

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <u>10-5-10</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Michael Fleenor</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>279 Cave Hill</u> <u>Blountville</u> <u>TN</u> <u>37617</u> <u>423-323-9474</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>Co. Commission</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Marsha Fleenor</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" 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	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7-27-10</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>9-30-10</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>Michael Fleenor</u> <u>10/9/10</u> <u>Marsha Fleenor</u> <u>10-5-10</u> signature of candidate      date      signature of political treasurer      date	
11. WITNESS SIGNATURE  _____      _____      _____      _____ signature of witness      date      signature of witness      date	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>0</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>0</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>0</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>449.63</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ _____



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Michael Fleenor</i>		2. REPORT COVERING THE PERIOD FROM: <i>7-27-10</i> TO: <i>9-30-10</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
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>None</i>	<i>None</i>	
Address				
City	State			Zip Code
<i>Kingston?</i>	<i>NY</i>			<i>31664</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name		<i>Partial Reimbursement from acct. - leaves 0-balance</i>	<i>360</i>	
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.)				



10-7-10

I, Mike Fleenor, do forgive the amount of \$449<sup>63</sup> that I loaned my Campaign from my personal funds.

Mike Fleenor  
Candidate

Marsha Fleenor

Marsha Fleenor  
Treasurer

Amount \$360 is transferred back to  
checking account 2246