME AS ABOVE</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>Assessor of Property</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Rob mitchell</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 checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>Jan. 16th 2016</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>Feb. 23rd 2016</u>
9. (Check one) a. <input checked="" 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 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>Rob mitchell</u> signature of candidate	<u>2-22-16</u> date
<u>Rob mitchell</u> signature of political treasurer	<u>2-22-16</u> date
11. WITNESS SIGNATURE <u>Michael Camp</u> signature of witness	<u>2/22/2016</u> date
<u>Michael Camp</u> signature of witness	<u>2/22/2016</u> date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>4138.04</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>1015.63</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>0</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>5153.67</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>4438.04</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD					
<i>Rob Mitchell Campaign</i>				FROM:		TO:			
				<i>1-16-16</i>		<i>2-23-16</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>Rob</i>				<i>4138.04</i>		<i>300.00</i>	<i>0</i>	<i>4138.04</i>	
Last Name/Organization Name				Loan Received For:				Date of Loan	
<i>mitchell</i>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election				<i>1-26-16</i>	
Address				<input type="checkbox"/> Runoff (Local Elections Only)					
City		State	Zip Code						
<i>Murfreesboro</i>		<i>TN</i>	<i>37129</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					
Address				Address					
City		State	Zip Code		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 Code		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 Code		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 Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(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.)									

