CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7-11-24 2.a. Candidate or Committee Name: Friends of Scott Sanders

2.b. If Committee, Name of Candidate: Scott Sanders 3. Election Date: 2024

4. Campaign Address: 2009 Prestwick Dr.

City: Germantown State: TN Zip Code: 38139 Phone: 901-301-6848

5. Candidate Home Address: Same as above

City: _____ State: _____ Zip Code: _____ Phone: _____

Candidate Email Address: Sandersforgermantown@gmail.com

6. Office Sought: (include district number, if applicable) _____

7. Name of Political Treasurer (may be candidate): Scott Sanders

Political Treasurer Email Address: Same as above

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☒ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 1-16-24 End Date: 6-30-24

10. Detailed Disclosure: (Check one)

☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)

☐ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than $1,000 and/or expenditures total more than $1,000 for this reporting period.

11. 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 of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Candidate Signature	Date	Political Treasurer Signature	Date
Scott A. Sanders	7-12-24	Scott A. Sanders	7-12-24
Witness Signature	**Date**	**Witness Signature**	**Date**
Michael W. Watts	7-12-24	Michael W. Watts	7-12-24

12. Summary:

a.	Balance On Hand Last Report	$ 4,848.92
b.	Total Receipts This Period	$ 0
c.	Total Disbursements This Period	$ 250.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 4,598.92
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Friends of Scott Sanders

14. Reporting Period: Start Date: 1-16-24 End Date: 6-30-24

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0
(Note: Effective January 16, 2023, Unitemized Contributions are capped at $2,000. See *Instructions* for more information.)

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.) ..... $ 0

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 250.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)

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.) ..... $ 250.00

17. In-Kind 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 ..... $ 0

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Friends of Scott Sanders

2. Reporting Period: Start Date: 1-16-24 End Date: 6-30-24

3. Total campaign expenditures from preceding page (enter $0 if first page) $ Ø

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Kiwanis Club of Germantown **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: PO Box 38383 City: Germantown State: TN Zip Code: 38183
Purpose of Expenditure: Advertising
Amount of Expenditure: $ 250.00 Date of Expenditure: 2-19-24

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ______ Zip Code: ______
Purpose of Expenditure: ______
Amount of Expenditure: $ ______ Date of Expenditure: ______

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ______ Zip Code: ______
Purpose of Expenditure: ______
Amount of Expenditure: $ ______ Date of Expenditure: ______

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ______ Zip Code: ______
Purpose of Expenditure: ______
Amount of Expenditure: $ ______ Date of Expenditure: ______

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ______ Zip Code: ______
Purpose of Expenditure: ______
Amount of Expenditure: $ ______ Date of Expenditure: ______

Total Expenditures: $ 250.00
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

INVOICE

DATE:
2/1/24

INVOICE #
100

CUSTOMER ID:
City of Germantown
Scott Sanders
1930 S. Germantown Rd.
Germantown, TN 38138

TO: Kiwanis Club of Germantown
PO Box 38383
Germantown, TN 38183

KIWANIS CONTACT: BRAD

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	2024 Placemat and Pancake Day Advertising	250.00	250.00

FRIENDS OF SCOTT SANDERS
2009 Prestwick Dr
Germantown, TN 38139

107
87-1/640

2-19-2024
DATE

PAY TO THE ORDER OF Kiwanis of Germantown $250.00

Two hundred fifty and no/100 DOLLARS

Photo Safe Deposit® Details on back

REGIONS

FOR advertising Inv #100

⑆064000017⑆ 032036119 00107

Harland Clarke

SUBTOTAL	250.00
SALES TAX	0.00
TOTAL	250.00

MAKE ALL CHECKS PAYABLE TO "KIWANIS CLUB OF GERMANTOWN"
Thank you for your support!

INVOICE

DATE
8/1/24

INVOICE #
100

CUSTOMER ID
City of Germantown
Scott Sanders
1930 S. Germantown Rd.
Germantown, TN 38138

TO: Kiwanis Club of Germantown
PO Box 38381
Germantown, TN 38183

KIWANIS CONTACT: [illegible]

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	2024 [illegible] Day Advertising	250.00	250.00

SCOTT SANDERS
[illegible] Dr
Germantown, TN 38139

107

7-28-24

PAY TO THE ORDER OF [illegible] $ 250

REGIONS

250

	$250.00
	0.00
TOTAL	$250.00

MAKE ALL CHECKS PAYABLE TO THE KIWANIS CLUB OF GERMANTOWN
Thank you for your support!