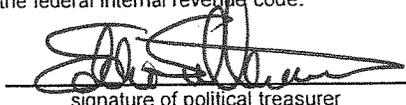
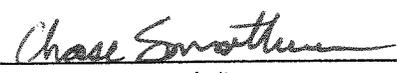


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>1-28-2016</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>EDDIE SMOTHERMAN</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>Aug. 4, 2016</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route                      City                      State                      Zip Code                      Phone <u>707 WOODMONT DR. MORFREESBORO TN                      37129                      615-653-6103</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route                      City                      State                      Zip Code                      Phone <u>SAME</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>MORFREESBORO CITY COUNCIL</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>EDDIE SMOTHERMAN</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 type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1-14-2016</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>1-15-2016</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.  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">   signature of candidate </div> <div style="text-align: center;"> <u>1-28-16</u>  date </div> <div style="text-align: center;">   signature of political treasurer </div> <div style="text-align: center;"> <u>1-28-16</u>  date </div> </div>	
11. WITNESS SIGNATURE  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">   signature of witness </div> <div style="text-align: center;"> <u>1-28-16</u>  date </div> <div style="text-align: center;">   signature of witness </div> <div style="text-align: center;"> <u>1-28-16</u>  date </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>1026.60</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>0</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>1026.60</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>EDDIE SMOTHERMAN</b>				2. REPORT COVERING THE PERIOD FROM: <b>1-14-16</b> TO: <b>1-15-16</b>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name <b>EDDIE</b>		Middle Name <b>LEE</b>		Contribution Received For:		Amount of Contribution
Last Name/Organization Name <b>SMOTHERMAN</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		1026.60
Address <b>707 WOODMONT DR.</b>				<input type="checkbox"/> Runoff (Local Elections Only)		
City <b>MURFREESBORO</b>		State <b>TN</b>	Zip Code <b>37129</b>	Date of Contribution <b>1-15-2016</b>		Aggregate This Election
Occupation <b>RETIRED</b>						1026.60
Employer						
First Name		Middle Name		Contribution Received For:		Amount of 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	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of 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	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of 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	Date of Contribution		Aggregate This Election
Occupation						
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.)					1026.60	

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>EDDIE SMOTHERMAN</b>				2. REPORT COVERING THE PERIOD FROM: <b>1-14-16</b> TO: <b>1-15-16</b>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>0</b>		
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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 <b>0</b>		

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>EDDIE SHOTTERMAN</b>		2. REPORT COVERING THE PERIOD	
		FROM: <b>1-14-16</b>	TO: <b>1-15-16</b>
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>0</b>
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			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State    Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State    Zip Code		
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.)			<b>0</b>

## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
<p><i>EDDIE SMOTHERMAN</i></p>			FROM: <i>1-14-16</i>		TO: <i>1-15-16</i>	
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	0	0
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						