

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Scott Sprouse				2. REPORT COVERING THE PERIOD	
				FROM: 1/16/16	TO: 2/20/16
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 Keith		Middle Name C.		Contribution Received For:	
Last Name/Organization Name Dennen				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 135 Saranac Trail				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 1/22/16	
Occupation Attorney				Amount of Contribution \$500⁰⁰	
Employer Dickinson Wright				Aggregate This Election \$500⁰⁰	
First Name Bob		Middle Name		Contribution Received For:	
Last Name/Organization Name Goodall				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 393 Maple Street, #100				<input type="checkbox"/> Runoff (Local Elections Only)	
City Gallatin		State TN	Zip Code 37066	Date of Contribution 1/21/16	
Occupation President/owner				Amount of Contribution \$500⁰⁰	
Employer Goodall Homes				Aggregate This Election \$500⁰⁰	
First Name William		Middle Name R		Contribution Received For:	
Last Name/Organization Name Sprouse				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 204 Applewood Valley Dr.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 1/21/16	
Occupation Retired				Amount of Contribution \$500⁰⁰	
Employer N/A				Aggregate This Election \$500⁰⁰	
First Name Jonathan		Middle Name		Contribution Received For:	
Last Name/Organization Name Hanes				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 120 Governors Pt Blvd.				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 2/8/16	
Occupation Retired				Amount of Contribution \$250⁰⁰	
Employer N/A				Aggregate This Election \$250⁰⁰	
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.)					\$1750⁰⁰

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Scott Sprase</i>				2. REPORT COVERING THE PERIOD FROM: <i>1/16/16</i> TO: <i>2/20/16</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>	
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 <i>Laura</i>		Middle Name		In-Kind Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution <i>\$550.00</i>
Last Name/Organization Name <i>Sprase</i>				<input type="checkbox"/> Runoff (Local Elections Only)		
Address <i>127 Woodlake Drive</i>				Date of In-Kind Contribution <i>1/21/16</i>		Aggregate this Election <i>\$550.00</i>
City <i>Hendersonville</i>		State <i>NC</i>	Zip Code <i>27015</i>			Description of In-Kind Contribution <i>Catering</i>
Occupation <i>Partner</i>		Employer <i>SAS, LLC</i>				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code			Description of In-Kind Contribution
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code			Description of In-Kind Contribution
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code			Description of In-Kind Contribution
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code			Description of In-Kind Contribution
Occupation		Employer				
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.)					<i>\$550.00</i>	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Scott Sprasle</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>1/16/16</i>	TO: <i>2/20/16</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>-0-</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED 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 <i>Victory Store</i>		<i>Signs</i>	<i>\$1024⁴⁸</i>	
Address <i>5200 SW 30TH Street</i>				
City <i>Davenport</i>	State <i>IA</i>			Zip Code <i>52802</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
5. TOTAL ITEMIZED EXPENDITURES			<i>\$1024⁴⁸</i>	
(Carry forward to item 3. of next page if additional pages of this form are used.)				
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				