

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                             |                    |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--------------------|--------------------------|
| 1. DATE OF REPORT<br><b>8/25/2022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 2.a. NAME OF CANDIDATE OR COMMITTEE<br><b>Scott McCormick</b>               |                    |                          |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3. ELECTION DATE<br><b>2020-08-06</b>                                       |                    |                          |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route<br><b>1356 Rainsong Cove S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | City<br><b>Cordova</b>                                                      | State<br><b>TN</b> | Zip Code<br><b>38016</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Phone<br><b>(901) 289-7490</b>                                              |                    |                          |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br>Street or Rural Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City                                                                        | State              | Zip Code                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                             |                    | Phone                    |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><b>County School Bd., Dist. 5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 6. NAME OF POLITICAL TREASURER (may be candidate)<br><b>Scott McCormick</b> |                    |                          |
| 7. CATEGORY OR REPORT (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                             |                    |                          |
| <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL                                                                                                                                                                                                |  |                                                                             |                    |                          |
| 8.a. BEGINNING DATE OF REPORTING PERIOD<br><b>2020-01-16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 8.b. ENDING DATE OF REPORTING PERIOD<br><b>2021-07-15</b>                   |                    |                          |
| 9. (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                             |                    |                          |
| a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)                                                                                                                                                                                                                                                                                    |  |                                                                             |                    |                          |
| b. <input checked="" type="checkbox"/> 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.                                                                                                                                                                                                                                                                                      |  |                                                                             |                    |                          |
| 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 of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. |  |                                                                             |                    |                          |
| _____<br>signature of candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | _____<br>signature of political treasurer                                   |                    |                          |
| _____<br>signature of witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | _____<br>signature of witness                                               |                    |                          |
| _____<br>date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | _____<br>date                                                               |                    |                          |
| 11. WITNESS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                             |                    |                          |
| 12. SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                             |                    |                          |
| a. BALANCE ON HAND LAST REPORT .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | \$5,082.89                                                                  |                    |                          |
| b. TOTAL RECEIPTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | \$0.00                                                                      |                    |                          |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | \$2,500.00                                                                  |                    |                          |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | \$2,582.89                                                                  |                    |                          |
| e. TOTAL LOANS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | \$0.00                                                                      |                    |                          |
| f. TOTAL OBLIGATIONS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | \$0.00                                                                      |                    |                          |

98A-475E-A1FE CDE  
08/25/22 - 5:18 PM



# SUMMARY PAGE - CANDIDATE

|                                                                        |                                                                   |
|------------------------------------------------------------------------|-------------------------------------------------------------------|
| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)<br><b>Scott McCormick</b> | 14. REPORT COVERING THE PERIOD<br>FROM: 2020-01-16 TO: 2021-07-15 |
|------------------------------------------------------------------------|-------------------------------------------------------------------|

## RECEIPTS

### 15. CONTRIBUTIONS (other than loans and interest)

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ \_\_\_\_\_
- b. Itemized Contributions (over \$100 from each source this period) ..... \$ \_\_\_\_\_
- c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ \_\_\_\_\_

16. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ \_\_\_\_\_

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)

#### a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

|  |    |  |
|--|----|--|
|  | \$ |  |
|  | \$ |  |
|  | \$ |  |
|  | \$ |  |
|  | \$ |  |
|  | \$ |  |
|  | \$ |  |
|  | \$ |  |
|  | \$ |  |

Total of Expenditures (\$100 or less each payee) ..... \$ \_\_\_\_\_

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ **\$2,500.00**

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ **\$2,500.00**

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ \_\_\_\_\_

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ **\$2,500.00**

## 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) ..... \$ \_\_\_\_\_
- 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 in item 12.f.) ..... \$ \_\_\_\_\_



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|                                                                                                                                                                                                                        |                    |                            |                                                                 |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|-----------------------------------------------------------------|-------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Scott McCormick</b>                                                                                                                                                            |                    |                            | 2. REPORT COVERING THE PERIOD<br>FROM: 2020-01-1 TO: 2021-07-15 |                         |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)                                                                                                                         |                    |                            |                                                                 | Amount<br><b>\$0.00</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<br><b>Caissa Public Strategies, LLC</b>                                                                                                                                                        |                    | <b>Campaign Consulting</b> |                                                                 | <b>\$2,500.00</b>       |
| Address<br><b>5100 Poplar Ave suite 1720Caissa Public Strateg</b>                                                                                                                                                      |                    |                            |                                                                 |                         |
| City<br><b>Memphis</b>                                                                                                                                                                                                 | State<br><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                                                                                                                                                                                                |                    |                            |                                                                 |                         |
| Address                                                                                                                                                                                                                |                    |                            |                                                                 |                         |
| City                                                                                                                                                                                                                   | State              |                            |                                                                 |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure     |                                                                 | Amount of Expenditure   |
| Last Name/Business Name                                                                                                                                                                                                |                    |                            |                                                                 |                         |
| Address                                                                                                                                                                                                                |                    |                            |                                                                 |                         |
| City                                                                                                                                                                                                                   | State              |                            |                                                                 |                         |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |                            |                                                                 | <b>\$2,500.00</b>       |

