

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>9-17-2000</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Bill BENNETT FOR ASSESSOR</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Bill BENNETT</u>	3. ELECTION DATE <u>August 3, 2000</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>5420 Woodbridge Dr. Collierville TN. 37363 238-5115</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>N.A.</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>ASSESSOR OF PROPERTY</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>CHARLES R. UMBARGER</u>
7. CATEGORY OR REPORT (Check one) PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> POST-GENERAL <input checked="" type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED <input type="checkbox"/>	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>July 25, 2000</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>SEPTEMBER 17, 2000</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>Bill Bennett</u> <u>9-20-00</u> <u>Charles Umbarger</u> <u>9-20-00</u> signature of candidate date signature of political treasurer date	
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE STATE OF <u>Tennessee</u> THIS <u>20th</u> DAY OF <u>Sept</u> <u>2000</u> <u>Reuben Pearse</u> notary public <u>My Commission Expires May 8, 2004</u> date commission expires	SWORN TO AND SUBSCRIBED BEFORE ME IN THE STATE OF <u>Tennessee</u> THIS <u>20th</u> DAY OF <u>Sept</u> <u>2000</u> <u>Reuben Pearse</u> notary public <u>My Commission Expires May 8, 2004</u> date commission expires
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>18,614.47</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>550.-</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>5535.54</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>13,628.93</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SUMMARY PAGE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Bill Bennett for Assessor</div>	14. REPORT COVERING THE PERIOD FROM: 7-25-00 TO: 9-17-00
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 50⁰⁰

b. Itemized Contributions (over \$100 from each source this period) \$ 500⁰⁰

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 550⁰⁰

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 550⁰⁰

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)

Photography \$ 61.04

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total of Expenditures (\$100 or less each payee) \$ 61.04

b. Itemized Campaign Expenditures (Over \$100 each payee this period) \$ 5474.50

c. Itemized Other Expenditures (Over \$100 each payee this period) \$ _____

d. TOTAL EXPENDITURES (other than loan repayments)(add 19.a., 19.b. and 19.c.) \$ 5535.54

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.d. and 20.) (must be shown in item 12.c.) \$ 5535.54

22. 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) \$ 102⁰⁰

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 102⁰⁰

23. LOANS

LOANS OUTSTANDING (must be shown in item 12.e.) \$ -0-

24. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ -0-

b. Itemized Obligations Outstanding (Over \$100 each) \$ -0-

c. TOTAL OBLIGATIONS OUTSTANDING (add 24.a. and 24.b.) (must be shown in item 12.f.) \$ -0-



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Bill BRUNETT FOR ASSESSOR</i>				2. REPORT COVERING THE PERIOD FROM: <i>7-25-00</i> TO: <i>9-17-00</i>			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>500⁰⁰</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name <i>Bill</i>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>CARTER</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>300⁰⁰</i>	
Address <i>1307 BROAD ST.</i>				<input type="checkbox"/> Other Election (Specify) <i>POST-GENERAL</i>			
City <i>CHATT.</i>		State <i>TN</i>	Zip Code <i>37402</i>	Date of Contribution(s) <i>8-11-00</i>		Aggregate this Election	
First Name <i>Don</i>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>GENTRY</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>200⁰⁰</i>	
Address <i>4921 LAKE HAVEN DR</i>				<input type="checkbox"/> Other Election (Specify)			
City <i>CHATT.</i>		State <i>TN</i>	Zip Code <i>37416</i>	Date of Contribution(s) <i>8-11-00</i>		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"/> Other Election (Specify)			
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"/> Other Election (Specify)			
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"/> Other Election (Specify)			
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"/> Other Election (Specify)			
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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Bill BENNETT FOR ASSESSOR</i>			2. REPORT COVERING THE PERIOD		
			FROM: <i>7-25-00</i>	TO: <i>9-17-00</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 <i>SALLY</i>		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Other Election (Specify)	Value of In-Kind Contribution <i>102.00</i>
Last Name/Organization Name <i>WORTHINGTON</i>					
Address <i>105 NEWBERRY ST.</i>			Date of In-Kind Contribution <i>8-3-00</i>		Aggregate this Election
City <i>CHATHAMCOGA,</i>	State <i>TN.</i>	Zip Code <i>37415</i>		Description of In-Kind Contribution <i>DISCOUNT ON SHIRTS</i>	
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Other Election (Specify)	Value of In-Kind Contribution
Last Name/Organization Name					
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Other Election (Specify)	Value of In-Kind Contribution
Last Name/Organization Name					
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Other Election (Specify)	Value of In-Kind Contribution
Last Name/Organization Name					
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Other Election (Specify)	Value of In-Kind Contribution
Last Name/Organization Name					
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Other Election (Specify)	Value of In-Kind Contribution
Last Name/Organization Name					
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Other Election (Specify)	Value of In-Kind Contribution
Last Name/Organization Name					
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code		Description of In-Kind Contribution	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
<small>(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 22b. of summary.)</small>					



ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>BILL BENNETT FOR ASSESSOR</i>			2. REPORT COVERING THE PERIOD FROM: <i>7-25-00</i> TO: <i>9-17-00</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>-0-</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CAMPAIGN 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 <i>ATHLETIC SPECIALTIES</i>		<i>SHIRTS FOR ADVERTISING</i>		<i>905⁰⁷</i>
Address <i>105 NEWBERRY ST.</i>				
City <i>CHATTANOOGA</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>CHATTANOOGA CHOO-CHOO</i>		<i>RECEPTION</i>		<i>4569⁴³</i>
Address <i>MARKET ST.</i>				
City <i>CHATTANOOGA,</i>	State <i>TN</i>			
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			
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 CAMPAIGN EXPENDITURES			Amount	
(Carry forward to Item 3. of next page if additional pages of this form are used.)			<i>5474⁵⁰</i>	
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				