

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/28/18	2.a. NAME OF CANDIDATE OR COMMITTEE Peg Petrelli		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 11/6/18	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 135 Riviera Dr. City Hendersonville State TN Zip Code 37075 Phone 615 496-4494			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route _____ City _____ State _____ Zip Code _____ Phone 615 294-5327			
5. OFFICE SOUGHT (Include district number, if applicable) Alberman, Ward 1, 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 type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 10/1/18		8.b. ENDING DATE OF REPORTING PERIOD 10/27/18	
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	
_____ date 10/28/2018		_____ date 10/28/18	
11. WITNESS SIGNATURE			
_____ signature of witness		_____ signature of witness	
_____ date 10/28/2018		_____ date 10/28/18	
FILED			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		A.M. _____ P.M. _____ \$ 2739.31	
b. TOTAL RECEIPTS THIS PERIOD		OCT 29 2018 \$ 650.⁰⁰	
c. TOTAL DISBURSEMENTS THIS PERIOD		SUMNER COUNTY ELECTION COMMISSION \$ 2425.54	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 963.97	
e. TOTAL LOANS OUTSTANDING		\$ 0	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Peg Petrelli</div>	14. REPORT COVERING THE PERIOD FROM: <u>10/1/18</u> TO: <u>10/27/18</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>400.⁰⁰</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>250.⁰⁰</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>650.⁰⁰</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>650.⁰⁰</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>advertising</u>	\$ <u>170.⁰⁰</u>
<u>Bank fee</u>	\$ <u>5.⁰⁰</u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>175.⁰⁰</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>2250.⁵⁴</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>2425.⁵⁴</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>2425.⁵⁴</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>458.⁸⁶</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>458.⁸⁶</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 i 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: 10/1/18	TO: 10/27/18
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 Elaine		Middle Name S.		Contribution Received For:	
Last Name/Organization Name Walker				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 215 Neptune Dr.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville		State TN	Zip Code 37075	Date of Contribution	
Occupation Homemaker				10/1/18	
Employer Self.				Amount of Contribution	
				250.⁰⁰	
				Aggregate This Election	
				0	
First Name		Middle Name		Contribution Received For:	
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	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
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	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
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	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
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.)					250.⁰⁰

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Peg Petrelli				2. REPORT COVERING THE PERIOD	
				FROM: 10/1/18	TO: 10/27/18
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 Barbara		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Last Name/Organization Name EVANS				Value of In-Kind Contribution 458.86	
Address 155 Cumberland Dr.				Date of In-Kind Contribution 10/16/18	
City Hendersonville		State TN		Zip Code 37075	
Occupation Retired		Employer n/a		Description of In-Kind Contribution Hosted Meet & Greet Reception	
Aggregate this Election					
Aggregate this Election					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				Value of In-Kind Contribution	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Description of In-Kind Contribution	
Aggregate this Election					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				Value of In-Kind Contribution	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Description of In-Kind Contribution	
Aggregate this Election					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				Value of In-Kind Contribution	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Description of In-Kind Contribution	
Aggregate this Election					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				Value of In-Kind Contribution	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Description of In-Kind Contribution	
Aggregate this Election					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					458.86
(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.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Reg Petrelli</i>		2. REPORT COVERING THE PERIOD FROM: <i>10/1/18</i> TO: <i>10/27/18</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
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 <i>Advertising</i>	Amount of Expenditure <i>227.97</i>
Last Name/Business Name <i>Impressive Printers</i>			
Address <i>143 Maple St.</i>			
City <i>Hendersonville</i>	State <i>TN</i>		
First Name /	Middle Name /	Purpose of Expenditure <i>Advertising</i>	Amount of Expenditure <i>190.10</i>
Last Name/Business Name <i>Impressive Printing</i>			
Address <i>143 Maple St.</i>			
City <i>Hendersonville</i>	State <i>TN</i>		
First Name /	Middle Name /	Purpose of Expenditure <i>Mailing</i>	Amount of Expenditure <i>1648.13</i>
Last Name/Business Name <i>Office Support Systems</i>			
Address <i>P.O. Box 544</i>			
City <i>Madison</i>	State <i>TN</i>		
First Name /	Middle Name /	Purpose of Expenditure <i>Advertising</i>	Amount of Expenditure <i>183.54</i>
Last Name/Business Name <i>Mr. Seaman</i>			
Address <i>108 Midtown Ct. #203</i>			
City <i>Hendersonville</i>	State <i>TN</i>		
First Name /	Middle Name /	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name /	Middle Name /	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
5. TOTAL ITEMIZED EXPENDITURES (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.)			<i>2250.54</i>

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Peg Petrelli					2. REPORT COVERING THE PERIOD FROM: 10/1/18 TO: 10/27/18						
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)	
Last Name/Organization Name				Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan					
Address											
City		State	Zip Code								
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		Address	
Last Name/Organization Name				City		State	Zip Code	Amount Guaranteed Outstanding			
City		State	Zip Code	City		State	Zip Code	Amount Guaranteed Outstanding			
Amount Guaranteed Outstanding				First Name		Middle Name		Last Name/Organization Name		Address	
Last Name/Organization Name				City		State	Zip Code	Amount Guaranteed Outstanding			
City		State	Zip Code	City		State	Zip Code	Amount Guaranteed Outstanding			
Amount Guaranteed Outstanding				First Name		Middle Name		Last Name/Organization Name		Address	
Last Name/Organization Name				City		State	Zip Code	Amount Guaranteed Outstanding			
City		State	Zip Code	City		State	Zip Code	Amount Guaranteed Outstanding			
Amount Guaranteed Outstanding				First Name		Middle Name		Last Name/Organization Name		Address	
Last Name/Organization Name				City		State	Zip Code	Amount Guaranteed Outstanding			
City		State	Zip Code	City		State	Zip Code	Amount Guaranteed Outstanding			
Amount Guaranteed Outstanding				Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <u>Peg Petrelli</u>				2. REPORT COVERING THE PERIOD			
				FROM: <u>10/1/18</u>		TO: <u>10/27/18</u>	
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 (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							<u>0</u>