



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 <u>9-18-94</u>		2.A. NAME OF CANDIDATE OR COMMITTEE <u>JOHN CUPP</u>	
2.B. IF COMMITTEE, NAME OF CANDIDATE <u>COMMITTEE TO ELECT JOHN CUPP SHERIFF</u>		3. ELECTION DATE <u>8-4-94</u>	
4.A. CAMPAIGN ADDRESS <small>Street or Rural Route City State Zip Code Phone</small> <u>5909 PORTVIEW CIRCLE CHATTANOOGA TN 37421 899-4889</u>			
4.B. CANDIDATE'S HOME ADDRESS (if different than 4.A.) <small>Street or Rural Route City State Zip Code Phone</small>			
5. OFFICE SOUGHT (include district no., if applicable) <u>SHERIFF</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>J. MARTIN HARRIS</u>	
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 <u>7-26-94</u>		8.B. ENDING DATE OF REPORTING PERIOD <u>9-18-94</u>	
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 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.			
<u>John Cupp</u> signature of candidate		<u>J. Martin Harris</u> signature of political treasurer	
<u>9-20-94</u> date		<u>9-20-94</u> date	
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>HAMILTON</u> AND THE STATE OF <u>Tennessee</u> THIS <u>20th</u> DAY OF <u>September</u> 19 <u>94</u> <u>Phyllis Wheeler</u> notary public <u>11-13-95</u> date commission expires		SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>HAMILTON</u> AND THE STATE OF <u>Tennessee</u> THIS <u>20th</u> DAY OF <u>September</u> 19 <u>94</u> <u>Phyllis Wheeler</u> notary public <u>11-13-95</u> date commission expires	
Notary Seal		Notary Seal	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT.....		\$ <u>144.89</u>	
b. TOTAL RECEIPTS THIS PERIOD.....		\$ <u>4296.80</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD.....		\$ <u>4117.99</u>	
d. BALANCE ON HAND (12a. plus 12b. minus 12c.).....		\$ <u>223.70</u>	
e. TOTAL LOANS OUTSTANDING.....		\$ <u>300.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING.....		\$ <u>0.00</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
	FROM: 7-26-94	TO: 9-18-94
Committee to Elect JOHN CAMP Sheriff		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 C. M. JENKINS 3206 HAYWOOD AVE CHATTANOOGA TN 37415	Amount 150 ⁰⁰	
Full Name, Address, City, State and Zip Code of Payee L. J. CAMPBELL 9117 VILLAGELWOOD DR HARRISON, TN 37341	Amount 150 ⁰⁰	
Full Name, Address, City, State and Zip Code of Payee SOUTHERN STATES P.R.A. MULTI-CANDIDATE COMMITTEE 1517 SOUTHLAND PARKWAY MORROW, GA 30260	Amount 250 ⁰⁰	
Full Name, Address, City, State and Zip Code of Payee J. R. ROOSEN PO BOX 2106 CHATTANOOGA TN 37409	Amount 500.00	
Full Name, Address, City, State and Zip Code of Payee P. M. ROBERTS 2216 DAYTON BLVD CHATTANOOGA, TN 37415	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	
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.)		1,200 ⁰⁰



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: 7-26-94	TO: 9-18-94
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 0.00	
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	
DR. & MRS. DOUGLAS BECHARD 9628 MOUNTAIN SHADOW DRIVE CHATTANOOGA, TN. 37421	RENT FOR CAMPAIGN HEADQUARTERS	1,500 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	
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.)		1,500 ⁰⁰	



ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
COMMITTEE TO ELECT JOHN CAPP SHERIFF		FROM: 7-26-94	TO: 8-18-94
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)		Amount 0.00	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
POSTMASTER CHATTANOOGA, TN 37421	POSTAGE	299.15	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
CHATTANOOGA PARKWAY 6 400 E. 11TH ST CHATTANOOGA, TN 37401	ADVERTISING	2,100.90	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
THE CORNER PO BOX 4505 CHATTANOOGA, TN 37415	ADVERTISING	300.00	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
TEMP. AMERICAN WATER 4 1101 BROWN ST CHATTANOOGA, TN 37402	WATER	46.61	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
QUALITY SHOPPER 5922 SHALLANWOOD RD CHATTANOOGA TN 37414 37244	ADVERTISING	299.88	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
CROWN GRAPHICS 3921 HIXSON PIKE CHATTANOOGA TN 37415	PRINTING	155.16	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
THE INFORMER PO BOX 2847 CLEVELAND, TN 37320	ADVERTISING	200.00	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
HAMILTON COUNTY REPUBLICAN PARTY PO BOX 4451 CHATTANOOGA TN 37405	ELECTION PARTY	150.00	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
QUICK-PRINT 5250 BRAINARD RD CHATTANOOGA TN 37411	PRINTING	180.96	
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.)		3,686.05	



ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
COMMITTEE TO ELECT JOHN CUPP SHERIFF		FROM: 7-26-94	TO: 9-18-94
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)			Amount 3,686 ⁰⁵
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
SHOW CASE TV 4925 BRATTON RD CHATTA			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
SOUTH CENTRAL BELL 85 ANNEX ATLANTA GA 30385	TELEPHONE SERVICE FEE HEADQUARTERS	179 ⁴³	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
RADIO CHATTANOOGA PO BOX 11202 CHATTANOOGA TN 37401	ADVERTISING	153 ⁰⁰	
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.)			4,018 ⁴⁸

