

## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

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

1. Date: 7825 2.a. Candidate or Committee Name: Scott Sprouse	
2.b. If Committee, Name of Candidate:	ion Date: 11 3 2020
4. Campaign Address: 127 Wooduse Drive	
City: Hendersonville State: TN Zip Code: 37075 Phone	615-824-2022
5. Candidate Home Address: Same as above	
City: State: Zip Code: Phone	
Candidate Email Address: Sprouse@bellsouth.net	<u> </u>
6. Office Sought: (include district number, if applicable) Alderma, Ward 2	3
7. Name of Political Treasurer (may be candidate):	
Political Treasurer Email Address: jpband@belsath.net	
8. Category or Report: (check one)	
First Quarter Second Quarter Third Quarter Fourth Quarter Pre-F	Primary Pre-General
Mid-Year Supplemental	
9. Reporting Period: Start Date: 116 25 End Date: 6/30/25	<u> </u>
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures because contributions (including in- or less AND expenditures total \$1,000 or less for this reporting period. (Complete items	
This campaign is required to file a detailed financial disclosure because contributions (in total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting p	
11. I/we do solemnly swear or affirm that the information contained in this campaign financial and that this report is an accurate accounting of campaign contributions and expenditure by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we campaign contributions have been expended for the personal financial benefit of the cononpolitical purpose as defined by the federal internal revenue code.  Candidate Signature  Date  Date  Political Treasurer Signature  Witness Signature  Witness Signature	es required to be reported ve swear or affirm that no
12. Summary:	
a. Balance On Hand Last Report D. \$ 1186.	99
b. Total Receipts This Period	02
c. Total Disbursements This Perjod	01
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ \$	
e. Total Loans Outstandingler. COUNTY \$ \$	
f. Total Obligation \$ O -	
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## **SUMMARY PAGE - CANDIDATE**

13. Na	ne of Candidate or Committee: Scott Sprouse
14. Rep	porting Period: Start Date: 1/16/75 End Date: 6/30/75
15. Rec	eipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$
c.	Loans Received This Reporting Period\$
d.	Interest Received This Reporting Period\$
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)
16. Dis	bursements:
a.	Total Expenditures (other than loan payments)
b.	Loan Repayments Made This Period\$\$
c.	Total Obligation Payments Made This Period\$
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$
17. ln-l	(ind Contributions:
a.	Unitemized In-Kind Contributions Received This Period\$
b.	Itemized In-Kind Contributions Received This Period\$
c.	Total In-Kind Contributions Received This Period\$\$
18. Ob	igations:
	Total Obligations Outstanding (must be shown in item 12 f)

## **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

Candidate or Committee Name: _	Hove.	Sprouxe.		
2. Reporting Period: Start Date:	1/16/25	End Date: 6 30 2		
3. Total campaign expenditures from				
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please rem candidate's name in the purpose of the expe	ember to includ	le the purpose of the expenditure (e.g	nust be itemized g., postage, printi	. If the expenditure is an in- ng, etc.) along with the
Business or Organization Name:	LAKE	HILL CHURCH		OF
First Name:	Middle	Name:	_ Last Name:	1147-21-4-4
Address: 370 Lake	Drive	city: <u>Cardler</u>	State: M	Zip Code: 28715
Purpose of Expenditure:	ation to	diaster relief	, ,	773-513
Purpose of Expenditure: 404 Amount of Expenditure: \$ 18	7.01	Date of Expenditure: \$3	19/25	
Business or Organization Name:				OF
First Name:				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$		Date of Expenditure: \$		
Business or Organization Name:				OR
First Name:				
Address:				
Purpose of Expenditure:			State	2.p code
Amount of Expenditure: \$		Date of Expenditure: \$		
Business or Organization Name:				OF
First Name:		Name:	Last Name:	
		City:		
Purpose of Expenditure:				
Amount of Expenditure: \$		Date of Expenditure: \$		
Business or Organization Name:				
First Name:				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$				
Total Expenditures: \$ 4187.00 (Carry forward to the next page if add	<b>)  </b> ditional page	s of this form are used. If this is		