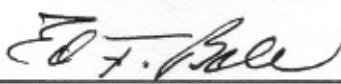
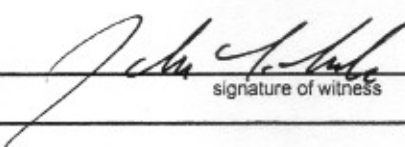


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT <b>7-8-08</b>	2. NAME OF COMMITTEE <b>Citizens for Better Loudon County</b>
3. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <b>865</b> <b>3662 Brookview Rd Lenoir City TN 37772 986-2231</b>	
4. MEASURES SUPPORTED OR OPPOSED <b>Sale of Liquor and Wine in Package Stores</b>	
5.A. NAME OF POLITICAL TREASURER <b>Ed F. Bell</b>	5.B. DATE APPOINTED <b>2/25/08</b>
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD <b>2-25-08</b>	7.B. ENDING DATE OF REPORTING PERIOD <b>7-8-08</b>
8. (Check one) A. <input type="checkbox"/> This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.) B. <input checked="" type="checkbox"/> This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.	
 _____ signature of political treasurer	
<b>7-8-08</b> date	
9. WITNESS SIGNATURE	
 _____ signature of witness	
<b>7-8-08</b> date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>13,500</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>10,808</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <u>2,692</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>



# SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <u>Citizens for Better Loudon County</u>	12. REPORT COVERING THE PERIOD FROM <u>2-25-08</u> TO <u>7-8-08</u>
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### RECEIPTS

13. 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) ..... \$ 13,500

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... \$ 13,500

14. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ 0

15. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ 0

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) ..... \$ 13,500

### DISBURSEMENTS

17. EXPENDITURES (other than loan payments)

a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>United States Postal Service</u>	\$ <u>140</u>
<u>Ackerman P.R.</u>	\$ <u>10,668</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) ..... \$ 10,808

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 10,808

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) ..... \$ 10,808

18. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ 0

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) ..... \$ 10,808

### 20. 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 20.a. and 20.b.) ..... \$ 0

### 21. LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) ..... \$ 0

### 22. OBLIGATIONS

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

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

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) ..... \$ 0



# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Citizens for Better Lenoir County</i>			2. REPORT COVERING THE PERIOD FROM <i>2/25</i> TO: <i>7-8-08</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <i>Ed</i>	M.I. <i>F</i>	Last Name/Organization Name <i>Bell</i>	Amount of Contribution  <i>\$4,500</i>	
Address <i>3662 Brookview Rd</i>				
City <i>Lenoir City</i>	State <i>TN</i>	Zip Code <i>37772</i>		
Occupation <i>Retired</i>				
Employer				
First Name <i>Barry</i>	M.I. <i>H</i>	Last Name/Organization Name <i>Gordon</i>	Amount of Contribution  <i>\$4,500</i>	
Address <i>8700 Huffs Ferry Road</i>				
City <i>Loudon</i>	State <i>TN</i>	Zip Code <i>37774</i>		
Occupation <i>DVM</i>				
Employer <i>Lenoir City Animal Clinic</i>				
First Name <i>John</i>	M.I. <i>T</i>	Last Name/Organization Name <i>Tuck</i>	Amount of Contribution  <i>\$4,500</i>	
Address <i>804 Highway 321 N #100</i>				
City <i>Lenoir City</i>	State <i>TN</i>	Zip Code <i>37771</i>		
Occupation <i>Realtor</i>				
Employer <i>Tellico Realty &amp; Auction Co Inc.</i>				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
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 13b. of summary.)				<i>\$13,500</i>



# ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Citizens for Better Loudon County</i>		2. REPORT COVERING THE PERIOD FROM <i>2-25</i> TO: <i>7-8-08</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a single payee during the period, must be itemized.)			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>United States Post office</i>		<i>Mail Box</i>	<i>140.<sup>00</sup></i>
Address			
City <i>Lenoir City</i>	State <i>TN</i> Zip Code <i>37771</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Ackerman PR</i>		<i>Recd Mailed Petitions</i>	<i>10,668</i>
Address <i>1111 Northshore Drive</i>			
City <i>Knoxville</i>	State <i>TN</i> Zip Code <i>37919</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		
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 campaign expenditures, this amount must be shown in item 17b. of summary.)			<i>10,808</i>