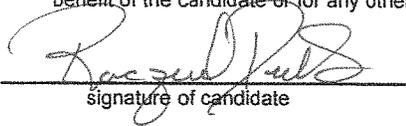
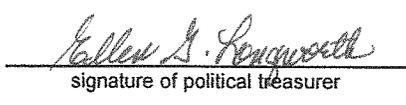
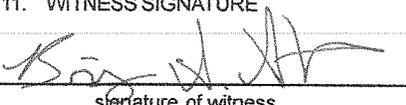
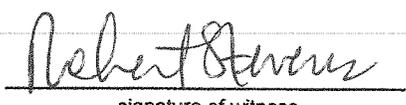


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10-10-2016</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Friends of Racquel Peebles</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Racquel Peebles</u>	3. ELECTION DATE <u>11-08-2016</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>103 Deer Rd.</u> <u>Smyrna</u> <u>TN</u> <u>37167</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>Smyrna Town Council</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Ellen G. Longworth</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" 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 type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>8-16-2016</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>9-30-2016</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>10-10-16</u> date </div> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> <u>10-10-16</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>10/10/16</u> date </div> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>10/10/16</u> date </div> </div>	
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ <u>-0-</u> b. TOTAL RECEIPTS THIS PERIOD \$ <u>8880.00</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>3710.93</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>5910.93</u> e. TOTAL LOANS OUTSTANDING \$ <u>2200.00</u> f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>0</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Racquel Peebles				2. REPORT COVERING THE PERIOD FROM: 8-16-16 TO: 9-30-16	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$1750.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Jane		Middle Name E		Contribution Received For:	
Last Name/Organization Name Rabideau				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 5011 Hectare Lane				<input type="checkbox"/> Runoff (Local Elections Only)	
City Lavergne		State TN	Zip Code 37086	Date of Contribution 9-8-16	
Occupation Legal Assistant				Aggregate This Election \$300	
Employer Imogene Bolin					
First Name Delois		Middle Name		Contribution Received For:	
Last Name/Organization Name Long				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 3367 Old Rocky Fork Rd.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Smyrna		State TN	Zip Code 37167	Date of Contribution 9-10-16	
Occupation Retired				Aggregate This Election \$250	
Employer					
First Name Imogene		Middle Name		Contribution Received For:	
Last Name/Organization Name Bolin				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address P.O. Box 2135				<input type="checkbox"/> Runoff (Local Elections Only)	
City Smyrna		State TN	Zip Code 37167	Date of Contribution 9-19-16	
Occupation Attorney				Aggregate This Election \$600	
Employer Victory House - Self Employed					
First Name Thomas		Middle Name O		Contribution Received For:	
Last Name/Organization Name Neff				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 3410 Stewartcreek Rd				<input type="checkbox"/> Runoff (Local Elections Only)	
City Murfreesboro		State TN	Zip Code 37129	Date of Contribution 9-21-16	
Occupation Real Estate				Aggregate This Election \$700	
Employer Self Employed					
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.)					\$3600.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Raquel Peebles</i>				2. REPORT COVERING THE PERIOD			
				FROM: <i>8-16-16</i>	TO: <i>9-30-16</i>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>\$ 3600⁰⁰</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name <i>Ingrid</i>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>Klose</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>\$600</i>	
Address <i>905 Thomastown Drive</i>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>Smyrna</i>		State <i>TN</i>	Zip Code <i>37167</i>	Date of Contribution <i>9-13-16</i>		Aggregate This Election <i>\$600</i>	
Occupation <i>Attorney</i>							
Employer <i>Self Employed - Victory House</i>							
First Name <i>Melissa</i>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>Oden</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>\$500</i>	
Address <i>260 E Shoreline Drive</i>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>North Augusta</i>		State <i>SC</i>	Zip Code <i>29841</i>	Date of Contribution		Aggregate This Election <i>\$500</i>	
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.)							



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Racquel Peebles</i>				2. REPORT COVERING THE PERIOD			
				FROM: <i>8-16-16</i>	TO: <i>9-30-16</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>		
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	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	Zip Code	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	Zip Code	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	Zip Code	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	Zip Code	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.)					- 0 -		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Raquel Peebles</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>8-16-16</i>	TO: <i>9-30-16</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		Amount of Expenditure
Last Name/Business Name <i>Griffin Strategies</i>		<i>Yard Signs</i>		<i>\$3422.50</i>
Address <i>103 Deer Rd.</i>				
City <i>Smvrna</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Big Frog</i>		<i>T-shirts</i>		<i>252.43</i>
Address <i>509 Thompson LANE</i>				
City <i>Murfreesboro</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			
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				<i>3674.93</i>
(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 LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Raquel Peebles</i>				2. REPORT COVERING THE PERIOD					
				FROM: <i>8-16-16</i>		TO: <i>9-30-16</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 <i>Yvonne</i>		Middle Name <i>Raquel</i>		Outstanding Loan Balance (Beginning of Period) <i>0</i>		Loans Received <i>\$2200⁰⁰</i>	Loan Payments <i>-0-</i>	Outstanding Loan Balance (End of Period) <i>\$2200⁰⁰</i>	
Last Name/Organization Name <i>Peebles</i>				Address <i>103 Deer Rd</i>					
City <i>Smyrna</i>				State <i>TN</i>		Zip Code <i>37167</i>		Date of Loan <i>8-25-16</i>	
				Loan Received For:					
				<input type="checkbox"/> Primary Election		<input checked="" type="checkbox"/> General Election			
				<input type="checkbox"/> Runoff (Local Elections Only)					
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.)				<i>0</i>		<i>2200.00</i>	<i>0</i>	<i>\$2200.00</i>	
(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.)									



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
<i>Kacavel Peebles</i>			FROM: <i>8-16-16</i>		TO: <i>9-30-16</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						
4. TOTALS						
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
<i>Friends of Raquel Peebles</i>				FROM: <i>8-16-16</i>	TO: <i>9-30-16</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <i>Ellen</i>	Middle Name <i>I.</i>	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>Longworth</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>\$250</i>	
Address <i>309 Sussex St.</i>		<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>Smyrna</i>	State <i>TN</i>	Zip Code <i>37167</i>	Date of Contribution <i>8-16-16</i>	Aggregate This Election <i>\$250</i>	
Occupation <i>Bookkeeper</i>		Employer <i>Self</i>			
First Name <i>John</i>	Middle Name <i>A</i>	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>Lee</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>\$250</i>	
Address <i>5034 C Thoroughbred Lane</i>		<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>Brentwood</i>	State <i>TN</i>	Zip Code <i>37027</i>	Date of Contribution <i>8-26-16</i>	Aggregate This Election <i>\$250</i>	
Occupation <i>Business Owner</i>		Employer <i>Self</i>			
First Name <i>KNOX, Jr</i>	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>Ridley</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>\$1000</i>	
Address <i>401 Edwards Street</i>		<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>Shreveport</i>	State <i>LA</i>	Zip Code <i>71101</i>	Date of Contribution <i>8-30-16</i>	Aggregate This Election <i>\$1000</i>	
Occupation <i>Business Owner</i>		Employer <i>Self</i>			
First Name <i>PAM</i>	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>Whitmore</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>\$250</i>	
Address <i>9681 Mana Rd.</i>		<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>Murfreesboro</i>	State <i>TN</i>	Zip Code	Date of Contribution <i>9-1-16</i>	Aggregate This Election <i>\$250</i>	
Occupation <i>Retired</i>		Employer <i>N/A</i>			
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(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.)</small>					<i>\$1750.00</i>