CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1 41	J.1.9.7 C41							
1. DATE OF REPORT		ANDIDATE OR C	OMMITTEE					
04/10/2018	Scott Lar	ngford						
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE				
	· · - · · · · · · · · · · · · · · · · ·			August 2,	2018			
4.a, CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone			
1260 Twelve Stones Crossing	Goodletts	ville	TN	37072	(615) 957-6109			
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)	-						
Street or Rural Route	City		State	Zip Code	Phone			
5 OFFICE SOLICHT (include district number if	f applicable)	6. NAME C	DE POLITICAL	TDEASLIDED /may	he randidate)			
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate) Scott Langford								
7. CATEGORY OR REPORT (Check one)	101	<u> 3COH</u>	Langiora					
	FOURTH	D PRF-	PRE-	MID-YEAR	YEAR-END			
FIRST SECOND THIRD QUARTER QUARTER QUARTER		PRIMARY	GENERAL	SUPPLEMENTA				
8.a. BEGINNING DATE OF REPORTING PERIOD				RTING PERIOD				
January 16, 2018		Marc	h 31, 20	18				
9. (Check one)								
 a. This campaign is exempt from detaile tures total \$1,000 or less for this repo 					1,000 or less AND expendi-			
b. X This campaign is required to file a de	tailed financial disclo	sure because	contributions (i	ncludina in-kind) rec	eived total more than \$1,000			
and/or expenditures total more than \$	\$1,000 for this report	ting 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 on the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.								
11. WITNESS SIGNATURE				1				
Jane E. Langfold signature of witness	4 10 18 date	<u> </u>	Jane S signa	. John of the state of witness	$\frac{d}{d}$ $\frac{4 0 8}{date}$			
12. SUMMARY								
a. BALANCE ON HAND LAST REPORT				\$ \$0,00				
b. TOTAL RECEIPTS THIS PERIOD	М	P.M		\$ \$3,050.00				
c. TOTAL DISBURSEMENTS THIS PERIOD	APR 107	ไปเอ		\$ \$460.57	<u></u>			
5. 10 // 25.550 // 52.112.115 // 116.7 2 116.5	CHANGE CO	YTHUC	. 1	•	60.500.40			
d. BALANCE ON HAND (12.a. plus 12.b.	POY 1601 COI	MMISSIO	N		\$ <u>\$2,589.43</u>			
e. TOTAL LOANS OUTSTANDING					\$ \$0.00			
f. TOTAL OBLIGATIONS OUTSTANDING					\$ \$0.00			
I								

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Scott Langford	FROM: 01/16/2018 TO: 03/31/2018
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ \$800.00
b. Itemized Contributions (over \$100 from each source this period)	\$ \$2,250.00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.	b.)\$ \$3,050.00
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ _\$0.00
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ \$0.00
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ _ \$3,050.00
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by categor	y - e.g., printing, postage, gasoline)
<u>Bank Fees</u> \$ \$45.	35
\$	
\$	
\$	
<u></u> \$	
<u></u> \$	
\$	
\$	
<u></u> \$	
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>415.22</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>460.57</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0.00</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>460.57</u>
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0.00</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0.00</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and	22.b.)\$ <u>0.00</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0.00</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown	item 12.f.)\$ 0.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD							
Scott Langford	TO: 03/31/2018							
1	Amount							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	\$0							
4. COMPLETE THE APPROPRIATE ITEMS FOR E	Amount of Contribution							
First Name	Middle Nam	ne	Contribution Received For:	Contribution Received For:				
Last Name/Organization Name			N Primary Election	☑ Primary Election ☐ General Election				
Stratford Park			123 Finitary Electron	_ General Electron	\$1,000.00			
Address		Runoff (Local Election	ns Only)					
147 Maple Row Blvd., Ste. 100								
City	State	Zip Code	Aggregate This Election					
Hendersonville	TN	37075	\dashv					
Occupation Real Estate Development			03/12/2018					
Employer			- 03/12/2018		\$1,000.00			
Real Estate Development								
First Name	Middle Nan	,	Contribution Received For	··	Amount of Contribution			
Patricia	Diane	TRE	CONTRIDUCTOR I NECETAER FOR	•	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Langford					\$500.00			
Address			Runoff (Local Election	ns Only)				
120 Vantrease Rd.	10. 4	17.0-4-	Data of Contribution		Angenesia This Floring			
City Cottontown	State TN	Zip Code 37048	Date of Contribution		Aggregate This Election			
Occupation			7					
Retired		03/12/2018		\$500.00				
Employer			7					
Retired								
First Name	ne	Contribution Received For	•	Amount of Contribution				
Zach			ا <u></u>	7 0 (5) (
Last Name/Organization Name			Primary Election					
Young Address			Runoff (Local Election	\$250.00				
100 Placid Grove Ln Apt 1805				ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Goodlettsville	TN	37072						
Occupation								
Administration Employer			03/21/2018		\$250.00			
1 ' '								
CMI Equipment Sales	I barado bica		Contribution Received For:		Amount of Contribution			
First Name	Middle Nan	TIE	Contribution Received Pof.		Amount of Contribution			
Last Name/Organization Name	<u> </u>		XI Primary Election C	General Election				
Boger					\$500.00			
Address			Runoff (Local Election	ns Only)				
1544 Mount Olivet Rd	0	T == 0 - 4	Date of Contribution		Aggregate This Election			
City Hendersonville	State TN	Zip Code 37075	Date of Collabution		Aggregate This Election			
Occupation								
Business Owner	\$500.00							
Employer Self Employed	\$300.00							
Self-Employed					I			
5. TOTAL ITEMIZED CONTRIBUTIONS								
(Carry forward to item 3, of next page if additional pages					\$2,250.00			
(If this is the last page of contributions, this amount must	be shown in	nem 15b. of summary.)						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	2. REPORT COVER	VERING THE PERIOD					
Scott Langford	TO: 03/31/18						
3. TOTAL ITEMIZED IN-KIND CONT	e)	Amount \$0.00					
4. COMPLETE THE APPROPRIATE ITE	MS FOR EA	CH ITEMIZ	ED IN-KIND CONTRIBU	TION (in-kind contributions totaling	more than \$100 from any con	tributor during the period)	
First Name		Middle Nan	ne	In-Kind Contribution Receive	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Election				
Address				Date of In-Kind Contribution	Aggregate this Election		
City State Zip Code			Description of In-Kind Contribution				
Occupation	pation Employer						
First Name Middle Name			In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election			
Address				Date of In-Kind Contribution		Aggregate this Election	
City	·	State	Zip Code	Description of In-Kind Contribution		· · · · · · · · · · · · · · · · · · ·	
Occupation	Occupation Employer						
First Name Middle Name			In-Kind Contribution Receive Primary Election	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	Date of In-Kind Contribution		
City		State	Zip Code	Description of In-Kind Contribution			
Occupation Employer			1				
First Name		Middle Nan	ne	In-Kind Contribution Received For: Value of In-Kind Con Primary Election ☐ General Election			
Last Name/Organization Name				Runoff (Local Election			
Address			-	Date of In-Kind Contribution	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer	1		1			
First Name Middle Name			In-Kind Contribution Received For: Value of In-Kind Contri				
Last Name/Organization Name				Runoff (Local Election			
Address			Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution		<u> </u>	
Occupation	Employer	1,	1	1			
E TOTAL ITEMIZED IN VIND CON	ITDIDI ITIO	MS					
 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.) 				κ)		\$0.00	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	RING THE PERIOD			
Scott Langford	TO: 03/31/18							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITL	IREG EDO	M PRECEDING PAG	F (enter \$0 if first itemized se	FROM:01/16/18	Amount \$0.00			
4. COMPLETE THE APPROPRIATE ITEMS FOR E								
First Name	, , , , , , , , , , , , , , , , , , , ,	Amount of Expenditure						
	Middle Nar	-	Purpose of Expenditure		with the second			
Last Name/Business Name Biggs Photography	Last Name/Business Name Biggs Photography				\$200.00			
Address			Photography, Creati		\$200.00			
281 Dink Rut Road		_						
City Portland	State TN	Zip Code 37148						
First Name	me	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name			-{					
ASAP Printing			Printing/Push Cards	,	\$215.22			
Address 116 Imperial Blvd					,			
City	State	Zip Code	1					
Hendersonville	TN	37075	<u> </u>					
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<u></u>		1					
Address		1						
City	State	Zip Code	+					
l diameter and the second		_p 0000						
First Name	ne	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name	Last Name/Business Name							
Address								
City	State	Zip Code						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			1					
Address			1					
City	State	Zip Code	-					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			-					
Address								
City	State	Zip Code						
5. TOTAL ITEMIZED EXPENDITURES								
(Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus					\$415.22			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD						
Scott Langford								FROM: TO: 01/16/18 03/31/18			/31/18	
3. COMPLETE THE APPROPR	RIATE ITEMS F	OR EACH I	TEMIZ	ED LOAN (loans totaling n	nore than \$100	from any s			riod)		0.7.0
Complete the Following for the Sou	rce of the Loan											
First Name Middle Name Outstanding L (Beginning						Loans Receive		Lo	an nents	Outs) Loan Balance of Period)
Last Name/Organization Name					,						,	,
									1			
Address	Loan Receive				☐ Genera	l Election		Date of Loar	1			
City	State	Zip Code		Runoff (Local Elections Only)								
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)												
First Name		Middle Name			First Name		- p.0000 u		- p-g-,	Middle	Name	
Last Name/Organization Name					Last Name/On	panization Na	me			<u> </u>		
Address					Address							
City		State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	ding			•		
First Name Middle Name				First Name Middle Name								
Last Name/Organization Name			Last Name/Organization Name									
Address				Address								
City		State	Zip Ca	ode	City					State		Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding							
First Name		Middle Name	1		First Name					Middle	Name	,
Last Name/Organization Name		•			Last Name/Organization Name							
Address					Address							
City		State	Zip Ca	ode	City					State		Zip Code
Amount Guaranteed Outstanding		<u> </u>	. 		Amount Guara	nteed Outstan	ding			<u> </u>		
First Name Middle Name First Name					First Name Middle Name							
Last Name/Organization Name			Last Name/Organization Name									
Address			· · · · · · · · · · · · · · · · · · ·	Address								
City		State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding		-	1		Amount Guara	nteed Outstan	ding					
4. Totals for all Loans (complete					Outstanding L		Loan		Loai			tanding Loan Balance
(Total loans received should also be sho (Total loan payments should also be should	own in item 20. on	summary page.)		(Beginning	or Period)	Recei	ved	Payme	ents	\vdash	(End of Period)
(Total outstanding loan balance should a	INDESTIONAL IN ITE	H 12.0. OR MORE	page.)				L					

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
Scott Langford		FROM: 01/16/18 TO: 03/31/18				
OBLIGATION (obligations totaling more that	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)			Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	пе				
Last Name/Business Name	<u>i</u>		1			
Address	•••		_			
City	State	Zip Code				
Description of Obligation	I	1		l	L	
First Name	Middle Na	me				
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation	<u>. </u>	ı	_	l	L	
	T					
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		,				
First Name	Middle Na	ne				
Last Name/Business Name						
Address		**	7			
City	State	Zip Code	1			
Description of Obligation	<u> </u>	<u> </u>			l	
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>		-			
Address			-	:		
City	State	Zip Code	1			:
Description of Obligation	1	1		<u> </u>	L	
4. TOTALS						
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn mus	t also be shown				\$0.00