RECEIVED 7-29-10

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT: 7-29-10

2.a. NAME OF CANDIDATE OR COMMITTEE: Ty Boomershine

2.b. IF COMMITTEE, NAME OF CANDIDATE:

3. ELECTION DATE: 8-5-2010

4.a. CAMPAIGN ADDRESS AND PHONE

Street or Rural Route	City	State	Zip Code	Phone

4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)

Street or Rural Route	City	State	Zip Code	Phone
1643 Allison Rd.	Piney Flats	TN	37686	423-538-5506

5. OFFICE SOUGHT (include district number, if applicable): County Commissioner District 5

6. NAME OF POLITICAL TREASURER (may be candidate): Ty Boomershine

7. CATEGORY OR REPORT (Check one)

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

8.a. BEGINNING DATE OF REPORTING PERIOD:

8.b. ENDING DATE OF REPORTING PERIOD:

9. (Check one)

a. ☐ 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. ☑ 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	date	signature of political treasurer	date
Ty Boomershine	7-29-10	Ty Boomershine	7-29-10

11. WITNESS SIGNATURE

signature of witness	date	signature of witness	date
Melinda S. Rigon	7-29-10	Melinda S. Rigon	7-29-10

12. SUMMARY

a. BALANCE ON HAND LAST REPORT ..... $ 0

b. TOTAL RECEIPTS THIS PERIOD ..... $ 0

c. TOTAL DISBURSEMENTS THIS PERIOD ..... $ 0

d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) ..... $ 0

e. TOTAL LOANS OUTSTANDING ..... $ 0

f. TOTAL OBLIGATIONS OUTSTANDING ..... $ 0