Ammended
4/14/07

RECEIVED
2007 APR 18 AM 8:22
TENNESSEE ETHICS COMMISSION

STATEMENT OF DISCLOSURE OF INTERESTS

GOVERNOR/GOVERNOR'S CABINET/CABINET LEVEL STAFF/ CONSTITUTIONAL OFFICERS/GENERAL ASSEMBLY MEMBERS

INSTRUCTIONS: This form is for reporting all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §§ 8-50-501 et seq., 2-10-128 and 2-10-129). Statements of Disclosure of Interests must be filed annually by April 15 with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243 If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete items 1-6. If there were no changes in items 7-13 since the previous report, you may check the box in item 14; otherwise, you must complete items 7-13. Disclosure statements must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please note that the information listed on this statement will be posted on the Commission's website as required by T.C.A. §§ 2-10-128(b), 2-10-129(b) and 8-50-501(d)(1).

NOTE: An amended Statement of Disclosure of Interests must be filed whenever reported conditions change due to the termination or acquisition of any interests for which disclosure is required by law.

1. DATE OF DISCLOSURE

March_30,_2007_

2. NAME OF OFFICIAL AND TITLE/POSITION

_Robert_T._Bibb House of Representatives____

3. ADDRESS Street or Rural Route City State Zip Code

4518 Hwy 431 N _____Springfield, TN_____37172_____

3a. PHONE NUMBER _615-384-7618_

4. **SOURCES OF INCOME**

a. List major source(s) of private income of more than $200 for yourself and your spouse. For purposes of this provision, income shall be reported for the calendar year in which it is received. "Major sources of private income" include, but are not limited to, offices, directorships and salaried employment. No dollar amounts need to be stated; however, you must list the name and address of each source of income, except for sources of income received from a security listed on the New York Stock Exchange, American Stock Exchange or NASDAQ or from income received from investments with a federal or state chartered bank. You may list only the name of the entity. For income derived from the ownership of a business enterprise's securities, you may list the name of the enterprise in lieu of any investment brokerage firm or other fiduciary that may possess or manage the securities on your or your spouse's behalf. For income derived from a mutual fund, you may list the name of the mutual fund in lieu of the business enterprise securities owned by the mutual fund. You are not required to disclose any client list or customer list, or to list the address of any investment property. View Instructions

_Middle TN Industrial Development Assoc. Inc.___2108 Westwood Ave. Nashville, TN 37212_____
_Farm Income _____4518 Hwy. 431 N. Srpingfield, TN 37172_____
_Volunteer State Bank__101 Hwy 52 W. Portland, TN 37148_____
_Guaranty Trust Mortgage Co.___316 Robert Rose Dr. Murfreesboro, TN 37129_____
_South Side Drug Co.___1000 S. Main St. Springfield, TN 37172_____

b. List major source(s) of private income of more than $1,000 of any minor child residing with you. No dollar amounts need be stated.

_____NONE_____

5. POSITIONS HELD: List any position held including, but not limited to, officer, director, trustee, general partner, proprietor, or representative of any corporation, firm, partnership, business enterprise, non-profit organization or educational institution. Both the month and year must be reported for the period of time the position was held. Positions with the federal government, religious, social, fraternal or political entities, and those solely of an honorary nature, do not require disclosure.

Name of Organization	Position Held	Date Held
MTIDA	Asst. Exec. Director	3/1989 to present
Volunteer State Bank	Board of Directors	1/1997 to present
Guaranty Trust Mortgage Co.	Board of Directors	1/1997 to present

6. **BLIND TRUST:** For any trust considered to be a blind trust pursuant to T.C.A. § 35-50-120 in which you or your spouse is an interested party, identify the nature of the interest and list the location of the trust and the name and address of the Trustee. No individual asset held in such a blind trust need be disclosed.

____**NONE**_____

7. **INVESTMENTS**: List any investment by you, your spouse or minor children residing with you in any corporation or other business organization in excess of ten thousand dollars ($10,000) or five percent (5%) of the total capital. The name of the corporation or organization must be listed but no dollar amounts or percentages of the investment need be stated. View Instructions

403b Fidelity Mutual Funds
403b Oppenheimer Mutual Funds
American Funds - Mutual Fund
Farm Real Estate

8. **LEGISLATIVE EXPENSES**: List the amount and source (by name) of any contribution from private source(s) used for defraying the expenses related to the adequate performance of your legislative duties.

___**NONE**_____

9. **LOBBYING:** List any person, firm or organization for whom any associate, your spouse, or minor children residing with you performs compensated lobbying services. Also, list any firm engaged in compensated lobbying in which you, your spouse or minor children residing with you hold any interest. Explain the terms of any such employment, the subject matters lobbied and/or the measures to be supported or opposed. View Instructions

___**NONE**_____

10. **PROFESSIONAL SERVICES**: List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse. View Instructions

___**Spouse - Pharmacist**_____

11. **RETAINER FEES**: List any retainer fee you receive from any person, firm or organization which is in the practice of promoting or opposing, influencing or attempting to influence, directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, its legislative committees or the members thereof.

___**NONE**_____

12. **BANKRUPTCY**: List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.

____**None**_____

13. **LOANS**: List any loan or combination of loans for more than one thousand dollars ($1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. Loans need *not* be disclosed on this report if they are:

(1) From your immediate family (spouse, parent, sibling or child);
(2) From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule;
(3) Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender made on a basis which assures repayment; evidenced by a written instrument and subject to a due date or amortization schedule;
(4) From a partnership in which you have at least ten percent (10%) partnership interest;
(5) From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling or child).

_____NONE_____

14. **NO CHANGES IN ITEMS 7-13 (Check if applicable):**

☐ There has been no change in the conditions listed in Items 7 - 13 since my previous report to the Tennessee Ethics Commission.

15. **TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)**

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by the Conflict of Interest Disclosure Act.

_____4/13/2007_____
Signature of Official Date

I, the undersigned, do hereby witness the above signature which was signed in my presence.

_____4/13/2007_____
Signature of Witness Date

____Dawn E. Olson_____
Name of Witness (Printed)

SS-8004