#### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

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1. DATE OF REPORT 9 - 70 - 11	//	ANDIDATE OR CO		Bo BE	.1.1
2.b. IF COMMITTEE, NAME OF CANDIDATE	Commit	TEE TO	LLECT	3. ELECTION DA	
RICHARD "BO" BE	NNETT			9-2	•
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	•		State )	Zip Code	Phone
5201 WESTERN AVE.	#544 Kr	DIVILLE.	72	37921	865-236-1479
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City	<i>r</i>	State	Zip Code	Phone
5. OFFICE SOUGHT (Include district number, if KNOXVILLE CITY MAYO	applicable)	6. NAME OF	, , (	REASURER (may	be candidate)
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD  QUARTER QUARTER QUARTER	☐ FOURTH QUARTER	PRIMARY	PRE- GENERAL	☐ MID-YEAR SUPPLEMENT.	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	8.b. ENDINGD			AL SUPPLEMENTAL
9. (Check one)					
a. This campaign is exempt from detailed tures total \$1,000 or less for this repor	disclosure because ting period. (Compl	contributions (il ete items 12d., 1	ncluding in-kind 12e. and 12f.)	d) received total \$7	1,000 or less AND expendi-
b. This campaign is required to file a deta and/or expenditures total more than \$1			ntributions (inc	luding in-kind) rec	eived total more than \$1,000
I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sbenefit of the candidate or for any other nonpolement.	ns and expenditures wear or affirm that n	required to be re o campaign con	eported by the tributions have	candidate commit	tee by the Campaign
+301A	0_10	A STATE OF THE PARTY OF THE PAR	+ 1	W//	9.19
signature of candidate	date		Signature of	political treasurer	date
-					
11. WITHESS SIGNATURE	9/15		(H).	Dent	9/19
signature of witness	date	· <u></u>	signatur	re of witness	date
12. SUMMARY				1 1 011	a)
a. BALANCE ON HAND LAST REPORT			,\$	66.00	<u>}</u>
b. TOTAL RECEIPTS THIS PERIOD			\$	449.00	2
c. TOTAL DISBURSEMENTS THIS PERIOD			\$	470,11	
d. BALANCE ON HAND (12.a. plus 12.b. mir	nus 12.c.)ப்பட்ட	NOT HOLL	EFE inter		s 21.14
e. TOTAL LOANS OUTSTANDING	۸ ــــــــــــــــــــــــــــــــــــ	<u> </u>	438-H0 <u>7</u>		\$O
f. TOTAL OBLIGATIONS OUTSTANDING	. 20.			<u>:</u>	\$

### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
COMMITTEE TO ELECT BOBENNETT	FROM: 7/1 TO: 9/17
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$ 449.00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>449.00</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>O</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ O
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>449.00</u>
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)
PARKING \$ 20.0	20
ACCOUNT FEES \$ 30.0	<u>00</u>
\$	
<u> </u>	
\$	
\$	
\$	
\$	_
\$	_
Total of Expenditures (\$100 or less each payee)	\$ <u>50.00</u>
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>490.71</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>490.71</u>
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.)	s <u>O</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u></u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <b>.</b> .
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	2.f.)



#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE		2		2. REPORT COV	ERING THE PERIOD
COMMITTEE TO FLEC	TE	DENNE	77	FROM: 7/1	TO: 9/17
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS F	ROM PRECEDING PA	GE (enter \$0 if first itemized pages	age)	Amount O
4. COMPLETE THE APPROPRIATE ITEMS FOR I	ACH ITEN	IIZED CONTRIBUTION	(contributions totaling more than \$	100 from any contribut	lor)
First Name	Middle N	me OLEPHUS	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	1 10	ocephus	Primary Election	General Election	#449 M
Address		4/11	Runoff (Local Elections	c Only)	1000
5201 WESTERN AVE		-544	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
City KNOXVILLE	State 7~	37921	Date of Contribution		Aggregate This Election
Occupation			7/6/11		\$549.00
Employer		·	-		Ψ .
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First Name	Middle Na	me	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>  -		Primary Election	General Election	
Address		· · · · · · · · · · · · · · · · · · ·	Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			<u> </u>		
Employer			·		
Na statut i sama kana kana kana kana kana kana kana k	alaba da asang	geligg og de de entrikkerikkerik			
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election	General Election	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer	•				
First Name	Middle Name		Contribution Received For:	ikin amering kempagan Bula Ka	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections C	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
mployer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be					\$449.00

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE  COMMITTEE TO ELECTOR	, T	30 BENNES	r	2. REPORT COVE	RING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT				7/1	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR			· · · · · · · · · · · · · · · · · · ·	•	eriod)
First Name	Middle N	e le la completa de la completa del completa de la completa del completa de la completa del completa de la completa del completa de la completa del la completa della compl	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name ACCESS SOLUTIONS, INC.  Address 8705 UNICORN Dr. Blob. C-302  City KNOXVILLE  State 7707 37923		Custom PRINTING		\$440.71	
CHYKNOYVILLE	STA	7 30.7 Zip Code 37923			
First Name	Middle Na		Purpose of Expenditure	તારા કા કરા એમાં આ એમાં કર્યા છે. તેને તેને માટિકી	Amount of Expenditure
Last Name/Business Name			_		-
Address			-		
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	e take a disebit per ang akan kepada ang aliku disebi	Amount of Expenditure
Last Name/Business Name	1		_		
Address			_		
City	State	Zip Code	-		
<u>ness et e spekel e Market ford. Hijerorings paynes eskest ik Milara a.</u>	Aurior Santa			MANG HITTO WAS ALSO PROMISE HE	
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
.ast Name/Business Name ,		·			
Address					
City	State	Zip Code			
irst Name	Middle Nam	6	Purpose of Expenditure	en geriginari kaj likalining glavis et irok	Amount of Expenditure
ast Name/Business Name	<del>,</del> ,,				
ddress					
Sity	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure	रोक्त मान्य अभिनेत्र मान्य क्षेत्र के क्षेत्र के विशेष के प्राप्त के स्थापन के क्षेत्र के क्षेत्र के क्षेत्र क -	Amount of Expenditure
Name/Business Name					
ddress	<u> </u>				
ty	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of (if this is the last page of expenditures, this amount must be					\$440.71

## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			FROM: 7/	<i>l</i> To:	9/17		
OBLIGATION (obligations totaling n person/vendor at the end of the rep	nore than \$100	owed to any	Outstanding Balance (Beginning of Period)		Payments This Period	Outstanding Balar (End of Period)	
First Name	Middle	e Name	Total Color of Marine and American States	to the control of the			
Last Name/Business Name			#0	\$440.71	£440.01	*	
Address Soution Pr			100	10.77	# 10.11		
CHY KNOXVILLE	State						
Description of Obligation CUSTOM PRIN	TING					<u> </u>	
First Name	Middle	Name	er en er kom fin die der er er er en	de en en en 1900 de la companya de la granda de la companya de la granda de la companya de la companya de la c	San ten mene ter en en de tenden i de	na transport of the second of the	
Last Name/Business Name	l						
Address	<u> </u>						
City	State	Zip Code					
Description of Obligation				·	·		
Flrst Name	Middle I	lama	Alexander of the Alexander of the State of t			reacean in the reacean english	
Last Name/Business Name	IV.IOGIE I	laine					
Address					İ		
City	State	Zip Code					
Description of Obligation					<u></u>		
First Name	Middle N	ame			<u>er men Perli Ayres Mari er</u> Saliste	en des Penne Verfile filmen bleden step d	
ast Name/Business Name							
Address					}		
City	State	Zip Code					
Description of Obligation							
Irst Name	Middle Na	me	and the second s	en e	en avalent spiller		
st Name/Business Name						•	
dress			-	. [			
ity	State	Zip Code	`				
escription of Obligation		_, 0000					
TOTALS  Total from Outstanding Balance - (End of Perion in item 23b. on summary page.)	od) column must	also be shown	50 #	440.71	440.71	\$0	
SS-1127 (Rev. 4/02)		19		Page 5 of	<u> </u>	RDA 1159	