

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>October 30, 2000</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Jack Sharp</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>November, 2000</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>3211 Old Ringgold rd. East Ridge, TN 37412 698-4339</u>			
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 number, if applicable) <u>State Representative, District 30</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Patricia A. Kays</u>	
7. CATEGORY OR REPORT (Check one) PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> <input checked="" type="checkbox"/> POST-GENERAL <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED <input type="checkbox"/>			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>September 18, 2000</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>October 28, 2000</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 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 the candidate committee 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>Jack Sharp</u> signature of candidate		<u>Patricia A. Kays</u> signature of political treasurer	
<u>10-31-00</u> date		<u>10-31-00</u> date	
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE STATE OF <u>Tenn</u> THIS <u>31st</u> DAY OF <u>Oct</u> 20 <u>00</u> <u>Steve Stone</u> Notary public MY COMMISSION EXPIRES <u>May 7, 2003</u> date commission expires		SWORN TO AND SUBSCRIBED BEFORE ME IN THE STATE OF <u>Tenn</u> THIS <u>31st</u> DAY OF <u>Oct</u> 20 <u>00</u> <u>Steve Stone</u> Notary public MY COMMISSION EXPIRES <u>May 7, 2003</u> date commission expires	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$	<u>12,000.00</u>
b. TOTAL RECEIPTS THIS PERIOD	<u>REGISTRY OF ELECTION FINANCE</u>	\$	<u>1650.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	<u>REGISTRY OF ELECTION FINANCE</u>	\$	<u>18.39</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	<u>NOV - 2 PM 2:22</u>	\$	<u>13,638.00</u>
e. TOTAL LOANS OUTSTANDING		\$	<u>3,000.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING	<u>RECEIVED</u>	\$	<u>0</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Jack Sharp</u>	14. REPORT COVERING THE PERIOD FROM: <u>9-18-00</u> TO: <u>10-28-00</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 200.00

b. Itemized Contributions (over \$100 from each source this period) \$ 1450.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 1650.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ Ø

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ Ø

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 1650.00

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)

Forms \$ 18.39

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total of Expenditures (\$100 or less each payee) \$ 18.39

b. Itemized Campaign Expenditures (Over \$100 each payee this period) \$ Ø

c. Itemized Other Expenditures (Over \$100 each payee this period) \$ Ø

d. TOTAL EXPENDITURES (other than loan repayments)(add 19.a., 19.b. and 19.c.) \$ 18.39

20. LOAN REPAYMENTS MADE THIS PERIOD \$ Ø

21. TOTAL DISBURSEMENTS (add 19.d. and 20.) (must be shown in item 12.c.) \$ 18.39

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 22.a. and 22.b.) \$ Ø

23. LOANS

LOANS OUTSTANDING (must be shown in item 12.e.) \$ 3,000.00

24. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 24.a. and 24.b.) (must be shown in item 12.f.) \$ Ø



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
JACK Sharp				FROM: 9-18-00	TO: 10-28-00	
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		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input checked="" type="checkbox"/> Other Election (Specify) Post General		750.00
Address				Date of Contribution(s)		Aggregate this Election
TN Bankers Political Action State 201 Venture Circle				10-2-00		
City	State	Zip Code				
Nashville	TN	37228				
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input checked="" type="checkbox"/> Other Election (Specify) Post General		200.00
Address				Date of Contribution(s)		Aggregate this Election
Suntrust Bank, Chattanooga PO box 1638				10-13-00		
City	State	Zip Code				
Chattanooga	TN	37401				
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input checked="" type="checkbox"/> Other Election (Specify) Post General		500.00
Address				Date of Contribution(s)		Aggregate this Election
CAR PAC 2521 White Ave				10-18-00		
City	State	Zip Code				
Nashville	TN	37204				
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Other Election (Specify)		
Address				Date of Contribution(s)		Aggregate this Election
City	State	Zip Code				
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Other Election (Specify)		
Address				Date of Contribution(s)		Aggregate this Election
City	State	Zip Code				
5. TOTAL ITEMIZED CONTRIBUTIONS					Amount	
(Carry forward to item 3 of next page if additional pages of this form are used)					1450.00	
(If this is the last page of contributions, this amount must be shown in item 15b of summary)						



First Name		Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> 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: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> 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: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> 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		
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(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 OTHER EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jack Sharp			2. REPORT COVERING THE PERIOD		
			FROM 9-18-00	TO: 10-28-00	
			Amount 0		
3. TOTAL ITEMIZED OTHER EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
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					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
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)					



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		
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)	
3,000.00		Ø	Ø	3,000.00	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
<u>Jack Sharp</u>			FROM: <u>9-18-00</u>		TO: <u>10-28-00</u>	
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		0	0	0	0
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			0	0	0	0
(Total from Outstanding Balance - (End of Period) column must also be shown in item 24b on summary page.)						

