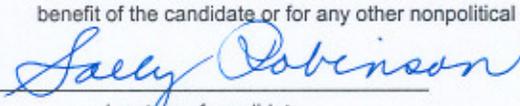
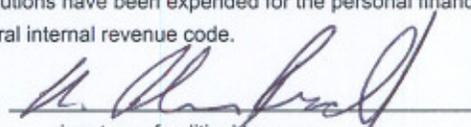
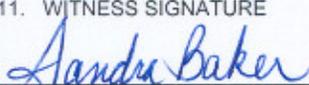


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

MARSHALL COUNTY
ELECTION COMMISSION

1. DATE OF REPORT 01/30/07	2.a. NAME OF CANDIDATE OR COMMITTEE Citizens to Re-Elect Sally Robinson			2007 FEB -1 PM 2: 09	
2.b. IF COMMITTEE, NAME OF CANDIDATE Sally Robinson			3. ELECTION DATE 03/01/05		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route P. O. Box 4777	City Chattanooga	State TN	Zip Code 37405	Phone (423) 266-9500	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route 1136 Constitution Drive	City Chattanooga	State TN	Zip Code 37405	Phone (423) 266-1776	
5. OFFICE SOUGHT (include district number, if applicable) City Council, District 2			6. NAME OF POLITICAL TREASURER (may be candidate) W. Coleman Powell, CPA		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL
				MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 01/01/06			8.b. ENDING DATE OF REPORTING PERIOD 12/31/06		
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.					
		1/31/2007			
signature of candidate		date		signature of political treasurer	
1/31/2007		1/31/2007		1/31/2007	
date		date		date	
11. WITNESS SIGNATURE					
		1/31/2007			
signature of witness		date		signature of witness	
1/31/2007		1/31/2007		1/31/2007	
date		date		date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT.....		\$ 1,180.81			
b. TOTAL RECEIPTS THIS PERIOD.....		\$ 200.00			
c. TOTAL DISBURSEMENTS THIS PERIOD.....		\$ 30.00			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.).....		\$ 1,350.81			
e. TOTAL LOANS OUTSTANDING.....		\$ -			
f. TOTAL OBLIGATIONS OUTSTANDING.....		\$ -			

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Citizens to Re-Elect Sally Robinson			2. REPORT COVERING THE PERIOD FROM 1/1/06 TO 12/31/06		
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 Andy		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name Derryberry				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	\$200.00
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City Signal Mountain	State TN	Zip Code 37377	Date of Contribution 7/28/06	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					
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.)					

