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	2.A. NAME OF CANDIDATE OR COMMITTEE
10-29-96	Jack Sharp

2.B. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
	November 5, 1996

4.A. CAMPAIGN ADDRESS

Street or Rural Route	City	State	Zip Code	Phone
3211 Old Ringgold Rd.	East Ridge,	TN	37412	615-698-4339

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)	6. NAME OF POLITICAL TREASURER (may be candidate)
State Representative, Dist. 30	Patricia A. Kays

7. CATEGORY OF REPORT

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

8.A. BEGINNING DATE OF REPORTING PERIOD	8.B. ENDING DATE OF REPORTING PERIOD
September 16, 1996	October 26, 1996

9. (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. (Complete items 12d., 12e., and 12f.)

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.

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.

Jack Sharp — signature of candidate — 10-25-96 — date
Patricia A. Kays — signature of political treasurer — 10/25/96 — date

11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE

COUNTY OF Hamilton
AND THE STATE OF Tennessee
THIS 25th DAY OF October 19 96
Linda N. Osterhout
notary public
7-29-97
date commission expires
Notary Seal

SWORN TO AND SUBSCRIBED BEFORE ME IN THE

COUNTY OF Hamilton
AND THE STATE OF Tennessee
THIS 25th DAY OF October 19 96
Linda N. Osterhout
notary public
7-29-97
date commission expires
Notary Seal

12. SUMMARY

a. BALANCE ON HAND LAST REPORT	$ 1,071.97
b. TOTAL RECEIPTS THIS PERIOD	$ 1,700.00
c. TOTAL DISBURSEMENTS THIS PERIOD	$ 75.00
d. BALANCE ON HAND (12a. plus 12b. minus 12c.)	$ 2,696.97
e. TOTAL LOANS OUTSTANDING	$ 3,000.00
f. TOTAL OBLIGATIONS OUTSTANDING	$ 0

SUMMARY PAGE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD	
Jack Sharp	FROM: 9/16/96	TO: 10/26/96

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)
    a. Unitemized Contributions ($100 or less from each source this period) ..... $ 650.00
    b. Itemized Contributions (over $100 from each source this period) ..... $ 1050.00
    c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15a. and 15b.) ..... $ 1700.00
16. LOANS RECEIVED THIS REPORTING PERIOD ..... $ /
17. INTEREST RECEIVED THIS REPORTING PERIOD ..... $ /
18. TOTAL RECEIPTS (add 15c., 16., and 17.) (must be shown in item 12b.) ..... $ 1700.00

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)

Reception-Fund Raiser	$ 75.00
	$
	$
	$
	$
	$
	$
	$
	$
	$

Total of Expenditures ($100 or less each payee) ..... $ 75.00
b. Itemized Campaign Expenditures (Over $100 each payee this period) ..... $ 0
c. Itemized Other Expenditures (Over $100 each payee this period) ..... $ /
d. TOTAL EXPENDITURES (other than loan repayments)(add 19a., 19b., and 19c.) ..... $ 75.00
20. LOAN REPAYMENTS MADE THIS PERIOD ..... $ /
21. TOTAL DISBURSEMENTS (add 19d.and 20.) (must be shown in item 12c.) ..... $ 75.00

22. IN-KIND CONTRIBUTIONS
    a. Unitemized in-kind contributions ($100 or less from each source this period) ..... $ /
    b. Itemized in-kind contributions (over $100 from each source this period) ..... $ /
    c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22a. and 22b.) ..... $ 0

23. LOANS
    LOANS OUTSTANDING (must be shown in item 12e.) ..... $ 3000.00

24. OBLIGATIONS
    a. Unitemized Obligations Outstanding ($100 or less each) ..... $ /
    b. Itemized Obligations Outstanding (Over $100 each) ..... $ /
    c. TOTAL OBLIGATIONS OUTSTANDING (add 24a. and 24b.) (must be shown in item 12f.) ..... $ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE: Jack Sharp

2. REPORT COVERING THE PERIO: FROM: 9/16/96 TO: 10/24/9

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page): Amount 0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than $100 from any contributor)

First Name	Middle Name	Last Name/Organization Name	Address	City	State	Zip Code	Contribution Received For	Date of Contribution(s)	Amount of Contributio / Aggregate this Elect
		TN Radiologists	PO Box 120909	Nashville	TN	37212-0909	☐ Primary Election ☐ General Election ☑ Other Election (Specify) Pre-General	September 10, 1996	200.00
W. Allen	Jones, Jr.		215 2nd. St. N.W. Jones Bldg.	Cleveland	TN	37311	☐ Primary Election ☐ General Election ☑ Other Election (Specify) Pre-General	October 17, 1996	250.00
		TN. Anesthesiology T.A.P.A.C.	2666 S. Cleveland, Ste. 105	Memphis	TN	38104	☐ Primary Election ☐ General Election ☑ Other Election (Specify) Pre-General	September 30, 1996	200.00
		NFIB TN Safe. Trust	P.O. Box 292948	Nashville	TN	37229-2948	☐ Primary Election ☐ General Election ☑ Other Election (Specify) Pre-General	October 9, 1996	150.00
		TN Bankers Assoc.	201 Venture Circle	Nashville	TN	37228-1603	☐ Primary Election ☐ General Election ☑ Other Election (Specify) Pre-General	October 4, 1996	250.00
							☐ Primary Election ☐ General Election ☐ Other Election (Specify)		

5. TOTAL ITEMIZED CONTRIBUTIONS: 1050.00
(Carry forward to item 3 of next page if additional pages of this form are used)
(If this is the last page of contributions, this amount must be shown in item 15b of summary)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE: Jack Sharp

2. REPORT COVERING THE PERIOD FROM: 9/16/96 TO: 10/26/96

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page) — Amount

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than $100 from any contributor)

First Name	Middle Name	Last Name/Organization Name	Address	City	State	Zip Code	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Date of Contribution(s)	Amount of Contribution	Aggregate this Election

5. TOTAL ITEMIZED CONTRIBUTIONS
(Carry forward to item 3. of next page if additional pages of this form are used.)
(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTION - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE: Jack Sharp

2. REPORT COVERING THE PERIOD FROM: 9/16/96 TO: 10/26/96

3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page) — Amount: 0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than $100 from any contributor during the period)

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Value of In-Kind Contributio
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Value of In-Kind Contributio
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Value of In-Kind Contributio
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Value of In-Kind Contribution
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Value of In-Kind Contribution
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Other Election (Specify)	Value of In-Kind Contribution
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	

5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS — 0

(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 22b of summary.)

ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE: Jack Sharp

2. REPORT COVERING THE PERIOD FROM: 9/16/96 TO: 10/26/96

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page) — Amount: 0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CAMPAIGN EXPENDITURE (expenditures totaling more than $100 to any payee during the period)

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

5. TOTAL ITEMIZED CAMPAIGN EXPENDITURES — 0

(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.)

ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE: Jack Sharp

2. REPORT COVERING THE PERIOD: FROM 9/16/96 TO: 10/26/96

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page) — Amount: 0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CAMPAIGN EXPENDITURE (expenditures totaling more than $100 to any payee during the period)

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

5. TOTAL ITEMIZED CAMPAIGN EXPENDITURES — 0

(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.)

Last Name/Business Name				
Address				Date of Expenditure
City	State	Zip Code		
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				Date of Expenditure
City	State	Zip Code		
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				Date of Expenditure
City	State	Zip Code		
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				Date of Expenditure
City	State	Zip Code		

5. TOTAL ITEMIZED OTHER EXPENDITURES

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

(If this is the last page of other expenditures, this amount must be shown in item 19c. of summary.)

0

ITEMIZED STATEMENT OF OTHER EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE: Jack Sharp

2. REPORT COVERING THE PERIOD: FROM 9/10/96 TO: 10/26/9

3. TOTAL ITEMIZED OTHER EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page): Amount 0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OTHER EXPENDITURE (expenditures totaling more than $100 to any payee during the period)

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Date of Expenditure
Address			
City	State / Zip Code		

5. TOTAL ITEMIZED OTHER EXPENDITURES: 0

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

(If this is the last page of other expenditures, this amount must be shown in item 19c of summary.)

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State / Zip Code	City	State / Zip Code
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State / Zip Code	City	State / Zip Code
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State / Zip Code	City	State / Zip Code
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 23. on summary page.)	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
	0	—	—	3000.00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD	
Jack Sharp			FROM: 9/16/96	TO: 10/26/96
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than $100 owed to any person/vendor at the end of the reporting period)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation				
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 24 b on summary page.)				3000.00