

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10/10/06</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>TOM CRUTCHFIELD FOR JUDGE</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>TOM CRUTCHFIELD</u>		3. ELECTION DATE <u>8/3/06</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>POB 548</u> City <u>CHATTANOOGA</u> State <u>TN</u> Zip Code <u>37401</u> Phone <u>517-8868</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route <u>905 MT. VERNON AVE.</u> City <u>CHATTANOOGA</u> State <u>TN</u> Zip Code <u>37405</u> Phone <u>266-4095</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>CIRCUIT COURT JUDGE - II</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>JEFF MC CALL</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7/25/06</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>9/30/06</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>Tom Crutchfield</u> signature of candidate		<u>Jeff McCall</u> signature of political treasurer	
<u>10/10/06</u> date		<u>10/10/06</u> date	
11. WITNESS SIGNATURE			
<u>Linda Johnson</u> signature of witness		<u>Linda Johnson</u> signature of witness	
<u>10/10/06</u> date		<u>10/10/06</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		s <u>2438.00</u>	
b. TOTAL RECEIPTS THIS PERIOD		s <u>11,382.25</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		s <u>13,522.58</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		s <u>297.67</u>	
e. TOTAL LOANS OUTSTANDING		s <u>24,325.25</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		s <u>0</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE TOM CRUTCHFIELD FOR JUDGE			2. REPORT COVERING THE PERIOD FROM: 7/25/06 TO: 9/30/06	
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 THOMAS	Middle Name H	Contribution Received For:		Amount of Contribution
Last Name/Organization Name D NEAL		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		150.00
Address 721 BROAD ST.		<input type="checkbox"/> Runoff (Local Elections Only)		
City CHATTANOOGA	State TN	Zip Code 37402	Date of Contribution	Aggregate This Election
Occupation		Employer		
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	Aggregate This Election
Occupation		Employer		
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	Aggregate This Election
Occupation		Employer		
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	Aggregate This Election
Occupation		Employer		
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(Carry forward to item 3. of next page if additional pages of this form are used.) <small>(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)</small></small>				150.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE TOM CRUTCHFIELD			2. REPORT COVERING THE PERIOD FROM: 7/23/06 TO: 9/30/06	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0
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 POSTAL SERVICE		POSTAGE		387.18
Address				
City CHATTANOOGA	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name CONNELL AGENCY		ADVERTISING		6265.17
Address POB 8855				
City CHATTANOOGA	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name ADVANCE PRINTING		PRINTING		145.30
Address 4031 BRAINERD RD				
City CHATTANOOGA	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name SIGNS BY TOMORROW		ADVERTISING		4867.08
Address 5260 BRAINERD RD				
City CHATTANOOGA	State TN			
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 (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.)				11,664.73

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE TOM CRUTCHFIELD FOR JUDGE				2. REPORT COVERING THE PERIOD FROM: 7/25/06 TO: 9/30/06							
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)											
Complete the Following for the Source of the Loan											
First Name TOM		Middle Name		Outstanding Loan Balance (Beginning of Period) 13,193.00		Loans Received 11,192.25	Loan Payments 0	Outstanding Loan Balance (End of Period) 24,325.25			
Last Name/Organization Name CRUTCHFIELD				Address 905 MT. VERNON AVE				Date of Loan VARIOUS			
City WATTANOSA		State IN		Zip Code 31405		<input type="checkbox"/> Primary Election		<input checked="" type="checkbox"/> General Election			
<input type="checkbox"/> Runoff (Local Elections Only)											
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)											
First Name			Middle Name			First Name			Middle Name		
Last Name/Organization Name						Last Name/Organization Name					
Address						Address					
City			State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding					
First Name			Middle Name			First Name			Middle Name		
Last Name/Organization Name						Last Name/Organization Name					
Address						Address					
City			State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding					
First Name			Middle Name			First Name			Middle Name		
Last Name/Organization Name						Last Name/Organization Name					
Address						Address					
City			State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding					
First Name			Middle Name			First Name			Middle Name		
Last Name/Organization Name						Last Name/Organization Name					
Address						Address					
City			State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) <small>(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)</small>				Outstanding Loan Balance (Beginning of Period) 13,193.00		Loans Received 11,192.25	Loan Payments 0	Outstanding Loan Balance (End of Period) 24,325.25			

