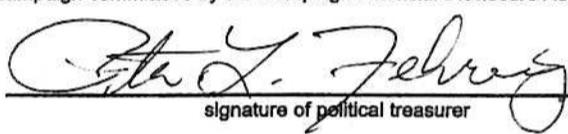
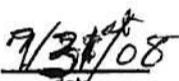
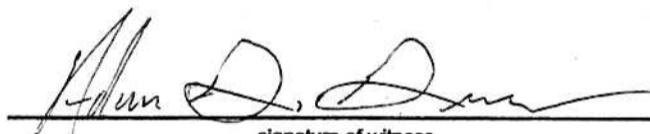


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT 7-31-08	2. NAME OF COMMITTEE Hamilton County Democratic Party
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) H.C.D.P.	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 23 Patten Parkway Chattanooga TN 37402 (423)266-4125	
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input checked="" type="checkbox"/> BOTH <input type="checkbox"/>	
5.A. NAME OF POLITICAL TREASURER RITA LI FEHRING	5.B. DATE APPOINTED 7-31-08
6. 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	
7.A. BEGINNING DATE OF REPORTING PERIOD 7-1-08	7.B. ENDING DATE OF REPORTING PERIOD 7-28-08
8. (Check one) 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.) 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.	
 signature of political treasurer	
 date	
9. WITNESS SIGNATURE	
 signature of witness	
 date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>21,489.05</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>2,610.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>6,564.98</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>17,534.07</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SS-1122(Rev. 2/06)

12:00 PM 10/27/08
 HAMILTON COUNTY
 ELECTION COMMISSION

RDA Pending

(1)

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <i>Hamilton County Democratic Party</i>	12. REPORT COVERING THE PERIOD FROM <i>7/1/05</i> TO: <i>7/28/08</i>
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u><i>110.00</i></u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u><i>2,506.00</i></u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u><i>2,610.00</i></u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u><i>0</i></u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u><i>0</i></u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u><i>2610.00</i></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><i>information disk</i></u>	\$ <u><i>35.00</i></u>
<u><i>food + beverages</i></u>	\$ <u><i>100.00</i></u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u><i>135.00</i></u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u><i>6,429.98</i></u>
c. Independent Expenditures	\$ <u><i>0</i></u>
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.)	\$ <u><i>6,564.98</i></u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u><i>0</i></u>
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)	\$ <u><i>6,564.98</i></u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ _____
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ _____
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u><i>0</i></u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u><i>0</i></u>
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ _____
b. Itemized Obligations Outstanding (Over \$100 each)	\$ _____
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.)	\$ <u><i>0</i></u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM: 7/1/08	TO: 7/28/08
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 during the period)				
First Name Paul	M.I. E	Last Name/Organization Name SMITH	Amount of Contribution 500.00	
Address 801 Belvoir Hills DR.				
City CHATTANOOGA	State TN	Zip Code 37411	Date of Contribution 7/25/08	
Occupation Educator		Employer Hamilton Co Dept. of Education		
First Name Andy	M.I.	Last Name/Organization Name BERKE For STATE Senate Committee	Amount of Contribution 2,000.00	
Address P.O. BOX 4747				
City CHATTANOOGA	State TN	Zip Code 37405	Date of Contribution 7/12/08	
Occupation		Employer		
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		
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				2,500.00
(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 EXPENDITURES - PAC

1. NAME OF COMMITTEE HAMILTON County Democratic Party		2. REPORT COVERING THE PERIOD	
		FROM:	TO:
		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 totalling 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 JUSTIN	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name WILKINS		DONATION TO ATTEND NATIONAL CONVENTION	200.00
Address 2234 LAUREL STREET			Date of Expenditure 7/10/08
City SIGNAL MOUNTAIN	State TN		Zip Code 37377
First Name John	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Basles		Reimbursement For bumper sticker purchase	162.75
Address 3638 Weldon DR.			Date of Expenditure 7/10/08
City CHATTANOOGA	State TN		Zip Code 37412
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name US POSTMASTER		POSTAGE STAMPS	126.00
Address DOWNTOWN STATION - 1000 GEORGIA AVE			Date of Expenditure 7/4/08
City CHATTANOOGA	State TN		Zip Code 37401
First Name NADINE	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name VARNELL		CONTRACT LABOR	90.00
Address 803 EDDING STREET			Date of Expenditure 7/14/08
City CHATTANOOGA	State TN		Zip Code 37411
First Name CYNTHIA	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name TAYLOR		CONTRACT LABOR	60.00
Address 112 LAWN STREET			Date of Expenditure 7/14/08
City CHATTANOOGA	State TN		Zip Code 37405
First Name TERRI LYNN	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name VARNELL		CONTRACT LABOR	90.00
Address 719 Belle Vista Ave.			Date of Expenditure 7/14/08
City CHATTANOOGA	State TN		Zip Code 37411
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.)			728.75



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE HAMILTON COUNTY DEMOCRATIC PARTY		2. REPORT COVERING THE PERIOD FROM: 7/1/08 TO: 7/28/08	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 728.75
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 GREATHER	Middle Name	Purpose of Expenditure CONTRACT LABOR	Amount of Expenditure 135.00
Last Name/Business Name TINKER			Date of Expenditure 7/14/08
Address 4405 LUNA LANE			
City CHATTANOOGA	State TN	Zip Code 37411	
First Name CANDACE	Middle Name	Purpose of Expenditure CONTRACT LABOR	Amount of Expenditure 180.00
Last Name/Business Name CHENKUS			Date of Expenditure 7/14/08
Address 9025 AMOS ROAD			
City COLEMAN	State TN	Zip Code 37363	
First Name RITA	Middle Name L.	Purpose of Expenditure CONTRACT LABOR	Amount of Expenditure 1,000.00
Last Name/Business Name Fehring			Date of Expenditure 7/17/08
Address 424 Stone Ridge DR.			
City HIXSON	State TN	Zip Code 37343	
First Name GREATHER	Middle Name	Purpose of Expenditure CONTRACT LABOR	Amount of Expenditure 180.00
Last Name/Business Name TINKER			Date of Expenditure 7/21/08
Address 4405 LUNA LANE			
City CHATTANOOGA	State TN	Zip Code 37411	
First Name NADINE	Middle Name	Purpose of Expenditure CONTRACT LABOR	Amount of Expenditure 120.00
Last Name/Business Name VARNELL			Date of Expenditure 7/21/08
Address 803 EDDING STREET			
City CHATTANOOGA	State TN	Zip Code 37411	
First Name TERRI LYNN	Middle Name	Purpose of Expenditure CONTRACT LABOR	Amount of Expenditure 120.00
Last Name/Business Name VARNELL			Date of Expenditure 7/21/08
Address 719 Belle Vista Ave			
City CHATTANOOGA	State TN	Zip Code 37411	
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 2,463.75



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE HAMILTON County Democratic Party		2. REPORT COVERING THE PERIOD FROM: 7/1/08 TO: 7/28/08	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 2,463.⁷⁵
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 Cynthia	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name TAYLOR		CONTRACT Labor	120.⁰⁰
Address 112 LAWN STREET			Date of Expenditure
City CHATTANOOGA	State TN		7/21/08
Zip Code 37405			
First Name Candace	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Chenkus		CONTRACT Labor	240.⁰⁰
Address 9025 AMOS Road			Date of Expenditure
City Coltewah	State TN		7/21/08
Zip Code 37363			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Greater Chattanooga Democratic Women's Club		DONATION	900.⁰⁰
Address 518 MARLBORO Avenue			Date of Expenditure
City CHATTANOOGA	State TN		7/21/08
Zip Code 37412			
First Name Donnie	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name JENKINS		RADIO SCRIPTS	200.⁰⁰
Address 3327 Roberts Road			Date of Expenditure
City CHATTANOOGA	State TN		7/21/08
Zip Code 37416			
First Name Greather	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name TINKER		CONTRACT Labor	180.⁰⁰
Address 4405 LUNA Lane			Date of Expenditure
City CHATTANOOGA	State TN		7/28/08
Zip Code 37411			
First Name NADIE	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name VARNELL		CONTRACT Labor	120.⁰⁰
Address 803 Edding Street			Date of Expenditure
City CHATTANOOGA	State TN		7/28/08
Zip Code 37411			
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.)			4,223.⁷⁵

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE		2. REPORT COVERING THE PERIOD	
Hamilton County Democratic Party		FROM 7/1/08	TO: 7/28/08
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 4,223.75
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
TERRI LYNN		CONTRACT Labor	120.00
Last Name/Business Name			Date of Expenditure
VARNELL			7/28/08
Address			
719 Belle Vista Avenue			
City	State	Zip Code	
CHATTANOOGA	TN	37411	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
CYNTHIA		CONTRACT Labor	120.00
Last Name/Business Name			Date of Expenditure
TAYLOR			7/28/08
Address			
112 LAWN STREET			
City	State	Zip Code	
CHATTANOOGA	TN	37405	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
CANDICE		CONTRACT Labor	240.00
Last Name/Business Name			Date of Expenditure
CHENKUS			
Address			
9025 AMOS ROAD.			
City	State	Zip Code	
DOLEWAH	TN	37363	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		ELECTRIC bill	100.14
Last Name/Business Name			Date of Expenditure
EPB			7/28/08
Address			
10 W. MLK BLDG.			
City	State	Zip Code	
CHATTANOOGA	TN	37402	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		WATER bill	21.30
Last Name/Business Name			Date of Expenditure
TENNESSEE AMERICAN WATER CO			7/28/08
Address			
PO BOX 578			
City	State	Zip Code	
ALTON	TN	62002	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		telephone bill	104.79
Last Name/Business Name			Date of Expenditure
ATT			7/28/08
Address			
PO BOX 1857			
City	State	Zip Code	
ALPHARETTA	GA	36023	
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.)			4,929.98



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <i>Hamilton County Democratic Party</i>		2. REPORT COVERING THE PERIOD FROM: <i>7/1/08</i> TO: <i>7/28/08</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>4,929.28</i>
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 <i>Selma</i>	Middle Name <i>CASH</i>	Purpose of Expenditure <i>RENT</i>	Amount of Expenditure <i>1,500.00</i>
Last Name/Business Name <i>PATY</i>			Date of Expenditure <i>7/28/08</i>
Address <i>19 PATTEN PARKWAY</i>			
City <i>CHATTANOOGA</i>	State <i>TN</i>	Zip Code <i>37402</i>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
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 campaign expenditures, this amount must be shown in item 17b. of summary.)			<i>6,429.98</i>



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <i>Hamilton County Democratic Party</i>			2. REPORT COVERING PERIOD	
			FROM: <i>7/1/08</i>	TO: <i>7/28/08</i>
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>0</i>
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	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code		Date of In-Kind Contribution
Occupation				
Employer				
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code		Date of In-Kind Contribution
Occupation				
Employer				
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code		Date of In-Kind Contribution
Occupation				
Employer				
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code		Date of In-Kind Contribution
Occupation				
Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS				
(Carry forward to item 3 of next page if additional pages 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.)				<i>0</i>



ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE <i>Hamilton County Democratic Party</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>7/1/08</i>	TO: <i>7/28/08</i>
3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). Please remember to include the purpose of the expenditure (e.g. postage, printing) and the name of the candidate supported or opposed.			

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	Date of Expenditure
Address			
City	State		
Last Name/Business Name		Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	Date of Expenditure
Address			
City	State		
Last Name/Business Name		Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	Date of Expenditure
Address			
City	State		
Last Name/Business Name		Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	Date of Expenditure
Address			
City	State		
Last Name/Business Name		Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	Date of Expenditure
Address			
City	State		
Last Name/Business Name		Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	Date of Expenditure
Address			
City	State		
Last Name/Business Name		Candidate Supported or Opposed & Office Sought Opposed <input type="checkbox"/> Supported <input type="checkbox"/>	Date of Expenditure
Address			
City	State		
5 (a) Itemized Independent Expenditures			\$ _____
(b) Unitemized Independent Expenditures			\$ _____
(c) Total Independent Expenditures (If this is the last page of Ind. expenditures, this amount must be shown in item 17c. of summary page.)			\$ _____

ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE <i>Hamilton County Democratic Party</i>				2. REPORT COVERING THE PERIOD			
				FROM: <i>7/1/08</i>		TO: <i>7/28/08</i>	
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		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		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.)							



APPOINTMENT OF POLITICAL TREASURER

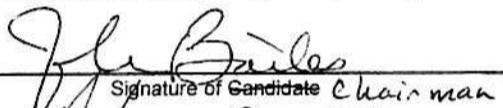
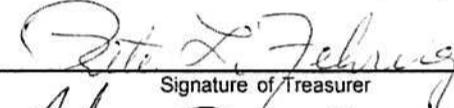
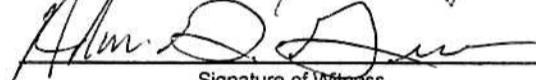
For State and Local Candidates and Single-Candidate Committees

INSTRUCTIONS

This form must be used to appoint a political treasurer as required by the Campaign Financial Disclosure Act (T.C.A. §2-10-105) for candidates and single-candidate political campaign committees. No funds may be received or expended for a future election until a political treasurer has been appointed. A candidate may appoint himself or herself as political treasurer. A new form must be filed if the treasurer is changed.

Candidates for state public office must file the original with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360. Candidates for the General Assembly must also file a copy with the county election commission in their county of residence.

Candidates for local public office must file ONLY with their county election commission.

1. Date 7/31/08	2. Name of Candidate or Committee Hamilton County Democratic Party					
3. Address and Phone		Street or Rural Route	City	State	Zip Code	Phone
23 Patten Parkway		CHATTANOOGA	TN	37402	423-266-4125	
4. Office Sought (include district number, if applicable)			5. Party Affiliation DEMOCRAT		6. Election Year 2008	
7. Treasurer Name Rita L. Fehring						
8. Treasurer Address and Phone		Street or Rural Route	City	State	Zip Code	Phone
424 Stone Ridge Dr.		HIXSON	TN	37343	(423) 870-1848	
9. Candidate and Treasurer Signature (Both signatures must be witnessed. Treasurer can not witness candidate's signature)						
 Signature of Candidate Chairman			 Signature of Treasurer			
 Signature of Witness			 Signature of Witness			

ELECTRONIC FILING (State Candidates Only)

If this is your first time to run as a **state** candidate or you have previously run as a **state** candidate but did not file electronically please read the following (State candidates that already have an ID and password may continue to use them). If you are interested in filing your campaign financial disclosure statements with the Registry electronically then you will need an ID and password. You may go to www.tennesseeanytime.org/tncamp/ to see a demonstration of the electronic filing system. If you check the box below and sign, the Registry will send you an ID and password along with instructions on how to get started on the electronic filing system. If you have any questions, please feel free to contact the Registry office at (615) 741-7959.

I would like to receive an ID and Password to file campaign financial disclosure statements electronically.

Signature of Candidate

