







# ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
	FROM: 2-11-94	TO: 4-23-94
COMMITTEE TO ELECT JOHN CULL SHERRIFF	Amount 0	
3. TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION		
Full Name, Address, City, State and Zip Code of Payee DR. & MRS. DAVID H. TURNER 7913 STONEHENGE DRIVE CHATTANOOGA, TN 37416	Amount \$ 1,000	
Full Name, Address, City, State and Zip Code of Payee DAVID ALVARSON 710 GERMAN TOWN CIRCLE CHATTANOOGA, TN 37411	Amount 500	
Full Name, Address, City, State and Zip Code of Payee M. STEPHEN MCDONNELL 3914 ST. CLUMP AVE CHATTANOOGA, TN 37409	Amount 300	
Full Name, Address, City, State and Zip Code of Payee C. E. KELLY 7468 PRESTON CIRCLE CHATTANOOGA, TN 37421	Amount 300	
Full Name, Address, City, State and Zip Code of Payee ALBERT T. WILT 5229 BRANSTON RD OPLIEWAH, TN 37363	Amount 500	
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.)	2,600	



# ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>COMMITTEE TO ELECT JOHN CAMP SHERIFF</i>		2. REPORT COVERING THE PERIOD FROM: <i>2-11-94</i> TO: <i>4-23-94</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)			Amount <i>0</i>
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE			
Full Name, Address, City, State and Zip Code of Payee <i>3-D ADVERTISING + PRINTING RT. 4 BOX 52 CUMMINGS HWY CHATTANOOGA, TN 37419</i>	Purpose of Expenditure <i>BUMPER STICKERS + PENCILS</i>	Amount <i>1,416.96</i>	
Full Name, Address, City, State and Zip Code of Payee <i>BARNES - RHODES CELLULAR + PAGING 1400 BRAD ST CHATTANOOGA, TN 37402</i>	Purpose of Expenditure <i>PAGER</i>	Amount <i>146.38</i>	
Full Name, Address, City, State and Zip Code of Payee <i>THE INK SPOT P.O. BOX 27682 CHATTANOOGA, TN 37422</i>	Purpose of Expenditure <i>PRINTING</i>	Amount <i>470.47</i>	
Full Name, Address, City, State and Zip Code of Payee <i>POSTMASTER CHICKAMAUGA STATION E. BRAINER RD CHATTANOOGA, TN 37421</i>	Purpose of Expenditure <i>P.O. BOX RENTAL + POSTAGE</i>	Amount <i>106.50</i>	
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.)			<i>2,140.31</i>