



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 October 26, 1992	2. NAME OF CANDIDATE OR COMMITTEE WARD CRUTCHFIELD
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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, Chatt., 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, Chatt., TN			37403	(615) 266-1418

4.A. OFFICE SOUGHT (include district number, if applicable) State Senate District 10	4.B. ELECTION DATE November 3, 1992
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5.A. NAME OF POLITICAL TREASURER (may be candidate) Ward Crutchfield	5.B. DATE APPOINTED February 12, 1989
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6. CATEGORY OF REPORT (Check one)

PRE-PRIMARY POST-PRIMARY PRE-GENERAL POST-GENERAL SUPPLEMENTAL AMENDED

7.A. BEGINNING DATE OF REPORTING PERIOD September 21, 1992	7.B. ENDING DATE OF REPORTING PERIOD October 24, 1992
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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.

<i>Ward Crutchfield</i> signature of candidate	10/24/92 date	<i>Ward Crutchfield</i> signature of political treasurer	10/24/92 date
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9.

SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>Hamilton</u> AND THE STATE OF <u>Tennessee</u> THIS <u>26th</u> DAY OF <u>October</u> 19 <u>92</u> <i>Linda J. Johnson</i> <small>notary public</small> <u>August 16, 1993</u> <small>date commission expires</small> <small>Notary Seal</small>	SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>Hamilton</u> AND THE STATE OF <u>Tennessee</u> THIS <u>26th</u> DAY OF <u>October</u> 19 <u>92</u> <i>Linda J. Johnson</i> <small>notary public</small> <u>August 16, 1993</u> <small>date commission expires</small> <small>Notary Seal</small>
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ITEMIZED STATEMENT OF CONTRIBUTIONS
Contributions Over \$100 Each, for Campaign Financial Disclosure Statement

INSTRUCTIONS: Item 4. of this form must show the full name, complete address and total contributions of each person who contributed money totalling 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 15. 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.) September 21, 1992	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in items 7.B. and 11.B.) October 24, 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-

Name of person or organization			Street or Rural Route	
UPSPAC - Tennessee			400 Perimeter Center	
City	State	Zip Code		250.00
Atlanta, Georgia		30346		
Bellsouth Employees Pac			342 Green Hills Office Bldg.	
City	State	Zip Code		500.00
Nashville, Tennessee		37215		
Friends of Tennessee Hospitals			500 Interstate Boulevard S.	
City	State	Zip Code		200.00
Nashville, Tennessee		37210		
Name of person or organization			Street or Rural Route	
City	State	Zip Code		
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