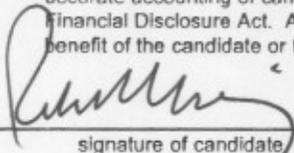
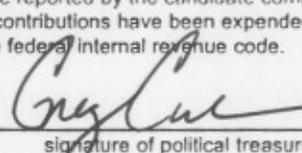
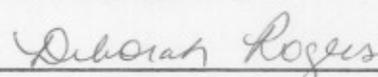
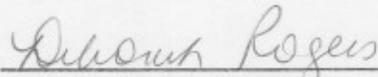


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <b>1-29-05</b>	2.a. NAME OF CANDIDATE OR COMMITTEE <b>ROBERT (BOB) V. LINEHART, JR.</b>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <b>11-2-04</b>
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route <b>5 ROCKCREST LANE</b>	City <b>SIGNAL MT TN</b>
State <b>TN</b>	Zip Code <b>37377</b>
Phone <b>423.886.1207</b>	
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) <b>SIGNAL MT. TOWN COUNCIL</b>	6. NAME OF POLITICAL TREASURER (may be candidate) <b>GREG CULLUM</b>
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 <b>10-25-04</b>	8.b. ENDING DATE OF REPORTING PERIOD <b>1-29-05</b>
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 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.	
 _____ signature of candidate	<b>1-31-05</b> _____ date
 _____ signature of political treasurer	<b>1/31/05</b> _____ date
11. WITNESS SIGNATURE	
 _____ signature of witness	<b>1-31-05</b> _____ date
 _____ signature of witness	<b>1-31-05</b> _____ date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>975.21</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>520.17</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>710.50</u>
d. BALANCE ON HAND (12 a. plus 12 b. minus 12 c.) .....	\$ <u>784.88</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) <u>ROBERT (BOB) V. LINCHART, JR</u>	14. REPORT COVERING THE PERIOD FROM: <u>10/25/04</u> TO: <u>1/29/05</u>
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**RECEIPTS**

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ <u>270.00</u>
b. Itemized Contributions (over \$100 from each source this period) .....	\$ <u>250.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) .....	\$ <u>520.00</u>

16. LOANS RECEIVED THIS REPORTING PERIOD .....

\$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD .....

\$ .17

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

\$ 520.17

**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)

<u>SUPPLIES</u>	\$ <u>5.18</u>
<u>FOOD</u>	\$ <u>55.72</u>
<u>STATIONERY</u>	\$ <u>79.75</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

\$ 140.65

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

\$ 569.85

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) .....

\$ 710.50

20. LOAN REPAYMENTS MADE THIS PERIOD .....

\$ 0

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

\$ 710.50

**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. OBLIGATIONS**

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

\$ 0

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

\$ 0

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

\$ 0

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ROBERT (BOB) V. LINEHART, JR.</b>			2. REPORT COVERING THE PERIOD	
			FROM: <b>10/29/04</b>	TO: <b>1/29/05</b>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>- 0 -</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name <b>MIKE + RAE</b>		Middle Name	Contribution Received For:	
Last Name/Organization Name <b>MOON</b>			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>2908 REYNARD TRAIL</b>			<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>SIGNAL MT</b>	State <b>TN</b>	Zip Code <b>37377</b>	Date of Contribution(s)	Amount of Contribution <b>\$ 250<sup>00</sup></b>
				Aggregate this Election <b>250<sup>00</sup></b>
First Name		Middle Name	Contribution Received For:	
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)	Amount of Contribution
				Aggregate this Election
First Name		Middle Name	Contribution Received For:	
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)	Amount of Contribution
				Aggregate this Election
First Name		Middle Name	Contribution Received For:	
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)	Amount of Contribution
				Aggregate this Election
First Name		Middle Name	Contribution Received For:	
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)	Amount of Contribution
				Aggregate this Election
First Name		Middle Name	Contribution Received For:	
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)	Amount of Contribution
				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 )				

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter #0 if first itemized page)

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 KICK OFF MAILING SVC.		BULK MAIL CAMPAIGN LITERATURE	569.85	
Address 1401 CARTER STREET				
City CHATTANOOGA	State TN			Zip Code 37401
First Name	Middle Name			Purpose 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 19b. of summary )