





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Scott Langford</b>				2. REPORT COVERING THE PERIOD FROM: <b>4/1/14</b> TO: <b>4/26/14</b>			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>0</b>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name <b>Freddie</b>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <b>Williams</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$200.00	
Address <b>1140 Haverhill Drive</b>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <b>Brentwood</b>		State <b>TN</b>	Zip Code <b>37027</b>	Date of Contribution <b>4/6/14</b>		Aggregate This Election <b>\$200.00</b>	
Occupation <b>Retired</b>							
Employer <b>Retired</b>							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <b>Paul R. Goode for County Commissioner</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$165.00	
Address <b>124 Cedar Crest Dr.</b>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <b>Hendersonville</b>		State <b>TN</b>	Zip Code <b>37075</b>	Date of Contribution <b>4/14/14</b>		Aggregate This Election <b>\$165.00</b>	
Occupation <b>Insurance</b>							
Employer <b>Paul R. Goode + Associates</b>							
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		Aggregate This Election	
Occupation							
Employer							
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.)					\$365.00		

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Scott Langford</b>			2. REPORT COVERING THE PERIOD FROM: <b>4/1/14</b> TO: <b>4/26/14</b>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$0</b>
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 <b>Office Support Systems</b>		<b>Mailers</b>		<b>\$1,497.19</b>
Address <b>P.O. Box 544</b>				
City <b>Madison</b>	State <b>TN</b>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>USPS</b>		<b>Postage</b>		<b>\$170.00</b>
Address				
City <b>Goodlettsville</b>	State <b>TN</b>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				<b>\$1,667.19</b>
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES (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.)				<b>\$1,667.19</b> <del>1,667.19</del>

## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
Scott Langford				FROM: 4/1/14		TO: 4/26/14	
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		221.78	0	0	221.78	
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
Scott Langford 1260 Twelve Stones Crossing Goodlettsville TN 37072 Push Cards - ASAP Printing							
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			221.78	0	0	221.78	
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							