CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

	Siligic-Galididate			
1. DATE OF REPORT	2.a. NAME OF CANDIDATE	OR COMMITTEE	1	
7/10/2018	Scott L	angroso	3. ELECTION DATE	
2.b. IF COMMITTEE, NAME OF CANDIDATE			9/2/	18
4.a. CAMPAIGN ADDRESS AND PHONE				Phase
Street or Rural Route	City	State	Zip Code	Phone (15) 957-6109
4.b. CANDIDATE'S HOME ADDRESS (if differen	1055179 (2000)	tkulle, TA	1 3 10 12	8137-121 010
Street or Rural Route	City	State	Zip Code	Phone
- OFFICE COLICUIT (- Jude district number i	f applicable) 6. NA	ME OF POLITICAL 1	REASURER (may be	candidate)
5. OFFICE SOUGHT (include district number, i	Convision	Scatt	Lanstore	/
7. CATEGORY OR REPORT (Check one)_	CONTRACT	<u> </u>		
FIRST SECOND THIRD	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY 8.b. EN	<u>GENERAL</u> DING DATE OF REPO	SUPPLEMENTAL RTING PERIOD	SUPPLEMENTAL
b.a. bedinning by the of the officer				
9. (Check one)				
a. This campaign is exempt from detail	ed disclosure because contribu	tions (including in-ki	nd) received total \$1,00	00 or less AND expendi-
tures total \$1,000 or less for this rep				ed total more than \$1,000
b. This campaign is required to file a de and/or expenditures total more than	etailed financial disclosure beca \$1,000 for this reporting period	iuse contributions (ii .	icidang in-kind) receive	ed folds more than \$1,000
I/we do solemnly swear or affirm that the accurate accounting of campaign contribut				
accurate accounting of campaign contribut Financial Disclosure Act. Additionally, l/we benefit of the candidate or for any other no	s ewaar or amirm inai no camba	kan cantibodions na	AC DECIT CYDOLIGOR (a)	he personal financial
benefit of the candidate or for any other no	Inpolitical purpose as defined t	~//	1-1/	1 shales
Klast Had	7/10/18	Ka	of political treasurer	110118
signature of candidate	date	signature	of political treasurers	dato
11. WITNESS SIGNATURE			-	
1 1 - C - P C 1	-1,-10	1000	E Lucks	d 7/10/18
Jane 2. Wareland	date	signa	ature of witness	date
U signature of witness U				. <u> </u>
12. SUMMARY			2000 11	c D
a. BALANCE ON HAND LAST REPORT		,	\$ 2200.4	- T
b. TOTAL RECEIPTS THIS PERIOD	HILLU	**********	s D _v o	<u>v</u>
	\	P.M.	. 1925	37
c. TOTAL DISBURSEMENTS THIS PERIOD	JUL 1 02018		3	- 1
1	· ·			176~7
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)	Υ		<u> 275.07</u>
	SUMNER COUNTS	SION		; <u>275.07</u> ; _ P
	╼╼╘╘╬╫┡╬═┾╡┖╱╚╱╚┩ ┾┺╸	SION		3 <u></u>

SUMMARY PAGE - CANDIDATE

	AL DEPORT COVERING THE REPIOR
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: 4/23/18 TO: 6/30/18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>O</u>
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	7 1
16. LOANS RECEIVED THIS REPORTING PERIOD	<u> </u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
Facebook Ads 5 4.	e.g., printing, postage, gasoline) 78.60 79 16 20 19 .00
Total of Expenditures (\$100 or less each payee)	<u> 360.74</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1564.63
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	19/2//
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>1925.37</u>
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)	\$ <u> </u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22	.b.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i it	em 12.f.)\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE			RING THE PERIOD				
I. NAME OF CANDIDATE ON COM				FROM:	TO:			
		LA DDECEDINO S	DACE (antor \$0 if first itemized r	nane)	Amount			
. TOTAL ITEMIZED CAMPAIGN CO	ONTRIBUTIONS FRO	M PRECEDING F	N (contributions totaling more than	\$100 from any contribut	 or)			
			Contribution Received For:	contributions totaling more than \$100 from any contribut				
First Name	Middle Name	7	_	_				
ast Name/Organization Name			Primary Election	General Election				
			Runoff (Local Electio	ne Only)				
Address			Runon (Local Electio		Aggregate This Election			
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation								
Employer	-							
First Name	Middle Nar	ne	Contribution Received Fo	or:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Electi	Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer					Amount of Contribution			
First Name	Middle Na	тю	Contribution Received F	Contribution Received For:				
Last Name/Organization Name			Primary Election	General Election				
			Runoff (Local Elect	tions Only)				
Address			☐ Kulloli (cocai cico					
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation					:			
Employer								
First Name	Middle N	ame	Contribution Received Fo	or:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address		<u> </u>	Runoff (Local Elec	ctions Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
TOTAL ITEMIZED CONTRIBL (Carry forward to item 3. of next page if (If this is the last page of contributions,	f additional pages of this for	n are used.) in item 15b. of summa	rry.)					

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

MANUE OF A MINISTER OF	COMMITTEE				2. REPORT O	OVERING THE PERIOD			
NAME OF CANDIDATE OR	JOWINI I I EE			FROM:	TO:				
					- \	Amount			
TOTAL ITEMIZED IN-KIND (CONTRIBUTION	IS FROM F	PRECEDING PAG	E (enter \$0 if first itemized pag	e)				
COMPLETE THE APPROPRIAT	E ITEMS FOR EA	CH ITEMIZE	D IN-KIND CONTR	RIBUTION (in-kind contributions totaling		Value of In-Kind Contribution			
First Name Middle Name				In-Kind Contribution Received For: □ Primary Election □ General Election					
ast Name/Organization Name				Runoff (Local Election	Runoff (Local Elections Only) Date of In-Kind Contribution Aggregate th				
ddress									
y State Zip Code		Description of In-Kind Contribution	n						
occupation	Employer								
						I Mad Contilosion			
irst Name		Middle Nал	ne	In-Kind Contribution Receiv	red For: General Election	Value of In-Kind Contribution			
ast Name/Organization Name				Runoff (Local Electi	Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution				
<u> </u>	Employer	<u> </u>	<u> </u>		•				
Occupation	Gripojo					·			
First Name		Middle Nar	ne	In-Kind Contribution Recei		Value of In-Kind Contribution			
rsst reduce				Primary Election	General Election	n			
Last Name/Organization Name				Runoff (Local Elect	ions Only)	Aggregate this Election			
Address	<u> </u>		.	Date of in-Kind Contribution	Date drawns and some state of				
City		State	Zip Code	Description of In-Kind Contribut	ion				
Occupation	Employer								
First Name	<u> </u>	Middle Na	me	In-Kind Contribution Rece	ived For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name	<u> </u>	_!	.	Runoff (Local Elections Only)					
				Date of In-Kind Contribution	A stable Florida				
Address				Burning of he Mind Contribu	fon				
City		State	Zip Code	Description of In-Kind Contribu	(AC)TI				
Occupation	Employer								
		1. m . m . r .		In-Kind Contribution Rec	eived For:	Value of In-Kind Contributio			
First Name	_	Middle Na	me	Primary Election	General Elec				
Last Name/Organization Name				Runoff (Local Elec	tions Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribu	tion				
Occupation	Employer								
5. TOTAL ITEMIZED IN-KIN (Carry forward to item 3. of next (If this is the last page of in-kind	nane if additional pa	aes of this form	n are used.)						
			about in Hom 22h of t	cummaty)	Page of _				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER	RING THE PERIOD
I. NAME OF CANDIDATE OR COMMITTEE		FROM:	TO:	
		Jantos CO if first Hamilton	200)	Amount
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	URES FROM PRECEDING PAGE	= (enter 50 if hist itemized pa	A to any navon during the ne	
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEMIZED EXPENDITURE (6		O to any payee ouring the pe	Amount of Expenditure
First Name	Middle Name	Purpose of Expenditure	T 1	1
Last Name/Business Name Robce	1	Robocalls, Voicen	lexIs,	7812.7
Address 2129 General	Booth Blid	Voicen	igils	1
City Virginia Beach	VA ZSTS			
First Name	Middle Name	Purpose of Expenditure	1	Amount of Expenditure
Last Name/Business Name		Postage	Stamps	124.65
Address			, ,	121,00
City White Honse	State Zip Code 37189		<u>,</u>	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name P Prints	8	Postcard	5	107.07
Address	<i></i>			107.07
Herdesonville	Stale Zip Code 37075			
First Name Scott	Middle Name	Purpose of Expenditure	+	Amount of Expenditure
Last Name/Business Name		Reinbu	semen!	122.17
Address		for websi	te Adoba	2 122.17
Goodlettsville	State Zip Code TN 37072	107 00 0		
First Name	Middle Name	Purpose of Expenditure)	Amount of Expenditure
Last Name/Business Name House F	lep Center	Donation Sponse	n /	580.00
Address		Sass	م مام	
City Goodle thurle	12 37077		30.1	Amount of Expenditure
First Name	Middle Name	Purpose of Expenditure		Amount of Exponential
Last Name/Business Name		_		
Address				
City	State Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to Item 3. of next page if additional	pages of this form are used.)			1546.63
(If this is the last page of expenditures, this amour	it must be shown in item 19b. of summary.)			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERI			G THE PERIOD O:			
							FROM	i.	'	U
3. COMPLETE THE APPRO	PRIATE ITEMS I	OR EACH IT	FEMIZE	D LOAN (k	oans totaling r	nore than \$100 fro	om any source dur	ing the perio	od)	
Complete the Following for the S	Source of the Loan									
First Name	Middle Name			Outstanding Loan Balance (Beginning of Period)		Loans Received				nding Loan Balance End of Period)
Last Name/Organization Name	, . ţ							1		
Address				Loan Receive	d For:	I		ate of Loan		
City	State Zip Code			☐ Primary Election ☐ General Election			lection			
<u> </u>	List All Fords	The of Custom	ntom for		Local Elections		olease attach a g	ane)		-
First Name	LIST All Endu	Middle Name		I ADOVE LOS	First Name	ace is necoca ;	neuse attacks a p	Jugo,	Middle N	ame
Last Name/Organization Name		<u>_</u>			Last Name/O:	ganization Name	.			
					Address					
Address									81.1	
City		State	Zip Co	de	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name		Middle Name	3		First Name			Middle Name		
Last Name/Organization Name			<u> </u>	Last Name/Organization Name						
Address				·	Address		<u>.</u> _			
City	<u> </u>	State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding		<u> </u>			Amount Guar	anteed Outstandi	ing			-
First Name	···	Middle Name	e		First Name				Middle	Name
Last Name/Organization Name		<u></u>			Last Name/Organization Name					
Address		<u> </u>		<u> </u>	Address	·				
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding			1		Amount Guaranteed Outstanding					
					E.u.	 			Middle	Nama
First Name		Middle Name	ię		, 10(1,121)			italio		
Last Name/Organization Name	<u>~</u>				Last Name/0	Organization Nam	e			
Address				, <u></u>	Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding		<u> </u>	<u> </u>		Amount Gua	ranteed Outstand	ling			
4. Totals for all Loans (comp (Total loans received should also (Total loan payments should also	be shown in item 16. o be shown in item 20. o	on summary page on summary page	8.) 8.)		Outstanding (Beginnin	Loan Balance g of Period)	Loans Received	Loa Payrr		Outstanding Loan Balance (End of Period)
(Total outstanding loan balance sho	ould also be shown in	tem 12.e. on front	t page.)		<u> </u>		age 6_ of	1-		RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITT	TEE.	2. REPORT COVERING THE PERIOD				
I. INDIE OF ORGENIE OR COMMITTE	- <u>-</u>			FROM:	TO:	
 COMPLETE THE APPROPRIATE ITEL OBLIGATION (obligations totaling more person/vendor at the end of the reporti 	e than \$100 ow	HITEMIZED red to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ime]	ł
Last Name/Business Name	1					
Address	_ 		7			
City	State	Zip Code				
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name						
Address	<u> </u>					
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name	<u>. i</u>	<u>. </u>				
Address	<u> </u>					
City	State	Zip Code			<u></u>	
Description of Obligation						
First Name	Middle I	Vame				
Last Name/Business Name		<u> </u>				
Address		<u> </u>			}	
City	State	Zip Code				
Description of Obligation						
First Name	Middle	Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation				<u> </u>	<u> </u>	
4. TOTALS						
(Total from Outstanding Balance - (End of l in item 23b. on summary page.)	Period) column r	nust also be show	חי			
in nem 250. On summary page.)					<u> </u>	