



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 7-25-94		2.A. NAME OF CANDIDATE OR COMMITTEE JOHN CUPP	
2.B. IF COMMITTEE, NAME OF CANDIDATE COMMITTEE TO ELECT JOHN CUPP SHERIFF		3. ELECTION DATE 8-4-94	
4.A. CAMPAIGN ADDRESS Street or Rural Route City State Zip Code Phone 5909 POTTVIEW CIRCLE CHATTANOOGA TN 37421 899-4889			
4.B. CANDIDATE'S HOME ADDRESS (if different than 4.A.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district no., if applicable) SHERIFF		6. NAME OF POLITICAL TREASURER (may be candidate) J. MARTIN HARRIS	
7. CATEGORY OF REPORT PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input type="checkbox"/> PRE-GENERAL <input checked="" type="checkbox"/> POST-GENERAL <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED <input type="checkbox"/>			
8.A. BEGINNING DATE OF REPORTING PERIOD 6-15-94		8.B. ENDING DATE OF REPORTING PERIOD 7-25-94	
9. (Check one) A. <input 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 checked="" 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 <i>John Cupp</i>		signature of political treasurer <i>J. Martin Harris</i>	
date 7-28-94		date 7-28-94	
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF Hamilton AND THE STATE OF Tennessee THIS 28 th DAY OF July 19 94 <i>Cathy J. Stutell</i> notary public 3-5-97 date commission expires		SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF Hamilton AND THE STATE OF Tennessee THIS 28 th DAY OF July 19 94 <i>Cathy J. Stutell</i> notary public 3-5-97 date commission expires	
Notary Seal		Notary Seal	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 5,752.13	
b. TOTAL RECEIPTS THIS PERIOD		\$ 14,679.50	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 20,286.74	
d. BALANCE ON HAND (12a. plus 12b. minus 12c.)		\$ 144.89	
e. TOTAL LOANS OUTSTANDING		\$ 300.00	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0.00	



SUMMARY PAGE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COVERING THE PERIOD	
<i>COMMITTEE TO ELECT JOHN CARR SHERIFF</i>		FROM: <i>6-15-94</i>	TO: <i>7-25-94</i>
RECEIPTS			
15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period).....		\$ <i>7,454.50</i>	
		<i>7,427.50</i>	
b. Itemized Contributions (over \$100 from each source this period).....		\$ <i>7,225.00</i>	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15a. and 15b.).....		\$ <i>14,679.50</i>	
16. LOANS RECEIVED THIS REPORTING PERIOD.....		\$ <i>300.00</i>	
17. INTEREST RECEIVED THIS REPORTING PERIOD.....		\$ <i>-0-</i>	
18. TOTAL RECEIPTS (add 15c., 16., and 17.) (must be shown in item 12b.).....		\$ <i>14,979.50</i>	
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period)(must be listed by category - e.g. printing, postage, gasoline)			
<i>FRONT. POSTAL</i>	\$	<i>60.00</i>	
<i>BANKS</i>	\$	<i>64.66</i>	
<i>AD</i>	\$	<i>98.00</i>	✓
<i>LABELS</i>	\$	<i>87.00</i>	✓
<i>MOBIL PHONE</i>	\$	<i>13.95</i>	
<i>FLOWERS</i>	\$	<i>37.71</i>	✓
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
Total of Expenditures (\$100 or less each payee).....		\$ <i>354.32</i>	✓
b. Itemized Campaign Expenditures (Over \$100 each payee this period).....		\$ <i>19932.42</i>	
c. Itemized Other Expenditures (Over \$100 each payee this period).....		\$ <i>-0-</i>	
d. TOTAL EXPENDITURES (other than loan repayments)(add 19a., 19b., and 19c.).....		\$ <i>20,286.74</i>	
20. LOAN REPAYMENTS MADE THIS PERIOD.....		\$ <i>0.00</i>	
21. TOTAL DISBURSEMENTS (add 19d. and 20.) (must be shown in item 12c.).....		\$ <i>20,286.74</i>	
22. IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source this period).....		\$ <i>0.00</i>	
b. Itemized in-kind contributions (over \$100 from each source this period).....		\$ <i>7,154.94</i>	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22a. and 22b.).....		\$ <i>7,154.94</i>	
23. LOANS			
LOANS OUTSTANDING (must be shown in item 12e.).....		\$ _____	
24. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each).....		\$ <i>0.00</i>	
b. Itemized Obligations Outstanding (Over \$100 each).....		\$ <i>0.00</i>	
c. TOTAL OBLIGATIONS OUTSTANDING (add 24a. and 24b.) (must be shown in item 12f.).....		\$ <i>0.00</i>	



ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
COMMITTEE TO ELECT JOHN COFF SHERIFF	FROM: 6-15-94	TO: 7-25-94
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 C H MEVEY 802 ROLAND HILLS CIRCLE CHATTANOOGA, TENN 37411	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee DAVID ELLIS 3804 TAFT HWY SIGNAL MOUNTAIN, TN 37377	Amount 500.00	
Full Name, Address, City, State and Zip Code of Payee T. CONKEY 6714 MIDDLE VALLEY RD HIXSON, TENN 37343	Amount 300.00	
Full Name, Address, City, State and Zip Code of Payee J. C. HERRY ONE REPUBLIC CENTER CHATTANOOGA, TN 37411 37450	Amount 500.00	
Full Name, Address, City, State and Zip Code of Payee G. M. BIZOWSKY 216 PRIMROSE WAY SIGNAL MOUNTAIN TN 37377	Amount 500.00	
Full Name, Address, City, State and Zip Code of Payee JO ASBURY 1101 MEADOW LAKE CHATTANOOGA TN 37415	Amount 325.00	
Full Name, Address, City, State and Zip Code of Payee P. C. WALKER 4447 NORCROSS RD HIXSON TN 37343	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee M. W. SEBASTIAN SIMMONS RD HILLSBORO TN 37342	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee H. G. YEARGAN 207 GARD RD HIXSON TN 37415	Amount 200.00	
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.)	Amount 2925.00	



ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
COMMITTEE TO ELECT JOHN CAMP SHERIFF	FROM: 6-15-94	TO: 7-25-94
3. TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	Amount 2925.00	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION		
Full Name, Address, City, State and Zip Code of Payee L C WILMORE 310 MASTERS RD HIXSON, TN 37343	Amount 250.00	
Full Name, Address, City, State and Zip Code of Payee JACK MCKEE 9530 Glyn DOWNTOWN DOLTSWATH, TN 37363	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee C. E. HAREY 205 WASHINGTON RD CHATTAHOOGA, TN 37414	Amount 150.00	
Full Name, Address, City, State and Zip Code of Payee R L HICKNER 6462 BROOKWOOD CR HIXSON TOWN 37343	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee M. E. CHEPPOR 701 CHEROKEE BLVD CHATTANOOGA TN 37415	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee R. L. TULLER 4621 Hwy 58 CHATTANOOGA TN 37416	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee T. A. RAYMOND 8720 CRESTWOOD CIR. CHATTANOOGA TN 37421	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee C. E. KELLY 7468 PRESTON CR CHATTANOOGA TN 37421	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee D. A. JONES 5829 N. PARK RD HIXSON TN 37343	Amount 500.00	
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.)	Amount 5025.00	



ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
COMMITTEE TO ELECT JOHN CAPP SHERIFF	FROM: 6-15-94	TO: 7-25-94
3. TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	Amount 5,025.00	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION		
Full Name, Address, City, State and Zip Code of Payee DR. D. M. DINCAL 680 S. CREST RD CHATTANOOGA, TN 37404	Amount 1,000.00	
Full Name, Address, City, State and Zip Code of Payee A. R. CLEVELAND 5528 OLD MISSION RD CHATTANOOGA, TN 37411	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee FRIENDS OF HAROLD COROR COMMITTEE 6820 LEE HWY CHATTANOOGA, TN 37421	Amount 500.00	
Full Name, Address, City, State and Zip Code of Payee G A BAKER 4610 LOCKINGTON LANE CHATTANOOGA, TN 37416	Amount 200.00	
Full Name, Address, City, State and Zip Code of Payee OWEN EARLY PO BOX 116 DOLTEWANT, TN 37363	Amount 300.00	
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	
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.)	Amount 7,225.00	



ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
COMMITTEE TO ELECT JOHN CUFF SHERIFF	FROM: 6-25-94	TO: 7-25-94
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)	Amount 0	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE		
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount
CROWN GRAPHICS 3921 HIXSON PIKE CHATTANOOGA TN 37415	PRINTING	4,590.17 ✓
VINCENT PRINTING 1401 DODSON AVE CHATTANOOGA TN 37401	PRINTING	992.83 ✓
CREATIVE PHOTOGRAPHY 3488 BRAINER RD CHATTANOOGA, TN 37411	PHOTOS	215.50 ✓
SOUTH CENTRAL BELL GREENHILLS OFFICE BLDG NASHVILLE TN 37215	TELEPHONE	127.91 ✓
SHOWCASE HOME FURNISHINGS 4925 BRAINER RD CHATTANOOGA TN 37414		
CHATTANOOGA PUBLISHING 400 E. 11TH ST CHATTANOOGA, TN 37403	ADS	620.90 ✓
DON GOREN RT. 4, BOX 52 COMMUNIS HWY CHATTANOOGA TN 37419	CAPS, SHIRTS & BUMPER STICKERS	1,635.91 358.91 ✓
QUICK-PRINT 5250 BRAINER RD CHATTANOOGA, TN 37411	PRINTING	604.62 ✓
QUICK SORT INC 900 FULLER RD CHATTANOOGA TN 37421	MAILINGS	2,446.42 ✓
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.)		11,234.26



ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
COMMITTEE TO ELECT JOHN CUFF SHERIFF	FROM: 6-15-94	TO: 7-25-94
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)	Amount 11,234.26	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE		
Full Name, Address, City, State and Zip Code of Payee CHATTANOOGA FREE PRESS 400 E. 11TH ST CHATTANOOGA TN 37403	Purpose of Expenditure ADS	Amount 1,036.77 ✓
Full Name, Address, City, State and Zip Code of Payee WOOD-FM PO BOX 4232 CHATTANOOGA TN 37405	Purpose of Expenditure AIR TIME	Amount 190.00 +83.60
Full Name, Address, City, State and Zip Code of Payee ELECTRIC POWER BOARD PO BOX 182253 CHATTANOOGA TN 37422	Purpose of Expenditure ELEC. FOR HEADQUARTERS	Amount 259.64 ✓
Full Name, Address, City, State and Zip Code of Payee WETV 930 AM ELLIS RD ROSSVILLE GA 30741	Purpose of Expenditure AIR TIME	Amount 275.00 ✓
Full Name, Address, City, State and Zip Code of Payee WSIX 821 PINEVILLE RD CHATTANOOGA TN 37405	Purpose of Expenditure AIR TIME	Amount 489.60 ✓
Full Name, Address, City, State and Zip Code of Payee WOOD-FM Baylor School Rd CHATTANOOGA TN 37405	Purpose of Expenditure AIR TIME	Amount
Full Name, Address, City, State and Zip Code of Payee SIGNS + DESIGNS 1218 PEACHTREE CHATTANOOGA TN 37414	Purpose of Expenditure PRINTING	Amount 323.25 ✓
Full Name, Address, City, State and Zip Code of Payee CHATTANOOGA COMMUNICATIONS 2519 8TH AVE CHATTANOOGA TN 37408	Purpose of Expenditure ADS	Amount 425.00 ✓
Full Name, Address, City, State and Zip Code of Payee RA. AD OF TRENTON PO BOX 1514 TRENTON, GA. 30752	Purpose of Expenditure AIR TIME	Amount 600.00 ✓
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.)		Amount 14,833.52



ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
COMMITTEE TO ELECT JOHN CURT SHERIFF		FROM: 6-15-94	TO: 7-25-94
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)		Amount 14,833.52	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
ENTERPRISES RENTALS 6401 LEE HWY CHATTANOOGA TN 37421	VAN RENTAL	274.32 ✓	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
INFORMER P O BOX 1516 TRENTON GA 30752	ADS	148.00 ✓	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
POSTMASTER CHICKAMAUGA STA E. DRAINER RD CHATTANOOGA TN 37421	POSTAGE	4,676.58 ✓	
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.)		19,932.42	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
COMMITTEE TO ELECT JOHN CAMP SHERIFF		FROM: 6-15-94	TO: 7-25-94
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	
PAUL BOCHARD 9628 MOUNTAIN SHADOW DR CHATTANOOGA, TN 37421	TRADE CENTER, T-SHIRTS - LABELS - POSTAGE	1394.94	
Full Name, Address, City, State and Zip Code of Payee	Description of In-Kind Contribution	Amount	
M. C. VIDSON 105 POLO FIELD DRIVE ELDER MOUNTAIN, TN 37419	BILL BOARDS	5,760.00	
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.)			7,154.94

