CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

DATE OF REPORT	2.a. NAME OF CANDIDATE OR COMMITTEE
1-14-03	FRIENDS TO ELECT PAULA THOMPSON

2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
PAULA THOMPSON	AUGUST 1, 2002

4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
3944 AZALEAN DRIVE	CHATTANOOGA	TN	37415	423 875-9386

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)	6. NAME OF POLITICAL TREASURER (may be candidate)
CIRCUIT COURT CLERK	JUDY BELLENFANT

7. CATEGORY OR REPORT (Check one)

PRE-PRIMARY ☐ POST-PRIMARY ☐ PRE-GENERAL ☐ POST-GENERAL ☐ SUPPLEMENTAL ☐ AMENDED ☐

8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD
9-17-02	1-14-03

9. (Check one)

a. ☐ 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. ☑ 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.

Paula L. Thompson 1-13-03
signature of candidate — date

Judy Bellenfant 1-13-3
signature of political treasurer — date

11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE

STATE OF Tennessee

THIS 13 DAY OF Jan 20 03

Charlotte M. Mills
notary public

May 2004
date commission expires

Notary Seal

SWORN TO AND SUBSCRIBED BEFORE ME IN THE

STATE OF Tennessee

THIS 13 DAY OF Jan 20 03

Charlotte M. Mills
notary public

May 2004
date commission expires

Notary Seal

12. SUMMARY

a. BALANCE ON HAND LAST REPORT	$ 495.32	
b. TOTAL RECEIPTS THIS PERIOD	$ 3004.26	
c. TOTAL DISBURSEMENTS THIS PERIOD	$ 1033.44	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		$ 2466.14
e. TOTAL LOANS OUTSTANDING		$ 25166.56
f. TOTAL OBLIGATIONS OUTSTANDING		$ 0

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (in Full)	14. REPORT COVERING THE PERIOD	
FRIENDS TO ELECT PAULA THOMPSON	FROM: 9-17-2	TO: 1-14-3

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 ..... $ 3000.00

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... $ 4.26

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... $ 3004.26

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 Campaign Expenditures (Over $100 each payee this period) ..... $ _____

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.) ..... $ _____

20. LOAN REPAYMENTS MADE THIS PERIOD ..... $ 1033.44

21. TOTAL DISBURSEMENTS (add 19.d. and 20.) (must be shown in item 12.c.) ..... $ 1033.44

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) ..... $ 0

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

23. LOANS

LOANS OUTSTANDING (must be shown in item 12.e.) ..... $ 25166.56

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 i item 12.f.) ..... $ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD
FRIENDS TO ELECT PAULA THOMPSON	FROM: 1-17-2 TO: 1-14-3

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	Middle Name	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Amount of Contribution
Last Name/Organization Name			
Address			
City	State / Zip Code	Date of Contribution(s)	Aggregate this Election

First Name	Middle Name	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Amount of Contribution
Last Name/Organization Name			
Address			
City	State / Zip Code	Date of Contribution(s)	Aggregate this Election

First Name	Middle Name	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Amount of Contribution
Last Name/Organization Name			
Address			
City	State / Zip Code	Date of Contribution(s)	Aggregate this Election

First Name	Middle Name	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Amount of Contribution
Last Name/Organization Name			
Address			
City	State / Zip Code	Date of Contribution(s)	Aggregate this Election

First Name	Middle Name	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Amount of Contribution
Last Name/Organization Name			
Address			
City	State / Zip Code	Date of Contribution(s)	Aggregate this Election

First Name	Middle Name	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Amount of Contribution
Last Name/Organization Name			
Address			
City	State / Zip Code	Date of Contribution(s)	Aggregate this Election

5. TOTAL ITEMIZED CONTRIBUTIONS — 0

(Carry forward to Item 3 of next page if additional pages of this form are used.)
(If this is the last page of contributions, the amount must be shown in Item 15b of summary.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD
FRIENDS TO ELECT PAULA THOMPSON	FROM: 9-17-2 TO: 1-14-3
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page)	AMOUNT: 0

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	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ 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: ☐ Primary Election ☐ General Election ☐ 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: ☐ Primary Election ☐ General Election ☐ 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: ☐ Primary Election ☐ General Election ☐ 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: ☐ Primary Election ☐ General Election ☐ 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: ☐ Primary Election ☐ General Election ☐ 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 (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.)	0

ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE: FRIENDS TO ELECT PAULA THOMPSON
2. REPORT COVERING THE PERIOD FROM: 9-17-2 TO: -4-3
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page): 0
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: FIRST VOLUNTEER BANK Address: P.O. BOX 11167 City: CHATTANOOGA State: TN Zip Code: 37402		REPAYMENT OF LOAN	516.72
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name: FIRST VOLUNTEER BANK Address: P.O. BOX 11167 City: CHATTANOOGA State: TN Zip Code: 37402		REPAYMENT OF LOAN	516.72
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 CAMPAIGN EXPENDITURES (Carry forward to line 3 of next page if additional pages of this form are used.) (If this is the last page of expenditures, the amount must be shown on line 10b of summary)			1033.44

ITEMIZED STATEMENT OF OTHER EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD
FRIENDS TO ELECT PAULA THOMPSON	FROM: 7-17-2 TO: -14-3
3. TOTAL ITEMIZED OTHER EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page)	Amount: 0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OTHER EXPENDITURE (expenditure totaling more than $100 to any payee during the period)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure

5. TOTAL ITEMIZED OTHER EXPENDITURES — 0

(Carry forward to item 3 of next page if additional pages of this form are used.)
(If this is the last page of other expenditures, this amount must be shown in item 19c of summary.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD FROM:	TO:
FRIENDS TO ELECT PAULA THOMPSON	9-17-2	1-14-3

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	Middle Name	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
PAULA	T	23200 00	3000 00	1033 44	25166.56
Last Name/Organization Name: THOMPSON					

Address	Loan Received For	Date of Loan
3944 AZALEAN DR	☐ Primary Election ☒ General Election ☐ Other Election (Specify)	

City	State	Zip Code
CHATTANOOGA	TN	37415

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) (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 23. on summary page.)	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
	23200.00	3000.00	1033.44	25166.56

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE: FRIENDS TO ELECT PAULA THOMPSON	2. REPORT COVERING THE PERIOD FROM: 4-7-2 TO: -14-3			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than $100 owed to any person/vendor at the end of the reporting period)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				0
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 24b on summary page)				0