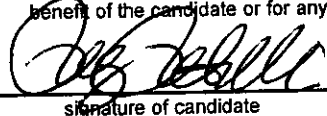
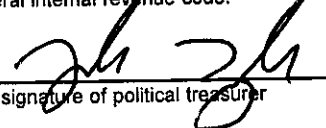
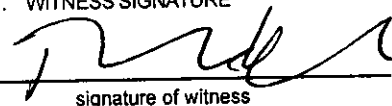
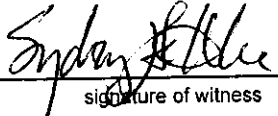


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1/20/19	2.a. NAME OF CANDIDATE OR COMMITTEE Peg Petrelli		
2.b. IF COMMITTEE, NAME OF CANDIDATE n/a		3. ELECTION DATE 11/6/18	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 135 Riviera Dr., Hendersonville, TN 37075 (615) 294-5327			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone Same			
5. OFFICE SOUGHT (include district number, if applicable) Alderman, Ward 2, Hendersonville		6. NAME OF POLITICAL TREASURER (may be candidate) Fred Zahn	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" type="checkbox"/> FOURTH QUARTER <input 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 10/28/18		8.b. ENDING DATE OF REPORTING PERIOD 1/15/19	
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		 signature of political treasurer	
1/20/19 date		1/20/19 date	
11. WITNESS SIGNATURE			
 signature of witness		 signature of witness	
1/20/19 date		1/20/19 date	
12. SUMMARY			
FILED			
a. BALANCE ON HAND LAST REPORT		\$ <u>963.97</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2600.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2830.98</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>732.99</u>	
SUMNER COUNTY ELECTION COMMISSION			
e. TOTAL LOANS OUTSTANDING		\$ <u>Ø</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>Ø</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Reg Petrelli</div>	14. REPORT COVERING THE PERIOD FROM: <u>10/28/18</u> TO: <u>1/15/19</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>2400.⁰⁰</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>200.⁰⁰</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>2600.⁰⁰</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>Ø</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>Ø</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>2600.⁰⁰</u>
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)	
<u>Fees</u>	\$ <u>15.⁰⁰</u>
<u>Community festival supplies</u>	\$ <u>52.41</u>
<u>Signage hardware</u>	\$ <u>63.10</u>
<u>Printing</u>	\$ <u>108.63</u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>239.¹⁴</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>2591.⁸⁴</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>2830.⁹⁸</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>Ø</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>2830.⁹⁸</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>Ø</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>Ø</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>Ø</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>Ø</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>Ø</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>Ø</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Peg Petrelli				2. REPORT COVERING THE PERIOD FROM: 10/28/18 TO: 1/15/19	
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 N/A		Middle Name N/A		Contribution Received For:	
Last Name/Organization Name TN Realtors Political Action Committee		Address 901 19th Avenue South		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
City Nashville		State TN		Zip Code 37212	
Occupation N/A		Employer N/A		Date of Contribution 10/29/18	
				Amount of Contribution \$ 200.00	
				Aggregate This Election \$ 200.00	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City		State		Zip Code	
Occupation		Employer		Date of Contribution	
				Amount of Contribution	
				Aggregate This Election	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City		State		Zip Code	
Occupation		Employer		Date of Contribution	
				Amount of Contribution	
				Aggregate This Election	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City		State		Zip Code	
Occupation		Employer		Date of Contribution	
				Amount of Contribution	
				Aggregate This Election	
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.)					\$ 200.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Peg Petrelli				2. REPORT COVERING THE PERIOD FROM: 10/28/18 TO: 1/15/19			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution						Aggregate this Election	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					Amount 0		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Peg Petrelli			2. REPORT COVERING THE PERIOD FROM: 10/28/18 TO: 1/15/19	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0
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 Kroger		Support for Community Festival HALLOWEEN City EVENT		\$ 146.¹²
Address 237 E. Main St.				
City Hendersonville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Memories by Murray		Promotional Materials		\$ 150.⁰⁰
Address				
City Hendersonville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Office Support Systems		Mailing		\$ 1278.¹²
Address P.O. Box 544				
City Madison	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Walmart		Community Festival		\$ 141.⁷²
Address 204 Anderson Ln				
City Hendersonville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Michaels		Community Festival		\$ 125.⁸⁸
Address 217 Indian Lake bl.				
City Hendersonville	State TN			
First Name Peg	Middle Name M.	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Petrelli		Reimbursement		\$ 750.⁰⁰
Address 135 Riviera dr.				
City Hendersonville	State TN			
5. TOTAL ITEMIZED EXPENDITURES				\$ 2591.⁸⁴
(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.)				

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
Peg Petrelli				FROM: 10/28/18		TO: 1/15/19	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS				0			0
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							