

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>October 27 2008</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>RANDY DILLON</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>NOVEMBER 04 2008</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>1014 CHARLOT DR SADDY DASSY TN 37229 423 421-5475</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>COMMISSIONER</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>RANDY DILLON</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>AUGUST 06 2008</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>DECEMBER 29 2008</u>	
9. (Check one) a. <input checked="" 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 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>Randy Dillon</u> <u>10/27/08</u> <u>Randy Dillon</u> <u>10/27/08</u> signature of candidate date signature of political treasurer date			
11. WITNESS SIGNATURE <u>Charlotte Mullis</u> <u>10/27/08</u> <u>Charlotte Mullis</u> <u>10/27/08</u> signature of witness date signature of witness date			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$	<u>0</u>
b. TOTAL RECEIPTS THIS PERIOD		\$	<u>950.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD		\$	<u>949.42</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$	<u>.58</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 <i>Randy Dillon</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>8.6.08</i>	TO: <i>10.25.08</i>
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 <i>RICHARD</i>	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name <i>POIVARD</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	<i>500.00</i>
Address <i>PO BOX 4327</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>CANTANUOGA</i>	State <i>TN</i>	Zip Code <i>37405</i>	Date of Contribution <i>Aug 06 2008</i>
Occupation <i>OWNER</i>	Employer <i>JOHN MARSHALL</i>		Aggregate This Election
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
Occupation	Employer		Aggregate This Election
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
Occupation	Employer		Aggregate This Election
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
Occupation	Employer		Aggregate This Election
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.)			<i>500.00</i>



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Randy Dillon</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>3-06-08</i>	TO: <i>10-25-08</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>ABE LAMAR</i>		<i>Signs</i>		<i>775.00</i>
Address <i>52231 St</i>				
City <i>Long Bottom</i>	State <i>GA</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			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES <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>				<i>775.00</i>