

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

**For State and Local Candidates  
For Single-Candidate Committees**

HAMILTON CO.  
COMMISSION

2004 AUG 11 AM 10:25

1. DATE OF REPORT <u>July 26, 2004</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 5, 2004</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>5420 Woodbridge Dr. Ooltzech 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	
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) <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> POST-GENERAL <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>MARCH 26, 2004</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>JULY 26, 2004</u>
9. (Check one) a. <input checked="" 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 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>August 10, 2004</u> <u>Charles Umbarger</u> <u>8-10-04</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>10th</u> DAY OF <u>August</u> 20 <u>04</u> <u>Marti Smith</u> notary public <u>12/8/04</u> date commission expires  Notary Seal	SWORN TO AND SUBSCRIBED BEFORE ME IN THE STATE OF <u>Tennessee</u> THIS <u>10th</u> DAY OF <u>August</u> 20 <u>04</u> <u>Marti Smith</u> notary public <u>12/8/04</u> date commission expires  Notary Seal
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>4189<sup>94</sup></u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>0</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>963<sup>58</sup></u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>5226<sup>36</sup></u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>



## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <span style="font-size: 1.2em; font-family: cursive;">Bill Bennett</span>	14. REPORT COVERING THE PERIOD FROM: <u>3-26-04</u> TO: <u>7-26-04</u>
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### 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) ..... \$ 0

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ 0

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.) ..... \$ -0-

### 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) ..... \$ -0-

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 963<sup>58</sup>

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ 963<sup>58</sup>

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ -

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ 963<sup>58</sup>

### 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) ..... \$ \_\_\_\_\_

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) ..... \$ -0-

### 23. OBLIGATIONS

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

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

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) ..... \$ -0-



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Bill BERNETT FOR ASSESSOR</i>		2. REPORT COVERING THE PERIOD FROM <i>3-26-04</i> TO: <i>7-26-04</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 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>Sign-A-Rama USA</i>		<i>CAMPAIGN SIGNS</i>	<i>963<sup>58</sup></i>	
Address <i>4300 N. ACCESS RD.</i>				
City <i>CHATT</i>	State <i>TN.</i>			Zip Code <i>37415</i>
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 <small>(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.)</small>			<i>963<sup>58</sup></i>	