

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10/30/06</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>COMMITTEE TO ELECT ARCH SMITH</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>ARCH SMITH</u>		3. ELECTION DATE <u>11/7/06</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>102 SOUTH DRIVE SIGNAL MOUNTAIN TN 37377 423.886.1589</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>SIGNAL MOUNTAIN COMMISSIONER</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>DAVID R EVANS</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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>10/20/06</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>10/28/06</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.			
<u>Arch Smith</u> <u>10/30/06</u> signature of candidate date		<u>David R Evans</u> <u>10/30/06</u> signature of political treasurer date	
11. WITNESS SIGNATURE <u>Amanda Y. Lucas</u> <u>10/30/06</u> signature of witness date		<u>Amanda Y. Lucas</u> <u>10/30/06</u> signature of witness date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>-0-</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>6,200.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2,548.70</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>3,651.30</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>2,500.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>UNKNOWN*</u>	



SIGNAL MOUNTAIN
 ELECTION
 COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE COMMITTEE TO ELECT ARCH SMITH				2. REPORT COVERING THE PERIOD FROM: 10/20 TO: 10/28/06	
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 JOSEPH		Middle Name F.		Contribution Received For:	
Last Name/Organization Name DECOSIMO		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution \$1,000.00	
Address 822 JAMES BLVD		<input type="checkbox"/> Runoff (Local Elections Only)			
City SEGNAL MTN	State TN	Zip Code 37377	Date of Contribution(s) 10/20/06	Aggregate this Election \$1,000.00	
First Name DAVID		Middle Name R.		Contribution Received For:	
Last Name/Organization Name EVANS		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution \$500.00	
Address 1179 JAMES BLVD		<input type="checkbox"/> Runoff (Local Elections Only)			
City SEGNAL MTN	State TN	Zip Code 37377	Date of Contribution(s) 10/20/06	Aggregate this Election \$500.00	
First Name ARCH		Middle Name Y.		Contribution Received For:	
Last Name/Organization Name SMITH		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution 100	
Address 102 SOUTH DRIVE		<input type="checkbox"/> Runoff (Local Elections Only)			
City SEGNAL MTN	State TN	Zip Code 37377	Date of Contribution(s) 10/20/06	Aggregate this Election \$1,100.00	
First Name CHARLES		Middle Name		Contribution Received For:	
Last Name/Organization Name COMER		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution 100	
Address 1011 NORTH BRIDGE LANE		<input type="checkbox"/> Runoff (Local Elections Only)			
City CHATTANOOGA	State TN	Zip Code 37405	Date of Contribution(s)	Aggregate this Election 100	
First Name BARBARA		Middle Name M.		Contribution Received For:	
Last Name/Organization Name SMITH		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution \$1,000.00	
Address 102		<input type="checkbox"/> Runoff (Local Elections Only)			
City SEGNAL MTN	State TN	Zip Code 37377	Date of Contribution(s) 10/20/06	Aggregate this Election \$1,000.00	
First Name ARCH		Middle Name Y.		Contribution Received For:	
Last Name/Organization Name SMITH		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution \$1,000.00	
Address 102 SOUTH DRIVE		<input type="checkbox"/> Runoff (Local Elections Only)			
City SEGNAL MTN	State TN	Zip Code 37377	Date of Contribution(s) 10/20/06	Aggregate this Election \$1,100.00 *	
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.)					\$2,700.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE COMMITTEE TO ELECT ARCH SMITH		2. REPORT COVERING THE PERIOD FROM: 10/20 TO: 10/28/06	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
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 U.S. POST OFFICE		POSTAGE	126.00
Address			
City CHATTANOOGA	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name RATLEY PRINTING		SIGNS	505.28
Address 2207 DAYTON BLVD			
City CHATTANOOGA	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name WEBB CO		PRINTING	529.31
Address 1309 TAFT HIGHWAY			
City SIGNAL MTN	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name KICK OFF		ADVERTISING FLYER & MAILING SERVICES	625.96
Address 1401 CARTER ST			
City CHATTANOOGA	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name SIGNAL MTN SPORTS		BEVERAGE FOR WORK SESSION	6.54
Address 1807 TAFT HIGHWAY			
City SIGNAL MTN	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name SCAPLES		PRINTING	92.40
Address 5450 HW. 153			
City CHATTANOOGA	State TN		
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.)			1,885.49

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM:	TO: 10/28/06
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 1,885.49
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 PAPER PLUS			ENVELOPES	17.21
Address 1308 E 14th ST				
City CHATTANOOGA	State TN	Zip Code 37404		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name SIGNAL MTN POST			ADVERTISING	646.00
Address 2712 LAFAYETTE RD				
City FT OGLETHORPE	State GA	Zip Code 30742		
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				3480 2,548.70
<small>(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.)</small>				

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
COMMITTEE TO ELECT ARCH SMITH			FROM: 10/20		TO: 10/28/06	
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		- 0 -	10/25/06	- 0 -	UNKNOWN
Last Name/Business Name CHATTANOOGA PRINTING + ENGRAVING			BILL NOT YET RECEIVED			
Address 110 SOMERVILLE AVE						
City CHATTANOOGA	State TN	Zip Code 37405				
Description of Obligation BROCHURE PRINTING						
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.)						



INTERIM REPORT OF CONTRIBUTIONS/LOANS

INSTRUCTIONS: This form must be used by candidates, single-candidate political campaign committees and single-measure political campaign committees to report major contributions or loans during the final days of a campaign, as required by T.C.A. §2-10-105(h). Such contributions or loans must be reported if they are received during the period beginning at midnight of the 10th day prior to any election in which the candidates or committees are involved and extending through midnight of such election day.

Contributions or loans received during this period must be reported by candidates or single-candidate committees for state public office and single-measure committees involved in a statewide referendum if contributions or loans from a single source total more than \$5,000. Contributions or loans during this period must be reported by candidates or single-candidate committees for local public office and single-measure committees involved in a local referendum if contributions or loans from a single source total more than \$2,500. Such contributions or loans must be reflected on any subsequent campaign financial disclosure statement required by law.

This report must be filed with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243 (phone 615-741-7959), or the county election commission, whichever is required by law, within 72 hours after the time such contribution or loan is received and must be filed by telegram, fax machine, hand delivery, or overnight delivery. (The Registry's fax number is 615-532-8905.) If such time falls other than during regular working hours, the report shall be filed after the opening of the office of the Registry or election commission on the next working day.

Please note that this form must be signed and notarized in Item 7. Please type or print all information in black ink.

1. DATE <u>10/30/06</u>	2. NAME OF CANDIDATE OR COMMITTEE <u>COMMITTEE TO ELECT ARCH SMITH</u>
3. ADDRESS AND PHONE <small>Street or Rural Route City State Zip Code Phone</small> <u>102 SOUTH DRIVE, SIGNAL MOUNTAIN, TN 37377 (423) 886.1589</u>	
4. DIRECT CONTRIBUTIONS (if applicable) Provide date of each contribution, full name and address of contributor, and amount. <u>SEE ATTACHED SHEET</u>	
5. IN-KIND CONTRIBUTIONS (if applicable) Provide date of each in-kind contribution, full name and address of contributor, description of contribution and its value. _____	
6. LOANS (if applicable) Provide date of each loan, amount, full name and address of the lender, full name and address of the recipient of the proceeds of the loan, the full name and address of any person who makes any type of security agreement binding the guarantor or his property, directly or indirectly, for the repayment of all or any part of the loan. <u>CANDIDATE MADE A \$2,500.00 LOAN TO COMMITTEE ON 10/26/06 FROM PERSONAL FUNDS. NO ONE HAS GUARANTEED OR AGREED TO REPAY LOAN</u>	
7. I/we do solemnly swear that the information contained in this report is true and that it is a complete and accurate accounting of all contributions required to be reported under the Campaign Financial Disclosure Act. <u>Arch Smith</u> <u>[Signature]</u> signature of candidate signature of political treasurer	
Notary Seal	Notary Seal
SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>HAMILTON</u> AND THE STATE OF <u>TENNESSEE</u> THIS <u>30</u> DAY OF <u>OCTOBER</u> , 20 <u>06</u> <u>Dana L. Quinn</u> notary public <u>3/4/09</u> date commission expires	SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>HAMILTON</u> AND THE STATE OF <u>TENNESSEE</u> THIS <u>30</u> DAY OF <u>OCTOBER</u> , 20 <u>06</u> <u>Dana L. Quinn</u> notary public <u>3/4/09</u> date commission expires

