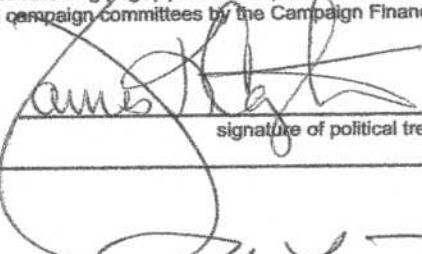
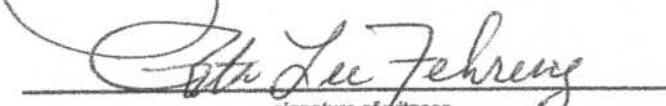


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT <i>7-4-07</i>	2. NAME OF COMMITTEE <i>Hamilton County Democratic Party</i>	
3. ADDRESS AND PHONE Street or Rural Route <i>23 Patton Pkwy Chatt. Tn</i> City State Zip Code Phone <i>37402 (423)266-4125</i>		
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input type="checkbox"/> BOTH <input type="checkbox"/>		
5.A. NAME OF POLITICAL TREASURER <i>James Carpenter</i>		5.B. DATE APPOINTED <i>April, 2007</i>
6. CATEGORY OR REPORT (Check one) <input checked="" 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		
7.A. BEGINNING DATE OF REPORTING PERIOD <i>1-16-07</i>		7.B. ENDING DATE OF REPORTING PERIOD <i>6-30-07</i>
8. (Check one) <p>A. <input type="checkbox"/> This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.)</p> <p>B. <input checked="" type="checkbox"/> This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.</p>		
 <small>signature of political treasurer</small>		<i>7/4/07</i> date
9. WITNESS SIGNATURE  <small>signature of witness</small>		
<i>7/4/07</i> date		
10. SUMMARY		
a. BALANCE ON HAND LAST REPORT	\$ <u>227 59</u>	
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>32954 81</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>23011 07</u>	
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>10171 33</u>	
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>	

2007 JUL - 6 AM 2:03

HAMILTON COUNTY
ELECTION COMMISSION



SS-1122(Rev. 2/06)

RDA Pending

1 of 21

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD
<p style="margin: 0;">Hamilton County Democratic P.R.</p>	
FROM 1-16	
TO: 6-30	
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>1960⁻</u>
b. Itemized Contributions (over \$100 from each source this period).....	\$ <u>30,994^{.81}</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.).....	\$ <u>32954^{.81}</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>32954^{.81}</u>
DISBURSEMENTS	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
<u>0</u>	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>0</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>23011^{.01}</u>
c. Independent Expenditures	\$ <u>0</u>
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.)	\$ <u>23011^{.01}</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)	\$ <u>23011^{.01}</u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>0</u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>0</u>
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE Hamilton County Democratic Party			2. REPORT COVERING THE PERIOD FROM: 1-16 TO: 6-30	
			Amount \$0	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
LastName/Business Name Iron Workers Local 704		Room Rental	60	
Address 2715 Belle Arbor Ave	State Tn	Zip Code 37404	Date of Expenditure	1/22
City Chatt.				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
LastName/Business Name EPB		Electric Bill	50	
Address P.O. Box 182254	State Tn	Zip Code 37422	Date of Expenditure	1/22
City Chatt.				
First Name Rita	Middle Name	Purpose of Expenditure	Amount of Expenditure	
LastName/Business Name Fehring		Reimb.	23 15	
Address 1944 Northpoint Blvd	State Tn	Zip Code 37343	Date of Expenditure	1/22
City Hixson				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
LastName/Business Name Comcast		cleaning Supplies	158 59	
Address P.O. Box 182249	State Tn	Zip Code 37422	Date of Expenditure	2/1
City Chatt.				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
LastName/Business Name EPB		Internet Service	47 15	
Address P.O. Box 182254	State Tn	Zip Code 37422	Date of Expenditure	2/10
City Chatt.				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
LastName/Business Name Bell South		Electric Bill	625 52	
Address P.O. Box 105216Z	State Ga	Zip Code 30348	Date of Expenditure	2/10
City Atlanta				
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 campaign expenditures, this amount must be shown in Item 17b. of summary.)				
			965 21	



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>				2. REPORT COVERING THE PERIOD FROM: 1-16 TO: 6-30 Amount <u>965 21</u>
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <u>EPB</u>		<u>Electric Bill</u>		<u>36 14</u>
Address <u>PO Box 182254</u>				Date of Expenditure <u>3/3</u>
City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37422</u>		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <u>Bell South</u>		<u>Phone Bill</u>		<u>307 58</u>
Address <u>PO Box 105262</u>				Date of Expenditure <u>3/3</u>
City <u>Atlanta</u>	State <u>Ga</u>	Zip Code <u>30348</u>		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <u>Comcast</u>		<u>Internet</u>		<u>295 99</u>
Address <u>P.O. Box 182249</u>				Date of Expenditure <u>3/3</u>
City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37422</u>		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <u>Party</u>		<u>Rent</u> (2 months)		<u>3000-</u>
Address <u>21 Patton Pky</u>				Date of Expenditure <u>3/3</u>
City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37402</u>		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <u>Chatt. State Comm. College</u>		<u>Room Rental</u>		<u>250-</u>
Address <u>4501 Amnicola Hwy</u>				Date of Expenditure <u>3/3</u>
City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37406</u>		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <u>Party</u>		<u>Rent</u>		<u>1500-</u>
Address <u>21 Patton Pky</u>				Date of Expenditure <u>3/5</u>
City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37402</u>		
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 campaign expenditures, this amount must be shown in Item 17b. of summary.)				<u>5389 71</u>



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>			2. REPORT COVERING THE PERIOD FROM: 1-16 TO: 6-30 Amount <u>5389 71</u>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.				
First Name <u>Rita</u>	Middle Name	Purpose of Expenditure <u>Reimbur.</u>	Amount of Expenditure <u>188 11</u>	Date of Expenditure <u>3/17</u>
Last Name/Business Name <u>Fehring</u>		<u>Reorganization Supplies</u>		
Address <u>1944 Northpoint Blvd</u>	State <u>Tn</u>	Zip Code <u>37343</u>		
City <u>Hixson</u>				
First Name <u>Rita</u>	Middle Name	Purpose of Expenditure <u>Food For Reorganization</u>	Amount of Expenditure <u>580 23</u>	Date of Expenditure <u>3/17</u>
Last Name/Business Name <u>Chatt. State Comm. College</u>				
Address <u>4501 Amnicola Hwy</u>	State <u>Tn</u>	Zip Code <u>37404</u>		
City <u>Chatt.</u>				
First Name <u>Rita</u>	Middle Name	Purpose of Expenditure <u>Ham. Cty Election Comm.</u>	Amount of Expenditure <u>35-</u>	Date of Expenditure <u>3/17</u>
Last Name/Business Name <u>Fehring</u>				
Address <u>1944 Northpoint Blvd</u>	State <u>Tn</u>	Zip Code <u>37343</u>		
City <u>Hixson</u>				
First Name <u>Rita</u>	Middle Name	Purpose of Expenditure <u>Disc</u>	Amount of Expenditure <u>78 46</u>	Date of Expenditure <u>3/22</u>
Last Name/Business Name <u>Fehring</u>				
Address <u>1944 Northpoint Blvd</u>	State <u>Tn</u>	Zip Code <u>37343</u>		
City <u>Hixson</u>				
First Name <u>Rita</u>	Middle Name	Purpose of Expenditure <u>Funeral / Flowers</u>	Amount of Expenditure <u>156 01</u>	Date of Expenditure <u>3/28</u>
Last Name/Business Name <u>Comcast</u>				
Address <u>PO Box 182249</u>	State <u>Tn</u>	Zip Code <u>37422</u>		
City <u>Chatt.</u>				
First Name <u>Rita</u>	Middle Name	Purpose of Expenditure <u>Internet</u>	Amount of Expenditure <u>307 58</u>	Date of Expenditure <u>3/28</u>
Last Name/Business Name <u>Bell South</u>				
Address <u>P.O. Box 105262</u>	State <u>Ga</u>	Zip Code <u>30348</u>		
City <u>Atlanta</u>				
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 campaign expenditures, this amount must be shown in Item 17b. of summary.)			Amount <u>1345 59</u>	



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE Hamilton County Democratic Party		2. REPORT COVERING THE PERIOD FROM: 1-16 TO: 6-30 Amount 1345 59	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.			
First Name Last Name/Business Name Address City	Middle Name EPB PO Box 182254 Chatt	Purpose of Expenditure Electric Bill	Amount of Expenditure 37 23
First Name Last Name/Business Name Address City	Middle Name Ladd 3417 Fleeta Ln Chatt.	Purpose of Expenditure Reimbursement Food Plaques	Amount of Expenditure 183 10 Date of Expenditure 3/28 4/17
First Name Last Name/Business Name Address City	Middle Name Rita Fehring 1944 Northpoint Blvd Hixson	Purpose of Expenditure Salary /April	Amount of Expenditure 500 Date of Expenditure 4/17
First Name Last Name/Business Name Address City	Middle Name Fehring 1944 Northpoint Blvd Hixson	Purpose of Expenditure Reimbur.	Amount of Expenditure 141 40 Date of Expenditure 4/17
First Name Last Name/Business Name Address City	Middle Name Siskin N/A	Purpose of Expenditure Reimbur. for Ford Event Fundraiser	Amount of Expenditure 2206 51 Date of Expenditure 4/23
First Name Last Name/Business Name Address City	Middle Name EPB PO Box 182254 Chatt.	Purpose of Expenditure Electric Bill	Amount of Expenditure 303 78 Date of Expenditure 4/23
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 campaign expenditures, this amount must be shown in item 17b. of summary.)			
		3372 62	



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>			2. REPORT COVERING THE PERIOD FROM: 1-16 TO: 4-30 Amount <u>3372 02</u>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <u>AT & T</u>		<u>Phone Bill</u>	<u>17 52</u>	
Address <u>P.O. Box 1857</u>			Date of Expenditure	<u>4/23</u>
City <u>Alpharetta</u>	State <u>GA</u>	Zip Code <u>30023</u>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <u>Comcast</u>		<u>Internet</u>	<u>34 81</u>	
Address <u>P.O. Box 182249</u>			Date of Expenditure	<u>4/23</u>
City <u>Chatt.</u>	State <u>TN</u>	Zip Code <u>37422</u>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <u>Bailes</u>		<u>Reimbur. Security</u>	<u>75</u>	
Address <u>3638 Weldon Dr</u>			Date of Expenditure	<u>4/23</u>
City <u>East Ridge</u>	State <u>TN</u>	Zip Code <u>37412</u>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <u>Carpenter</u>		<u>Reimbur. Treas. Suppl. es</u>	<u>55 89</u>	
Address <u>P.O. Box 549</u>			Date of Expenditure	<u>4/23</u>
City <u>Harrison</u>	State <u>TN</u>	Zip Code <u>37341</u>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <u>Greather</u>		<u>Phone Banking</u>	<u>100</u>	
Address <u>Tinker</u>			Date of Expenditure	<u>4/23</u>
City <u>Best Eff.</u>				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <u>Paty</u>		<u>Rent (2 months)</u>	<u>3000</u>	
Address <u>21 Patton Pky</u>			Date of Expenditure	<u>5/8</u>
City <u>Chatt.</u>	State <u>TN</u>	Zip Code <u>37401</u>		
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 campaign expenditures, this amount must be shown in Item 17b. of summary.)				
<u>3283 28</u>				



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE		2. REPORT COVERING THE PERIOD	
<u>Hamilton County Democratic Party</u>		FROM: 1-16	TO: 4-30
		Amount	<u>3283²⁸</u>
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
<u>EPB</u>		<u>Electric Bill</u>	<u>43⁷³</u>
Address			Date of Expenditure
<u>PO Box 182254</u>			<u>5/8</u>
City	State	Zip Code	
<u>Chatt.</u>	<u>Tn</u>	<u>37422</u>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
<u>R. tg</u>		<u>Salary / May</u>	<u>500-</u>
Last Name/Business Name			Date of Expenditure
<u>Fehring</u>			
Address			
<u>1944 Northpoint Blvd</u>			
City	State	Zip Code	
<u>Hixson</u>	<u>Tn</u>	<u>37343</u>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
<u>American Wholesale Printing</u>		<u>Printing Letterhead etc</u>	<u>572⁶⁸</u>
Last Name/Business Name			Date of Expenditure
<u>P.O Box 300</u>			
Address			
<u>Bridgeport</u>	<u>HI</u>	<u>35740</u>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
<u>AT + T</u>		<u>Phone Bill</u>	<u>100⁷²</u>
Last Name/Business Name			Date of Expenditure
<u>P.O Box 1857</u>			
Address			
<u>Alpharetta</u>	<u>Ga</u>	<u>30023</u>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
<u>Comcast</u>		<u>Internet</u>	<u>95-</u>
Last Name/Business Name			Date of Expenditure
<u>P.O Box 182249</u>			
Address			
<u>Chatt.</u>	<u>Tn</u>	<u>37422</u>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
<u>Sandy Smith</u>		<u>Reimbur. For Food</u>	<u>28⁷¹</u>
Last Name/Business Name			Date of Expenditure
<u>Best Eff.</u>			
Address			
<u>Chatt.</u>	<u>Tn</u>	<u></u>	
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 campaign expenditures, this amount must be shown in Item 17b. of summary.)			
SS-1119-E (Rev. 1/00)		Page <u>6</u> of <u>8</u> <u>8 of 21</u>	

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>				2. REPORT COVERING THE PERIOD FROM: 1-16 TO: 6-30 Amount <u>1340 84</u>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<u>Electric Bill</u>	<u>59 98</u>
Address				Date of Expenditure	<u>5/24</u>
City		State	Zip Code		
<u>Chatt.</u>		<u>Tn</u>	<u>37422</u>		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<u>Joining Fee</u>	<u>295-</u>
Address				Date of Expenditure	<u>5/26</u>
<u>6802 Tyner Rd</u>		<u>Tn</u>	<u>37421</u>		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<u>Joining Fee</u>	<u>175-</u>
Address				Date of Expenditure	<u>5/26</u>
<u>Best Eff.</u>		<u>Tn</u>	<u>37402</u>		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<u>Rent</u>	<u>1500-</u>
Address				Date of Expenditure	<u>6/5</u>
<u>21 Patton Pky</u>		<u>Tn</u>	<u>37402</u>		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<u>Salary / June</u>	<u>500-</u>
Address				Date of Expenditure	<u>6/7</u>
<u>Hixson</u>		<u>Tn</u>	<u>37343</u>		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				<u>Reimburs.</u>	<u>48 92</u>
Address				Date of Expenditure	
<u>Fehring</u>		<u>Tn</u>	<u>37343</u>	<u>Food, Misc.</u>	<u>6/7</u>
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 campaign expenditures, this amount must be shown in Item 17b. of summary.)					<u>2577 98</u>



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>				2. REPORT COVERING THE PERIOD FROM: 1-16 TO: 6-30 Amount <u>98</u> <u>2577</u>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.					
First Name <u>John</u>	Middle Name 	Purpose of Expenditure <u>Reimbur.</u> <u>Lunch Retreat</u>	Amount of Expenditure <u>80^{b6}</u>	Date of Expenditure <u>7/7</u>	
Last Name/Business Name <u>Bailes</u>	Address <u>3638 Weldon Dr.</u>				
City <u>East Ridge</u>	State <u>Tn</u>	Zip Code <u>37412</u>			
First Name 	Middle Name 	Purpose of Expenditure <u>Funeral</u>	Amount of Expenditure <u>50</u>	Date of Expenditure 	
Last Name/Business Name <u>Kameron Ezell Trust</u>	Address <u>Best EF.</u>				
City <u>Chatt.</u>	State <u>Tn</u>	Zip Code 			
First Name 	Middle Name 	Purpose of Expenditure <u>Keuffaufer Dinner</u> <u>200b</u> <u>Final Payment</u>	Amount of Expenditure <u>2310^{b6}</u>	Date of Expenditure <u>6/12</u>	
Last Name/Business Name <u>TNDP</u>	Address <u>223 8th Ave N, Ste 200</u>				
City <u>Nashville</u>	State <u>Tn</u>	Zip Code <u>37203</u>			
First Name 	Middle Name 	Purpose of Expenditure <u>Jackson Day</u> <u>Dinner</u>	Amount of Expenditure <u>2000</u>	Date of Expenditure <u>6/14</u>	
Last Name/Business Name <u>TNDP</u>	Address <u>223 8th Ave N, Ste 200</u>				
City <u>Nashville</u>	State <u>Tn</u>	Zip Code <u>37203</u>			
First Name 	Middle Name 	Purpose of Expenditure <u>Jackson Day</u> <u>Dinner</u>	Amount of Expenditure <u>200</u>	Date of Expenditure <u>6/23</u>	
Last Name/Business Name <u>Comcast</u>	Address <u>PO Box 182249</u>				
City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37422</u>			
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 campaign expenditures, this amount must be shown in Item 17b. of summary.)					
<u>4736^{b4}</u>					



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>			2. REPORT COVERING THE PERIOD FROM: 1-16-07 TO: 6-30-07
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <u>\$0</u>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <u>Kincaid</u>	M.I. 	Last Name/Organization Name <u>Mills</u>	Amount of Contribution
Address <u>735 Broad St</u>			<u>200-</u>
City <u>Chatt.</u>	State <u>TN</u>	Zip Code <u>37402</u>	Date of Contribution <u>2/5</u>
Occupation <u>Best Effort</u>	Employer 		
First Name 	M.I. 	Last Name/Organization Name <u>Bell South (Refund)</u>	Amount of Contribution
Address <u>P.O. Box 105262</u>			<u>269 34</u>
City <u>Atlanta</u>	State <u>Ga</u>	Zip Code <u>30348</u>	Date of Contribution <u>2/5</u>
Occupation 	Employer 		
First Name <u>Olan</u>	M.I. 	Last Name/Organization Name <u>Mills II</u>	Amount of Contribution
Address <u>4325 Amnicola Hwy</u>			<u>10,000-</u>
City <u>Chatt.</u>	State <u>TN</u>	Zip Code <u>37406</u>	Date of Contribution <u>2/28</u>
Occupation <u>Owner</u>	Employer <u>Olan Mills Studios</u>		
First Name <u>Robert</u>	M.I. 	Last Name/Organization Name <u>Siskin</u>	Amount of Contribution
Address 			<u>1500-</u>
City <u>Chatt.</u>	State <u>TN</u>	Zip Code 	Date of Contribution
Occupation <u>Best Effort</u>	Employer 		<u>3/2</u>
First Name <u>Sharon</u>	M.I. 	Last Name/Organization Name <u>Mills</u>	Amount of Contribution
Address <u>1 Union Square Ste 6004</u>			<u>500-</u>
City <u>Chatt.</u>	State <u>TN</u>	Zip Code <u>37402</u>	Date of Contribution
Occupation <u>Best Effort</u>	Employer 		<u>3/6</u>
First Name <u>Steve</u>	M.I. 	Last Name/Organization Name <u>Coulter</u>	Amount of Contribution
Address <u>PO Box 39</u>			<u>500-</u>
City <u>Signal Mtn.</u>	State <u>TN</u>	Zip Code <u>37377</u>	Date of Contribution
Occupation <u>Doctor</u>	Employer 		<u>3/9</u>
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 13b. of summary.)			<u>12969</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>			2. REPORT COVERING THE PERIOD FROM: <u>-16</u> TO: <u>6-30</u> Amount <u>12969³⁴</u>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <u>Joseph</u>	M.I. 	Last Name/Organization Name <u>Davis</u>	Amount of Contribution <u>500-</u>
Address <u>2115 Altura Dr.</u>	City <u>Signal Mtn Tn</u>	State <u>Tn</u>	Zip Code <u>37377</u>
Occupation <u>Best Effort</u>	Employer 	Date of Contribution <u>3/14</u>	
First Name <u>Carl</u>	M.I. 	Last Name/Organization Name <u>Henderson</u>	Amount of Contribution <u>500-</u>
Address <u>5704 Queen Aire Ln</u>	City <u>Chatt</u>	State <u>Tn</u>	Zip Code <u>37415</u>
Occupation <u>Best Effort</u>	Employer 	Date of Contribution <u>3/15</u>	
First Name <u>Alison</u>	M.I. 	Last Name/Organization Name <u>Leboritz</u>	Amount of Contribution <u>500-</u>
Address <u>1104 Centennial Dr.</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37405</u>
Occupation <u>B/E</u>	Employer 	Date of Contribution <u>3/15</u>	
First Name <u>Donna</u>	M.I. 	Last Name/Organization Name <u>Hobgood</u>	Amount of Contribution <u>500-</u>
Address <u>1 Minnekahta Pl</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37405</u>
Occupation <u>B/E</u>	Employer 	Date of Contribution <u>3/15</u>	
First Name <u>Hubert</u>	M.I. 	Last Name/Organization Name <u>Hamilton</u>	Amount of Contribution <u>500-</u>
Address <u>1027 Lakeshore Ln</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37415</u>
Occupation <u>B/E</u>	Employer 	Date of Contribution <u>3/15</u>	
First Name <u>William</u>	M.I. 	Last Name/Organization Name <u>Bailes</u>	Amount of Contribution <u>500-</u>
Address <u>3638 Weldon Dr.</u>	City <u>East Ridge</u>	State <u>Tn</u>	Zip Code <u>37412</u>
Occupation <u>Consultant</u>	Employer 	Date of Contribution <u>3/23</u>	
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 13b. of summary.)			
			\$3000-



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Hamilton County Democratic Party			2. REPORT COVERING THE PERIOD FROM: 1-16 TO: 6-30
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$3000-
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Jo Ann	M.I. 	Last Name/Organization Name Morris	Amount of Contribution
Address 502 Ironwood Tr			500-
City Chatt.	State Tn	Zip Code 37421	Date of Contribution
Occupation B/E	Employer 		3/24
First Name Grant	M.I. 	Last Name/Organization Name Law Jr	Amount of Contribution
Address P.O. Box 1367			500-
City Chatt.	State Tn	Zip Code 37401	Date of Contribution
Occupation B/E	Employer 		3/26
First Name Mary	M.I. 	Last Name/Organization Name Moore	Amount of Contribution
Address 2444 Broad St			500-
City Chatt.	State Tn	Zip Code 37408	Date of Contribution
Occupation B/E	Employer 		3/27
First Name John	M.I. 	Last Name/Organization Name Standridge	Amount of Contribution
Address 6838 Buck Trail Dr.			500-
City Harrison	State Tn	Zip Code 37341	Date of Contribution
Occupation B/E	Employer 		3/27
First Name Winfred	M.I. 	Last Name/Organization Name McDoffie	Amount of Contribution
Address 1601 Edgewood Cir			500-
City Chatt.	State Tn	Zip Code 37405	Date of Contribution
Occupation Retired	Employer 		3/28
First Name Alice	M.I. 	Last Name/Organization Name Lupton	Amount of Contribution
Address Stoneedge Dt.			250-
City Lookout Mtn.	State Tn	Zip Code 37350	Date of Contribution
Occupation B/E	Employer 		4/2
5. TOTAL ITEMIZED CONTRIBUTIONS			\$2750
(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 13b. of summary.)			



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Hamilton County Democratic Party			2. REPORT COVERING THE PERIOD FROM: -16 TO: 6-30 Amount \$2750
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Charles	M.I. BIE	Last Name/Organization Name Glick	Amount of Contribution 500
Address 1222 Laurelwood	City Chatt.	State Tn	Zip Code 37412
Occupation Employer			Date of Contribution 4/2
First Name Pamela	M.I. 	Last Name/Organization Name Ladd	Amount of Contribution 500
Address 3417 Fleeta Ln	City Chatt.	State In	Zip Code 37416
Occupation Owner			Date of Contribution 4/3
First Name Leland	M.I. 	Last Name/Organization Name Davis	Amount of Contribution 500
Address 508 E. 5th Ave	City Chatt.	State Tn	Zip Code 37403
Occupation B/E			Date of Contribution 4/5
First Name Witney	M.I. 	Last Name/Organization Name Durand	Amount of Contribution 500
Address 1914 E Brow Rd	City Signal Mtn	State Tn	Zip Code 37377
Occupation B/E			Date of Contribution 4/6
First Name Annie	M.I. 	Last Name/Organization Name Hall	Amount of Contribution 500
Address 12 Highdown Ct	City Signal Mtn.	State Tn	Zip Code 37377
Occupation B/E			Date of Contribution 4/6
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 13b. of summary.)			
			3350



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Hamilton County Democratic Party			2. REPORT COVERING THE PERIOD FROM: 1-16 TO: 6-30	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 3350⁴⁷	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Cornelius	M.I. 	Last Name/Organization Name Mance	Amount of Contribution 500-	
Address 5309 Inlet View Ln	City Hixson	State Tn	Zip Code 37343	Date of Contribution 4/7
Occupation Doctor	Employer			
First Name Larry	M.I. 	Last Name/Organization Name Wolfe	Amount of Contribution 250-	
Address 682 Traditions Dr.	City Chatt.	State Tn	Zip Code 37415	Date of Contribution 4/9
Occupation B/E	Employer			
First Name Carol	M.I. 	Last Name/Organization Name Benz	Amount of Contribution 500-	
Address 1000 Market St	City Chatt.	State Tn	Zip Code 37402	Date of Contribution 4/9
Occupation B/E	Employer			
First Name Ruth	M.I. 	Last Name/Organization Name Holmberg	Amount of Contribution 500-	
Address 100 E 10th St # 400	City Chatt.	State Tn	Zip Code 37402	Date of Contribution 4/10
Occupation B/E	Employer			
First Name Roy	M.I. 	Last Name/Organization Name Fuller	Amount of Contribution 1000-	
Address 1909 Windstone Dr.	City Ringgold	State Ga	Zip Code 30736	Date of Contribution 4/10
Occupation B/E	Employer			
First Name Steven	M.I. 	Last Name/Organization Name Grant	Amount of Contribution 500-	
Address 4 Rock Crest Dr.	City Signal Mtn	State Tn	Zip Code 31317	Date of Contribution 4/10
Occupation Attorney	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 13b. of summary.) \$3250				



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>			2. REPORT COVERING THE PERIOD FROM: -16 TO: 6-30 Amount <u>3250</u>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <u>Henry</u>	M.I.	Last Name/Organization Name <u>Frances Jr.</u>	Amount of Contribution <u>250-</u>	
Address <u>4241 Lundy Mt. Ln.</u>	City <u>Signal Mtn</u>	State <u>Tn</u>	Zip Code <u>37377</u>	Date of Contribution <u>4/12</u>
Occupation <u>B/E Doctor</u>	Employer			
First Name <u>Thomas</u>	M.I.	Last Name/Organization Name <u>O'Neal</u>	Amount of Contribution <u>500-</u>	
Address <u>110 Wilder Dr.</u>	City <u>Signal Mtn</u>	State <u>Tn</u>	Zip Code <u>37377</u>	Date of Contribution <u>4/12</u>
Occupation <u>B/E</u>	Employer			
First Name <u>Fletcher</u>	M.I.	Last Name/Organization Name <u>Bright</u>	Amount of Contribution <u>500-</u>	
Address <u>537 Market St Ste 400</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37402</u>	Date of Contribution <u>4/12</u>
Occupation <u>B/E</u>	Employer			
First Name <u>Lucy</u>	M.I.	Last Name/Organization Name <u>Thatcher</u>	Amount of Contribution <u>500-</u>	
Address <u>14 Bartram Rd</u>	City <u>Lookout Mtn</u>	State <u>Tn</u>	Zip Code <u>37350</u>	Date of Contribution <u>4/12</u>
Occupation <u>B/E</u>	Employer			
First Name <u>Curtis</u>	M.I.	Last Name/Organization Name <u>Williams</u>	Amount of Contribution <u>250-</u>	
Address <u>68 N Crest Rd</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37404</u>	Date of Contribution <u>4/17</u>
Occupation <u>B/E</u>	Employer			
First Name <u>Larry</u>	M.I.	Last Name/Organization Name <u>Hattley</u>	Amount of Contribution <u>100-</u>	
Address <u>1316 Greenbrook Ln</u>	City <u>Hixson</u>	State <u>Tn</u>	Zip Code <u>37343</u>	Date of Contribution <u>4/17</u>
Occupation <u>Retired</u>	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 13b. of summary.)				
2100				



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>			2. REPORT COVERING THE PERIOD FROM: <u>6-16</u> TO: <u>6-30</u>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <u>2100</u>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <u>Joseph</u>	M.I. 	Last Name/Organization Name <u>Blass</u>	Amount/Contribution <u>300</u>	
Address <u>716 Lakeshore Ln</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37415</u>	Date of Contribution <u>6/7</u>
Occupation <u>B/E</u>	Employer			
First Name <u>Wade</u>	M.I. 	Last Name/Organization Name <u>Woolridge</u>	Amount/Contribution <u>300</u>	
Address <u>3701 Juandale Trl</u>	City <u>Chatt</u>	State <u>Tn</u>	Zip Code <u>37406</u>	Date of Contribution <u>6/7</u>
Occupation <u>B/E</u>	Employer			
First Name <u>Pamela</u>	M.I. 	Last Name/Organization Name <u>Ladd</u>	Amount/Contribution <u>150</u>	
Address <u>3417 Fleeta Ln</u>	City <u>Chatt</u>	State <u>Tn</u>	Zip Code <u>37416</u>	Date of Contribution <u>6/8</u>
Occupation <u>Owner</u>	Employer			
First Name <u>William</u>	M.I. 	Last Name/Organization Name <u>Bailes</u>	Amount/Contribution <u>300</u>	
Address <u>3638 Weldon Dr.</u>	City <u>East Ridge</u>	State <u>Tn</u>	Zip Code <u>37412</u>	Date of Contribution <u>6/13</u>
Occupation <u>Consultant</u>	Employer			
First Name <u>Brent</u>	M.I. 	Last Name/Organization Name <u>Staton</u>	Amount/Contribution <u>150</u>	
Address <u>1663 Apple Valley Dr.</u>	City <u>Cookeville</u>	State <u>Tn</u>	Zip Code <u>38501</u>	Date of Contribution <u>6/15</u>
Occupation <u>Doctor</u>	Employer			
First Name <u>Joan</u>	M.I. 	Last Name/Organization Name <u>Flores</u>	Amount/Contribution <u>75</u>	
Address <u>4110A Brainard Rd</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37411</u>	Date of Contribution <u>6/15</u>
Occupation <u>B/E</u>	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 13b. of summary.)				
<u>1275</u>				



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <u>Hamilton County Democratic Party</u>			2. REPORT COVERING THE PERIOD FROM: <u>1-16</u> TO: <u>6-30</u>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <u>1275</u>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <u>Marilyn</u>	M.I. 	Last Name/Organization Name <u>Lloyd</u>	Amount of Contribution <u>500</u>	
Address <u>4925 Bal Harbor Dr.</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37416</u>	Date of Contribution <u>6/19</u>
Occupation <u>Retired</u>	Employer			
First Name <u>Marth</u>	M.I. 	Last Name/Organization Name <u>Brown</u>	Amount of Contribution <u>150</u>	
Address <u>716 Curve St</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37405</u>	Date of Contribution <u>6/19</u>
Occupation <u>B/E</u>	Employer			
First Name <u>Ruth</u>	M.I. 	Last Name/Organization Name <u>McDoffie</u>	Amount of Contribution <u>150</u>	
Address <u>1601 Edgewood Cir</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37405</u>	Date of Contribution <u>6/19</u>
Occupation <u>Retired</u>	Employer			
First Name <u>Olan</u>	M.I. 	Last Name/Organization Name <u>mills II</u>	Amount of Contribution <u>1500</u>	
Address <u>4325 Amnicola Hwy</u>	City <u>Chatt.</u>	State <u>Tn</u>	Zip Code <u>37406</u>	Date of Contribution <u>6/19</u>
Occupation <u>Owner</u>	Employer <u>Olan Mills Studios</u>			
First Name 	M.I. 	Last Name/Organization Name 	Amount of Contribution 	
Address 				
City 	State 	Zip Code 	Date of Contribution 	
Occupation 	Employer 			
First Name 	M.I. 	Last Name/Organization Name 	Amount of Contribution 	
Address 				
City 	State 	Zip Code 	Date of Contribution 	
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 13b. of summary.)				
<u>2300</u>				



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <i>Ham-Hon County Democratic Party</i>		2. REPORT COVERING PERIOD	
		FROM:	TO:
		Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			
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 <i>N/A</i>	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name		Date of In-Kind Contribution	
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name <i>N/A</i>	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name		Date of In-Kind Contribution	
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name <i>N/A</i>	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name		Date of In-Kind Contribution	
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name <i>N/A</i>	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name		Date of In-Kind Contribution	
Address			
City	State	Zip Code	
Occupation			
Employer			
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS			
(Carry forward to item 3 of next page if additional pges of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)			



ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD		
<i>Hamilton County Democratic Party</i>			FROM:	TO:	
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
First Name	Middle Name	Last Name/Business Name			Outstanding Balance (End of Period)
<i>N/A</i>					
Address					
City	State	Zip Code			
Description of Obligation					
First Name	Middle Name	Last Name/Business Name			
<i>N/A</i>					
Address					
City	State	Zip Code			
Description of Obligation					
First Name	Middle Name	Last Name/Business Name			
<i>N/A</i>					
Address					
City	State	Zip Code			
Description of Obligation					
First Name	Middle Name	Last Name/Business Name			
<i>N/A</i>					
Address					
City	State	Zip Code			
Description of Obligation					
4. TOTALS <small>(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)</small>					



ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE Hamilton County Democratic Party			2. REPORT COVERING THE PERIOD		
			FROM:	TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period
					Outstanding Balance (End of Period)
First Name N/A	Middle Name				
Last Name/Business Name					
Address					
City	State	Zip Code	Date of Loan		
First Name N/A	Middle Name				
Last Name/Business Name					
Address					
City	State	Zip Code	Date of Loan		
First Name N/A	Middle Name				
Last Name/Business Name					
Address					
City	State	Zip Code	Date of Loan		
First Name N/A	Middle Name				
Last Name/Business Name					
Address					
City	State	Zip Code	Date of Loan		
First Name N/A	Middle Name				
Last Name/Business Name					
Address					
City	State	Zip Code	Date of Loan		
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)					



STATE OF TENNESSEE



REGISTRY OF ELECTION FINANCE
404 JAMES ROBERTSON PARKWAY, SUITE 1614
NASHVILLE, TN 37243-1360
(615) 741-7959
Fax: (615) 532-8905

BOARD MEMBERS

William F. Long, Jr., Nashville, Chairperson
George Harding, Lebanon
Patricia Heim, Nashville
Wade Hinton, Chattanooga
Darlene McNeece, Loudon
Lee Anne Murray, Nashville

June 27, 2007

EXECUTIVE DIRECTOR
Drew Rawlins

HAMILTON COUNTY DEMOCRATIC PARTY
Attn: *DEBBIE COLBURN James Carpenter*
23 PATTON PKWY
CHATTANOOGA, TN 37402

Dear PAC Treasurer:

Please find enclosed the reporting forms you will need to file your committee's Mid-Year Supplemental 2007 campaign financial disclosure statement for the **January 16, 2007 through June 30, 2007** reporting period. Your committee's report is to be filed with our office no later than **July 16, 2007**. If you are filing your Mid-Year Supplemental campaign financial disclosure report electronically (www.tennesseeanytime.org/tncamp/) you are not required to submit the enclosed forms but you will need to submit your report electronically by **July 16, 2007**.

Please remember, you are required to make a "best effort" to provide occupation and employer for all itemized contributions. If you make a "best effort" to obtain this information but can not, you must enter "Best Effort Made" in the occupation and employer fields.

Pursuant to T.C.A. § 2-10-110(f) of Tennessee's Campaign Financial Disclosure Act, the treasurer of a multicandidate political campaign committee (PAC) is personally liable for any civil penalty assessed the committee by the Registry for violations of the campaign finance laws.

If you would like to receive an ID and password to file your campaign financial disclosure reports electronically, please complete the bottom portion of this letter and return it to the Registry.

Registry of Election Finance
404 James Robertson Parkway, Suite 1614
Nashville, TN 37243
Fax (615) 532-8905

I would like to receive an ID and password for the Registry's electronic filing system.

PAC's Name Hamilton County Democratic Party

Signature *[Signature]* Date 7/4/07