



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

REGISTRY OF ELECTION FINANCE
404 JAMES ROBERTSON PARKWAY, SUITE 1614
NASHVILLE, TN 37243-1360
(615) 741-7959

1. DATE OF REPORT September 21, 1994		2.A. NAME OF CANDIDATE OR COMMITTEE Curtis D. Adams	
2.B. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE August 4, 1994	
4.A. CAMPAIGN ADDRESS <small>Street or Rural Route</small> 1113 John Ross Road <small>City</small> East Ridge <small>State</small> TN <small>Zip Code</small> 37412 <small>Phone</small> 867-7319			
4.B. CANDIDATE'S HOME ADDRESS (if different than 4.A.) <small>Street or Rural Route</small> <small>City</small> <small>State</small> <small>Zip Code</small> <small>Phone</small>			
5. OFFICE SOUGHT (include district no., if applicable) County Commission District 8		6. NAME OF POLITICAL TREASURER (may be candidate) J. Estes Cocke	
7. CATEGORY OF REPORT PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> POST-GENERAL <input checked="" type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED <input type="checkbox"/>			
8.A. BEGINNING DATE OF REPORTING PERIOD July 26, 1994		8.B. ENDING DATE OF REPORTING PERIOD Sept. 18, 1994	
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 political candidates/campaign 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		 signature of political treasurer	
9/21/94 date		9/21/94 date	
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>Hamilton</u>		SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>Hamilton</u>	
AND THE STATE OF <u>Tennessee</u>		AND THE STATE OF <u>Tennessee</u>	
THIS <u>21st</u> DAY OF <u>Sept.</u> 19 <u>94</u>		THIS <u>21st</u> DAY OF <u>Sept.</u> 19 <u>94</u>	
 notary public		 notary public	
<u>5/7/96</u> date commission expires		<u>5/7/96</u> date commission expires	
Notary Seal		Notary Seal	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT.....		\$	2,359.06
b. TOTAL RECEIPTS THIS PERIOD.....		\$	390.00
c. TOTAL DISBURSEMENTS THIS PERIOD.....		\$	512.69
d. BALANCE ON HAND (12a. plus 12b. minus 12c.).....		\$	2,236.37
e. TOTAL LOANS OUTSTANDING.....		\$	-0-
f. TOTAL OBLIGATIONS OUTSTANDING.....		\$	-0-





ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
Curtis D. Adams	FROM: 7/26/94	TO: 9/18/94
3. TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	Amount -0-	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION		
Full Name, Address, City, State and Zip Code of Payee Sara A. Modlin 1009 N. Lehmborg Casa Grande, AZ 85222	Amount \$ 150.00	
Full Name, Address, City, State and Zip Code of Payee	Amount	
Full Name, Address, City, State and Zip Code of Payee	Amount	
Full Name, Address, City, State and Zip Code of Payee	Amount	
Full Name, Address, City, State and Zip Code of Payee	Amount	
Full Name, Address, City, State and Zip Code of Payee	Amount	
Full Name, Address, City, State and Zip Code of Payee	Amount	
Full Name, Address, City, State and Zip Code of Payee	Amount	
Full Name, Address, City, State and Zip Code of Payee	Amount	
5. TOTAL ITEMIZED CONTRIBUTIONS (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in item 15b. of summary page.)	\$ 150.00	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Curtis D. Adams		2. REPORT COVERING THE PERIOD	
		FROM: 7/26/94	TO: 9/18/94
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount -0-
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED IN-KIND CONTRIBUTION			
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in item 22.b. of summary page.)			-0-



ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Curtis D. Adams		2. REPORT COVERING THE PERIOD	
		FROM: 7/26/94	TO: 9/18/94
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)			Amount
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Dorothy Adams 1113 John Ross Road East Ridge, TN 37412	reimburse expenses out-of-pocket	\$ 512.69	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
5. TOTAL ITEMIZED CAMPAIGN EXPENDITURES (Total of items 3. and 4.) (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 19b. of summary page.)			\$ 512.69



ITEMIZED STATEMENT OF OTHER EXPENDITURES—CANDIDATE
(EXPENDITURES OTHER THAN CAMPAIGN EXPENDITURES)

1. NAME OF CANDIDATE OR COMMITTEE Curtis D. Adams		2. REPORT COVERING THE PERIOD	
		FROM: 7/26/94	TO: 9/18/94
3. TOTAL ITEMIZED OTHER EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)			Amount -0-
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED EXPENDITURE			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
5. TOTAL ITEMIZED OTHER EXPENDITURES (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of other expenditures, this amount must be shown in item 19c. of summary page.)			-0-



ITEMIZED STATEMENT OF LOANS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Curtis D. Adams		2. REPORT COVERING PERIOD		
		FROM: 7/26/94	TO: 9/18/94	
COMPLETE ITEMS 3—7 FOR EACH ITEMIZED LOAN				
3. Full Name, Address, City, State and Zip Code of Creditor	4. Outstanding Balance at Beginning of Period	5. Amount of Debt Incurred This Period	6. Payment This Period	7. Outstanding Balance at End Of Period
TOTALS (Items 4—7) (Total of item 7 must be shown in item 23. of summary page.)	-0-	-0-	-0-	-0-