

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

2005 JAN 9 AM 11:54
ELECTION COMMISSION

1. DATE OF REPORT <u>1/6/06</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Louie E. Thompson</u>				
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>2002</u>				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>3620 MAIDEN DR. EAST RIDGE TN 37412 867-5324</u>					
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>SAME</u>					
5. OFFICE SOUGHT (include district number, if applicable) <u>Council member</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>WAYNE THOMPSON</u>				
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input type="checkbox"/> PRE-GENERAL <input checked="" type="checkbox"/> POST-GENERAL <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED					
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1/1/02</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>1/6/06</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. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; vertical-align: bottom;"><u>Louie E. Thompson</u> signature of candidate</td> <td style="width: 10%; text-align: center; vertical-align: bottom;"><u>1/6/06</u> date</td> <td style="width: 50%; text-align: center; vertical-align: bottom;"><u>Wayne Thompson</u> signature of political treasurer</td> <td style="width: 10%; text-align: center; vertical-align: bottom;"><u>1/6/06</u> date</td> </tr> </table>		<u>Louie E. Thompson</u> signature of candidate	<u>1/6/06</u> date	<u>Wayne Thompson</u> signature of political treasurer	<u>1/6/06</u> date
<u>Louie E. Thompson</u> signature of candidate	<u>1/6/06</u> date	<u>Wayne Thompson</u> signature of political treasurer	<u>1/6/06</u> date		
11. WITNESS SIGNATURE _____ 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>0</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>0</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>0</u> e. TOTAL LOANS OUTSTANDING \$ _____ f. TOTAL OBLIGATIONS OUTSTANDING \$ _____					



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: _____ TO: _____	
RECEIPTS		
15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$	0
b. Itemized Contributions (over \$100 from each source this period)	\$	_____
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$	0
16. LOANS RECEIVED THIS REPORTING PERIOD	\$	_____
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$	_____
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$	_____
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)		
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total of Expenditures (\$100 or less each payee)	\$	_____
b. Itemized Expenditures (Over \$100 each payee this period)	\$	_____
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$	_____
20. LOAN REPAYMENTS MADE THIS PERIOD	\$	_____
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$	_____
22. IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	0
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	_____
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$	_____
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	0
b. Itemized Obligations Outstanding (Over \$100 each)	\$	_____
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$	_____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
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		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(s)		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(s)		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(s)		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(s)		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(s)		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(s)		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(s)		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.)						



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
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	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			
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 15b. of summary.)					