

RECEIVED  
7-28-10

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Multicandidate Committees (PACs)

1. DATE OF REPORT: 7-27-2010

2. NAME OF COMMITTEE: Sullivan County Democratic Party

2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE):

3. ADDRESS AND PHONE

Street or Rural Route: PO Box 502 City: Blountville State: TN Zip Code: 37617 Phone: 423-279-0886

4. TYPE OF CANDIDATES SUPPORTED

STATE PUBLIC OFFICE  LOCAL PUBLIC OFFICE  BOTH

5.A. NAME OF POLITICAL TREASURER: Linda Dotson

5.B. DATE APPOINTED: 1-1-09

6. CATEGORY OR REPORT (Check one)

FIRST QUARTER  SECOND QUARTER  THIRD QUARTER  FOURTH QUARTER  PRE-PRIMARY  PRE-GENERAL  MID-YEAR SUPPLEMENTAL  YEAR-END SUPPLEMENTAL

7.A. BEGINNING DATE OF REPORTING PERIOD: 7-1-2010

7.B. ENDING DATE OF REPORTING PERIOD: 7-26-2010

8. (Check one)

A.  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.  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.

Linda Dotson signature of political treasurer 7-27-2010 date

9. WITNESS SIGNATURE

Bruce Dotson signature of witness 7-27-2010 date

10. SUMMARY

a. BALANCE ON HAND LAST REPORT .....	\$ <u>8,407.09</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>0</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>0</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <u>8,407.09</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>



SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)

Sullivan County Democratic Party

12. REPORT COVERING THE PERIOD

FROM 7-1-10

TO: 7-26-10

RECEIPTS

13. 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) ..... \$ \_\_\_\_\_

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

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

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

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

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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

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

c. Independent Expenditures ..... \$ \_\_\_\_\_

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

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

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

20. 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 20.a. and 20.b.) ..... \$ \_\_\_\_\_

21. LOANS

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

22. OBLIGATIONS

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

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

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



## ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <i>Sullivan County Democratic Party</i>			2. REPORT COVERING THE PERIOD FROM: <i>7-1-10</i> TO: <i>7-26-10</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	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
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.)				



## ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <i>Sullivan County Democratic Party</i>			2. REPORT COVERING THE PERIOD FROM: <i>7-1-10</i> TO: <i>7-26-10</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 (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
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.)				

