

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>6/28/03</u>	2. NAME OF CANDIDATE OR COMMITTEE <u>Leslie M. Jewell</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Commissioner - Soddy Daisy, TN</u>	3. ELECTION DATE <u>6/10/03</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>12819 Old Dayton Pkwy, Soddy Daisy, TN 37379 332-5656</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route      City      State      Zip Code      Phone <u>12819 Old Dayton Pkwy, Soddy-Daisy, TN 37379 332-5656</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>Commissioner - Soddy-Daisy</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Leslie M. Jewell</u>
7. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> <u>City</u> PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> POST-GENERAL <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> AMENDED	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>5/31/03</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>6/10/03</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 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>[Signature]</u> <u>7/30/03</u> <u>[Signature]</u> <u>7/30/03</u> signature of candidate      date      signature of political treasurer      date	
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE STATE OF <u>Tennessee</u> THIS <u>30</u> DAY OF <u>July</u> , 20 <u>03</u> <u>Charlotte M. Mullis</u> notary public <u>May</u> date commission expires	SWORN TO AND SUBSCRIBED BEFORE ME IN THE STATE OF <u>Tennessee</u> THIS <u>30</u> DAY OF <u>July</u> , 20 <u>03</u> <u>Charlotte M. Mullis</u> notary public <u>May</u> date commission expires
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>428.14</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>183.14</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>0</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>None</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>None</u>





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Leslie M. Sewell</i>				2. REPORT COVERING THE PERIOD FROM <i>9/31/02</i> TO: <i>6/10/03</i>			
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		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution(s)		Aggregate this Election	
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution(s)		Aggregate this Election	
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution(s)		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.)							