

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

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|---|--|---|--------------------------|
| 1. DATE OF REPORT 6/30/2007 | 2.a. NAME OF CANDIDATE OR COMMITTEE COMMITTEE TO ELECT LINDA BENNETT | | |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE LINDA BENNETT | 3. ELECTION DATE 3/1/2005 | | |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone P.O. Box 8038 CHATTANOOGA TN 37414 423-755-0821 | | | |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 320 PINE RIDGE ROAD CHATTANOOGA TN 37405 423-267-0389 | | | |
| 5. OFFICE SOUGHT (include district number, if applicable) CITY COUNCIL-DISTRICT 1 | 6. NAME OF POLITICAL TREASURER (may be candidate) JOHN CROWELL | | |
| 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 checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL | | | |
| 8.a. BEGINNING DATE OF REPORTING PERIOD 11/2007 | 8.b. ENDING DATE OF REPORTING PERIOD 6/30/2007 | | |
| 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><i>Linda Bennett</i></u> signature of candidate | <u>7-16-07</u> date | <u><i>[Signature]</i></u> signature of political treasurer | <u>7/16/2007</u> date |
| <u><i>Charlotte Mullis</i></u> signature of witness | <u>7-16-07</u> date | <u><i>Charlotte Mullis</i></u> signature of witness | <u>7-16-07</u> date |
| 11. WITNESS SIGNATURE | | | |
| 12. SUMMARY | | | |
| a. BALANCE ON HAND LAST REPORT | \$ | <u>5633.23</u> | |
| b. TOTAL RECEIPTS THIS PERIOD | \$ | <u>0</u> | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | \$ | <u>1284.90</u> | |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | \$ | <u>4348.33</u> | |
| e. TOTAL LOANS OUTSTANDING | \$ | <u>0</u> | |
| f. TOTAL OBLIGATIONS OUTSTANDING | \$ | <u>0</u> | |



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

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|--|--------------------|---|---|----------------|
| 1. NAME OF CANDIDATE OR COMMITTEE COMMITTEE TO ELECT LINDA BENNETT | | | 2. REPORT COVERING THE PERIOD FROM: 1/1/07 TO: 6/30/07 | |
| 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 LINDA | Middle Name | Purpose of Expenditure REIMBURSE OFFICE SUPPLIES, TRAVEL, MEALS, MEETINGS, DUES | Amount of Expenditure 717.23 | |
| Last Name/Business Name BENNETT | | | | |
| Address 320 PINE RIDGE ROAD | | | | |
| City CHATTANOOGA | State TN | Zip Code 37405 | | |
| First Name | Middle Name | Purpose of Expenditure PAY BACK TRAVEL ALLOWANCE Overage | Amount of Expenditure 340.00 | |
| Last Name/Business Name CITY OF CHATTANOOGA | | | | |
| 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.) | | | | 1057.23 |