CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

INSTRUCTIONS: This form must be used to account for all money or things of value required by the Campaign Financial Disclosure Act (Tennessee Code Annotated §2—10—101, et seq.) to be reported by political candidates or single-candidate political campaign committees.

If contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for the reporting period, candidates are exempt from filing a detailed disclosure. Candidates or committees may claim the exemption by completing the front of this form and checking box 8.A. They also must provide the current balance on hand in item 20., the total of loans outstanding in item 22.d. and the total of obligations outstanding in item 23.e.

If either contributions (including in-kind) received or expenditures total more than $1,000 for the reporting period, candidates or committees must complete pages one and two, and check box 8.B. Contributions over $100 each must be itemized in detail on REF form "Itemized Statement of Contributions" and attached to this form. Expenditures over $100 each must be itemized in detail on REF form "Itemized Statement of Expenditures" and attached to this form. In-Kind Contributions over $100 each must be itemized in detail on REF form "Itemized Statement of In-Kind Contributions" and attached to this form. Obligations over $100 each must be itemized in detail on REF form "Itemized Statement of Obligations" and attached to this form.

Candidates for state public office (as defined in T.C.A. §2—10—102) or committees supporting such candidates must file the original with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360. Candidates for the General Assembly also must file a copy with the county election commission of the candidate's residence.

Candidates for local public office (as defined in T.C.A. §2—10—102) or committees supporting such candidates must file ONLY with the county election commission in the county or counties where their election is held.

Please note: This form must be signed by both the candidate and the political treasurer in item 8. Both signatures must be notarized in item 9. A candidate need sign only once if the candidate serves as his or her own political treasurer. The total number of pages in the completed form must be shown in the lower right corner of each page. Please type or print all information in black ink.

1. DATE OF REPORT	2. NAME OF CANDIDATE OR COMMITTEE
July 27, 1992	Ward Crutchfield

2.A. IF COMMITTEE, NAME OF CANDIDATE
N/A

3.A. CAMPAIGN ADDRESS AND PHONE
Street or Rural Route / City / State / Zip Code / Phone
615 Lindsay Street, Chattanooga, TN 37403 (615) 756-6700

3.B. CANDIDATE'S HOME ADDRESS AND PHONE (if different than 3.A.)
Street or Rural Route / City / State / Zip Code / Phone
503 Battery Place, Chattanooga, TN 37403 (615) 266-1418

4.A. OFFICE SOUGHT (include district number, if applicable)	4.B ELECTION DATE
State Senate - District 10	August 6, 1992
5.A. NAME OF POLITICAL TREASURER (may be candidate)	**5.B. DATE APPOINTED**
Ward Crutchfield	February 12, 1989

6. CATEGORY OF REPORT (Check one)

PRE-PRIMARY ☒ POST-PRIMARY ☐ PRE-GENERAL ☐ POST-GENERAL ☐ SUPPLEMENTAL ☐ AMENDED ☐

7.A. BEGINNING DATE OF REPORTING PERIOD	7.B. ENDING DATE OF REPORTING PERIOD
January 30, 1992	July 27, 1992

8. (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. I/we do solemnly swear or affirm that the information contained in this statement is true and that I/we have complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 20., 22.d., and 23.e. also must be completed.)

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. I/we 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 candidates/campaigns by the Campaign Financial Disclosure Act.

Ward Crutchfield 8/6/92 — signature of candidate / date

Ward Crutchfield 8/6/92 — signature of political treasurer / date

9.

SWORN TO AND SUBSCRIBED BEFORE ME IN THE
COUNTY OF Hamilton
AND THE STATE OF Tennessee
THIS 4th DAY OF August 19 92
Linda J. Johnson — notary public
August 16, 1993 — date commission expires
Notary Seal

SWORN TO AND SUBSCRIBED BEFORE ME IN THE
COUNTY OF Hamilton
AND THE STATE OF Tennessee
THIS 6th DAY OF August 19 92
Linda J. Johnson — notary public
August 16, 1993 — date commission expires
Notary Seal

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT, Continued
For State and Local Candidates
For Single Candidate Committees

10. NAME OF COMMITTEE (must match name shown in item 2. of this form)
Ward Crutchfield

11.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in item 7.A. of this form): January 30, 1992

11.B. ENDING DATE OF REPORTING PERIOD (must match date shown in item 7.B. of this form): July 27, 1992

12. BALANCE ON HAND LAST REPORT ..... $ 69,094.84

13. INTEREST ..... $ 805.64

CONTRIBUTIONS

14. TOTAL OF CONTRIBUTIONS, $100 OR LESS EACH, RECEIVED THIS PERIOD. $ 2,650.00

15. TOTAL OF CONTRIBUTIONS, OVER $100 EACH, RECEIVED THIS PERIOD... $ 18,675.00
(must be itemized in detail on "Itemized Statement of Contributions")

16. TOTAL OF CONTRIBUTIONS RECEIVED THIS PERIOD (sum of items 14. and 15.) ..... $ 21,325.00

EXPENDITURES

17. EXPENDITURES, $100 OR LESS EACH, MADE THIS PERIOD
(must be itemized by category only - e.g., printing postage, gasoline, etc.)

Flowers	171.16
Campaign work	1,110.00
Bank Charges	14.12
Contributions	800.00
Memberships	75.00
Postage	18.95

TOTAL OF EXPENDITURES, $100 OR LESS EACH, MADE THIS PERIOD ..... $ 2,189.23

18. TOTAL OF EXPENDITURES, OVER $100 EACH, MADE THIS PERIOD ..... $ 9,693.62
(must be itemized in detail on "Itemized Statement of Expenditures")

19. TOTAL OF EXPENDITURES MADE THIS PERIOD (sum of items 17. and 18.) ..... $ 11,882.85

20. BALANCE ON HAND (item 12., 13., and 16., minus item 19.) ..... $ 79,342.63

21. **IN-KIND CONTRIBUTIONS**

a. TOTAL OF IN-KIND CONTRIBUTIONS, $100 OR LESS EACH, RECEIVED THIS PERIOD ..... $ 80.00

b. TOTAL OF IN-KIND CONTRIBUTIONS, OVER $100 EACH RECEIVED THIS PERIOD (must be itemized on "Itemized Statement of In-Kind Contributions") $ -0-

c. TOTAL OF IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (sum of 20.a. and 20.b.) ..... $ 80.00

22. **LOANS**

a. LOANS OUTSTANDING LAST REPORT (from line 22 d.) $ -0-

b. LOANS THIS REPORT (reflected in contributions) $ -0-

c. LOAN PAYMENTS THIS REPORT (principal only) (reflected in expenditures) $ -0-

d. LOANS OUTSTANDING (sum of 22.a. and 22.b., minus 22.c.) -0-

23. **OBLIGATIONS (Goods or services received on credit)**

a. OBLIGATIONS OUTSTANDING LAST REPORT (from line 23.e.) ..... $ -0-

b. OBLIGATIONS, $100 OR LESS EACH, THIS PERIOD ..... $ -0-

c. OBLIGATIONS, OVER $100 EACH, THIS PERIOD ..... $ -0-
(must be itemized on "Itemized Statement of Obligations")

d. OBLIGATION PAYMENTS THIS PERIOD (reflected in expenditures) ..... $ -0-

e. OBLIGATIONS OUTSTANDING (sum of 23.a., 23.b., and 23.c., minus 23.d.) ..... $ -0-

INSTRUCTIONS: Item 4. of this form must show the full name, complete address, telephone number and total contributions of each person who contributed money or things of value totaling more than $100 during the period shown in Item 2. of this form. Loans should be specifically noted. Before entering any information in Item 4., determine how many spaces you will need. If more than 13 spaces are required, additional space may be created by making copies of this blank form. If more than one copy of this form is used, the amount from Item 5. of each page must be shown in Item 3. of each succeeding page, and the amount from Item 5. of the last page must be shown in Item 14. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

The total number of pages in the completed report must be shown in the lower right corner of each page. Please type or print all information in black ink.

1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in Item 2. and 10. of statement)
WARD CRUTCHFIELD

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in Items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in Items 7.B. nd 11.B.)
JANUARY 30, 1992	JULY 27, 1992

3. "TOTAL OF CONTRIBUTIONS, OVER $100 EACH" FROM PRECEDING PAGE (enter zero if this is the first or only page of this form).....$ -0-

4. FULL NAME, COMPLETE ADDRESS, PHONE AND TOTAL CONTRIBUTIONS OF EACH PERSON WHO CONTRIBUTED OVER $100

Name of person or organization	Street or Rural Route	City	State	Zip Code	Phone	Amount
UPSPAC -TENNESSEE	2525 Perimeter Place Drive #128	Nashville, Tennessee		37214		125.00
Federal Express PAC	2005 Corporate Avenue	Memphis, Tennessee		38132		500.00
Lawyers Involved for Tennessee	629 Woodland Street	Nashville, Tennessee		37206		2,500.00
Norfolk Southern Corporation	Three Commercial Place	Norfolk, VA		23510-2191		200.00
T-Pace Tennessee Political Action	801 2nd Avenue North	Nashville, Tennessee		37210-1099		500.00
Teamsters Local Union 515 D.R.I.V.E.	4431 Bonny Oaks Drive	Chattanooga, Tennessee		37416		125.00
Tennessee Pharmpac	P. O. Box 3123	Nashville, Tennessee		37219		125.00
T.I.D.P.A.C.	P. O. Box 150504	Nashville, Tennessee		37215		125.00
First American Corporation	First American Center, 16th Floor	Nashville, Tennessee		37237		250.00
Vander Ploeg Chiropractic	1645-F Murfreesboro Road	Nashville, Tennessee		37217		125.00
Committee for Quality Health Care	P. O. Box 198045	Nashville, Tennessee		37219		125.00
BFI Volunteers for Good Government	2221 Democrat	Memphis, Tennessee		38132		125.00
Tennessee Realtors PAC	1910 Adelicia Street	Nashville, TN		37212		300.00

5. TOTAL OF CONTRIBUTIONS, OVER $100 EACH (sum of Items 3. and 4.).....$ 5,125.00
(carry forward to Item 3. of next page if additional copies of this form are used)
(If this is the last page of such contributions, this amount must be shown in Item 14. of statement)

INSTRUCTIONS: Item 4. of this form must show the full name, complete address, telephone number and total contributions of each person who contributed money or things of value totaling more than $100 during the period shown in Item 2. of this form. Loans should be specifically noted. Before entering any information in Item 4., determine how many spaces you will need. If more than 13 spaces are required, additional space may be created by making copies of this blank form. If more than one copy of this form is used, the amount from Item 5. of each page must be shown in Item 3. of each succeeding page, and the amount from Item 5. of the last page must be shown in Item 14. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

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1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in Item 2. and 10. of statement)
WARD CRUTCHFIELD

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in Items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in Items 7.B. nd 11.B.)
JANUARY 30, 1992	JULY 27, 1992

3. "TOTAL OF CONTRIBUTIONS, OVER $100 EACH" FROM PRECEDING PAGE (enter zero if this is the first or only page of this form).....$ 5,125.00

4. FULL NAME, COMPLETE ADDRESS, PHONE AND TOTAL CONTRIBUTIONS OF EACH PERSON WHO CONTRIBUTED OVER $100

Name of person or organization	Street or Rural Route	City, State, Zip Code	Phone	Amount
Tennessee Highway Contractors PAC	P. O. Box 2841	Nashville, Tennessee 37219		250.00
WIM PAC of Tennessee	3003 Butterfield Road	Oak Brook, IL 60521		300.00
Tennessee Truckpac	P. O. Box 3367	Nashville, Tennessee 37219		250.00
Congressman Bart Gordon Committee	P. O. Box 2008	Murfreesboro, TN 37133-2008		200.00
Brotherhood of Locomotive Engineers	1370 Ontario Street	Cleveland, Ohio 44113		200.00
Donelson Chiropractic Clinic	936 Allen Road	Nashville, Tennessee 37214		125.00
Tennessee Home Care PAC	226 Capitol Blvd., Suite 510	Nashville, Tennessee 37219		250.00
Michael M. Aiken	35 Broad Street, James Bldg., Suite 900	Chattanooga, Tennessee 37402		1,000.00
T. Farrell Hayes	735 Broad Street, Suite 900	Chattanooga, Tennessee 37402		1,000.00
TOPAC	992 Davidson Drive, Suite F	Nashville, Tennessee 37205		4,000.00
Jane G. Eskind	600 Durham Springs Road	Nashville, Tennessee 37205		250.00
Garrett Construction Company	Rt. 1, Box 757	Wartburg, Tennessee 37887		200.00
Frankie E. Wade	1104 N. Parkway 29	Jackson, Tennessee 38305		250.00

5. TOTAL OF CONTRIBUTIONS, OVER $100 EACH (sum of Items 3. and 4.).....$ 13,400.00
(carry forward to Item 3. of next page if additional copies of this form are used)
(If this is the last page of such contributions, this amount must be shown in Item 14. of statement)

INSTRUCTIONS: Item 4. of this form must show the full name, complete address, telephone number and total contributions of each person who contributed money or things of value totaling more than $100 during the period shown in Item 2. of this form. Loans should be specifically noted. Before entering any information in Item 4., determine how many spaces you will need. If more than 13 spaces are required, additional space may be created by making copies of this blank form. If more than one copy of this form is used, the amount from Item 5. of each page must be shown in Item 3. of each succeeding page, and the amount from Item 5. of the last page must be shown in Item 14. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

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1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in Item 2. and 10. of statement)

WARD CRUTCHFIELD

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in Items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in Items 7.B. nd 11.B.)
JANUARY 30, 1992	JULY 27, 1992

3. "TOTAL OF CONTRIBUTIONS, OVER $100 EACH" FROM PRECEDING PAGE (enter zero if this is the first or only page of this form).....$ 13,400.00

4. FULL NAME, COMPLETE ADDRESS, PHONE AND TOTAL CONTRIBUTIONS OF EACH PERSON WHO CONTRIBUTED OVER $100

Name of person or organization	Street or Rural Route	City	State	Zip Code	Phone	
Wholesalers Association PAC	1006 Parkway Towers	Nashville,	Tennessee	37219		500.00
Transportation Political League	14600 Detroit Avenue	Cleveland,	Ohio	44107		500.00
J. W. Thomas, III	P. O. Box 1595	Dunlap,	Tennessee	37327		200.00
Tennessee Chiroparactic Association	611 Commerce Street	Nashville,	Tennessee	37203		425.00
Tennessee AFL-CIO Labor Council	1901 Lindell	Nashville,	Tennessee	37203		500.00
B B & S Good Government	27th Floor, First American Center	Nashville,	Tennessee	37238		250.00
Concerned Automotive Retailers PAC	2521 White Avenue	Nashville,	Tennessee	37204		200.00
Friends of Tennessee Hospitals	500 Interstate Boulevard, South	Nashville,	Tennessee	37210		200.00
Steamfitters Local Union 614	3746 Jackson Avenue	Memphis,	Tennessee	38108		2,000.00
Tennessee HIPAC	644 Iris Drive	Nashville,	Tennessee	37204		200.00
State Employees PAC	627 Woodland Street	Nashville,	Tennessee	37206		300.00

5. TOTAL OF CONTRIBUTIONS, OVER $100 EACH (sum of Items 3. and 4.).....$ 18,675.00

(carry forward to Item 3. of next page if additional copies of this form are used)

(If this is the last page of such contributions, this amount must be shown in Item 14. of statement)

ITEMIZED STATEMENT OF EXPENDITURES

Expenditures Over $100 Each, for Campaign Financial Disclosure Statement

INSTRUCTIONS: Item 4. of this form must show the full name and complete address of each person to whom a total amount of more than $100 was paid during the period shown in Item 2. of this form, the total amount paid to each person and the purpose thereof. Loan payments should be specifically noted. Before entering any information in Item 4., determine how many spaces you will need. If more than 13 spaces are required, additional space may be created by making copies of this blank form. If more than one copy of this form is used, the amount from Item 5. of each page must be shown in Item 3. of each succeeding page, and the amount from Item 5. of the last page must be shown in Item 18. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

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1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in Item 2. and 10. of statement)

WARD CRUTCHFIELD

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in Items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in Items 7.B. nd 11.B.)
JANUARY 30, 1992	JULY 27, 1992

3. "TOTAL OF EXPENDITURES, OVER $100 EACH" FROM PRECEDING PAGE (enter zero if this is the first or only page of this form).....$ -0-

4. FULL NAME AND COMPLETE ADDRESS OF EACH PERSON TO WHOM OVER $100 WAS PAID, THE TOTAL AMOUNT PAID AND THE PURPOSE THEREOF

Name of person or organization	Street or Rural Route	City	State	Zip Code	Purpose	Amount
Catering by Michael (Michael McDaniel)	5600 Country Drive Unit 161	Nashville, TN		37211	reception expense	595.00
Frugal Macdoogals	701 Division Street	Nashville, TN		37219	Reception expense	170.89
Cindy Anderson	165 Westfield Street	Nashville, TN		37221	mileage/expense	300.00
U. S. Postmaster	900 Georgia Avenue	Chattanooga, TN		37401	postage	290.00
Hamilton County Democratic Party	P. O. Box 16385	Chattanooga, TN		37416	Donation	750.00
Hamilton County Election Commission	514 East Fourth Street	Chattanooga, TN		37403-1838	print outs	151.85
Glenwood Professional Womens Association	211 Glenwood Drive	Chattanooga, TN		37404	Donation	145.00
Linda Johnson	7342 Sterling Road	Hixson, Tennessee			reimburse supplies/work	200.00
Downtown Sertoma Club	P. O. Box 11042	Chattanooga, TN		37402	membership	279.00
Rita Fehring	424 Stone Ridge Drive	Chattanooga, Tennessee		37343	work	755.00
Tonda Bryant		Chattanooga, Tennessee			work	120.00
State of Tennessee	Room G-10 War Memorial Building	Nashville, TN		37219	State Seals	180.00
Jack Benson, Jr.	9108 Quail Mt. Drive	Chattanooga, TN		37421	reimburse expense	395.00

5. TOTAL OF EXPENDITURES, OVER $100 EACH (sum of Items 3. and 4.).....$ 4,331.74
(carry forward to item 3. of next page if additional copies of this form are used)
(if this is the last page of such expenditures, this amount must be shown in Item 18. of statement)

Expenditures Over $100 Each, for Campaign Financial Disclosure Statement

INSTRUCTIONS: Item 4. of this form must show the full name and complete address of each person to whom a total amount of more than $100 was paid during the period shown in Item 2. of this form, the total amount paid to each person and the purpose thereof. Loan payments should be specifically noted. Before entering any information in Item 4., determine how many spaces you will need. If more than 13 spaces are required, additional space may be created by making copies of this blank form. If more than one copy of this form is used, the amount from Item 5. of each page must be shown in Item 3. of each succeeding page, and the amount from Item 5. of the last page must be shown in Item 18. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

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1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in Item 2. and 10. of statement)

WARD CRUTCHFIELD

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in Items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in Items 7.B. nd 11.B.)
JANUARY 30, 1992	JULY 27, 1992

3. "TOTAL OF EXPENDITURES, OVER $100 EACH" FROM PRECEDING PAGE (enter zero if this is the first or only page of this form).....$ 4,331.74

4. FULL NAME AND COMPLETE ADDRESS OF EACH PERSON TO WHOM OVER $100 WAS PAID, THE TOTAL AMOUNT PAID AND THE PURPOSE THEREOF

Name of person or organization	Street or Rural Route	City	State	Zip Code	Purpose	Amount
Internal Revenue Service		Memphis, TN		37501	1120 POL	452.71
Hill's Flowers	636 Market Street	Chattanooga, TN		37402	flowers	277.57
Chattanooga African American Museum	730 Martin Luther King Blvd.	Chattanooga, TN		37404	Donation	1,000.00
W.T.C.I. Television Station	4411 Amnicola Highway	Chattanooga, TN		37406	Donation	150.00
Lane College	Lane Avenue	Jackson, TN		38301	Donation	200.00
Sandra Bowers	506 Kilmer Street	Chattanooga, TN		37404	work	575.00
Brainerd High School	1020 North Moore Road	Chattanooga, TN		37411	Donation	200.00
Essie Reese	2104 Blackford Street	Chattanooga, TN		37404	work	117.50
Felisa McCarver	2401 East Main Street	Chattanooga, TN		37404	work	300.00
Quality Tire Center	322 Cherokee Blvd.	Chattanooga, TN		37415	auto	244.70
Re-elect Jerry Cooper	P. O. Box 790	McMinnville, TN		37110	Donation	250.00
Ward Crutchfield	615 Lindsay Street	Chattanooga, TN		37403	Reimburse expense	1,594.40

5. TOTAL OF EXPENDITURES, OVER $100 EACH (sum of Items 3. and 4.).....$ 9,693.62
(carry forward to item 3. of next page if additional copies of this form are used)
(If this is the last page of such expenditures, this amount must be shown in Item 18. of statement)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS

In-Kind Contributions Over $100 Each, for Campaign Financial Disclosure Statement

INSTRUCTIONS: Item 4. of this form must show the full name and complete address of each person who contributed things of value totaling more than $100 during the period shown in item 2. of this form, the value of each such in-kind contribution and a description. Before entering any information in item 4., determine how many spaces you will need. If more than 13 spaces are required, additional space may be created by making copies of this blank form. If more than one copy of this form is used, the amount from item 5. of each page must be shown in item 3. of each succeeding page, and the amount from item 5. of the last page must be shown in item 21.B. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

The total number of pages in the completed report must be shown in the lower right corner of each page. Please type or print all information in black ink.

1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in item 2. and 10. of statement)

WARD CRUTCHFIELD

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in items 7.B. nd 11.B.)
JANUARY 30, 1992	JULY 27, 1992

3. "TOTAL OF IN-KIND CONTRIBUTIONS, OVER $100 EACH" FROM PRECEDING PAGE (enter $0 if first page) ..... $ -0-

4. FULL NAME AND COMPLETE ADDRESS OF EACH PERSON WHO MADE AN IN-KIND CONTRIBUTION OVER $100, DESCRIPTION OF THE IN-KIND CONTRIBUTION AND ITS VALUE

Name of person or organization	Street or Rural Route			
Tennessee AFL-CIO Labor Council	1901 Lindell Avenue			
City	State	Zip Code	Description of Contribution	
Nashville, Tennessee	37203-5509		printing	80.00
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	

5. TOTAL OF IN-KIND CONTRIBUTIONS, OVER $100 EACH (sum of items 3. and 4.) ..... $ 80.00

(Carry forward to item 3. of next page if additional copies of this form are used.)

(If this is the last page of such contributions, this amount must be shown in item 21.b. of statement.)

ITEMIZED STATEMENT OF OBLIGATIONS

Obligations Over $100 Each, for Campaign Financial Disclosure Statement

INSTRUCTIONS: Item 4. of this form must show the full name and complete address of each person to whom a total amount of more than $100 is owed for goods or services received on credit during the period shown in item 2. of this form, the total amount owed to each person and the purpose thereof. Before entering any information in item 4., determine how many spaces you will need. If more than 13 spaces are required, additional space may be created by making copies of this blank form. If more than one copy of this form is used, the amount from item 5. of each page must be shown in item 3. of each succeeding page, and the amount from item 5. of the last page must be shown in item 23.c. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

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1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in item 2. and 10. of statement)
WARD CRUTCHFIELD

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in items 7.B. and 11.B.)
January 30, 1992	July 27, 1992

3. "TOTAL OF OBLIGATIONS, OVER $100 EACH" FROM PRECEDING PAGE (enter $0 if first page) ..... $ -0-

4. FULL NAME AND COMPLETE ADDRESS OF EACH PERSON TO WHOM OVER $100 IS OWED FOR GOODS AND SERVICES RECEIVED ON CREDIT, AMOUNT OWED AND THE PURPOSE THEREOF.

Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
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City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	

5. TOTAL OF OBLIGATIONS, OVER $100 EACH (sum of items 3. and 4.) ..... $ -0-
(Carry forward to item 3. of next page if additional copies of this form are used.)
(If this is the last page of such obligations, this amount must be shown in item 23.c. of statement.)