

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4/6/2020		2.a. NAME OF CANDIDATE OR COMMITTEE Scotty Long		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 3/3/2020		
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route 3075 Misty Hill Lane	City Morristown	State TN	Zip Code 37814	Phone () -
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)				
Street or Rural Route 3075 Misty Hill Lane	City Morristown	State TN	Zip Code 37814	Phone (423) 581-1519
5. OFFICE SOUGHT (include district number, if applicable) Trustee		6. NAME OF POLITICAL TREASURER (may be candidate) Kristen Porter		
7. CATEGORY OR REPORT (Check one)				
☐ FIRST QUARTER	☐ SECOND QUARTER	☐ THIRD QUARTER	☐ FOURTH QUARTER	☒ PRE- PRIMARY
		☐ PRE- GENERAL	☐ MID-YEAR SUPPLEMENTAL	☐ YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 11/1/2019		8.b. ENDING DATE OF REPORTING PERIOD 3/3/2020		
9. (Check one)				
a. ☐ 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. ☒ 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.				
_____ signature of candidate		_____ signature of political treasurer		
_____ signature of witness		_____ signature of witness		
_____ date		_____ date		
11. WITNESS SIGNATURE				
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$ 853.85		
b. TOTAL RECEIPTS THIS PERIOD		\$ 200.00		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 849.01		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 204.84		
e. TOTAL LOANS OUTSTANDING		\$ 0.00		
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0.00		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Scotty Long	14. REPORT COVERING THE PERIOD FROM: 11/1/2019 TO: 3/3/2020	
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ \$0.00

b. Itemized Contributions (over \$100 from each source this period) \$ \$200.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ \$200.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ \$0.00

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ \$0.00

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ \$200.00

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) \$ \$0.00

b. Itemized Expenditures (Over \$100 each payee this period) \$ \$849.01

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ \$849.01

20. LOAN REPAYMENTS MADE THIS PERIOD \$ \$0.00

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ \$849.01

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ \$0.00

b. Itemized in-kind contributions (over \$100 from each source this period) \$ \$0.00

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ \$0.00

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ \$0.00

b. Itemized Obligations Outstanding (Over \$100 each) \$ \$0.00

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ \$0.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Scotty Long				2. REPORT COVERING THE PERIOD FROM: 11/1/2019 TO: 3/3/2020		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Randall		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Long				☒ Primary Election ☐ General Election		\$200.00
Address 3075 Misty Hill Lane				☐ Runoff (Local Elections Only)		
City Morristown		State TN	Zip Code 37814	Date of Contribution 03/03/20		Aggregate This Election \$3,500.00
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ 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.)					\$200.00	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Scotty Long			2. REPORT COVERING THE PERIOD FROM: 11/1/2019 TO: 3/3/2020		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00	
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 Lakeway Printers				Campaign Cards Business	\$85.00
Address 1609 W First North St					
City Morristown	State TN	Zip Code 37815			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Redbud Deli				Food for Poll Workers	\$214.01
Address 345 E Economy Rd					
City Morristown	State TN	Zip Code 37814			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Vaughn				Poll Worker	\$50.00
Address 6832 Greenbrook Drive					
City Russellville	State TN	Zip Code 37860			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Brauss				Poll Worker	\$50.00
Address 2330 Sandstone Dr					
City Morristown	State TN	Zip Code 37814			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Vaughn				Poll Worker	\$50.00
Address 614 Jones-Franklin Rd					
City Morristown	State TN	Zip Code 37813			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Margelowsky				Poll Worker	\$50.00
Address 1675 Three Springs Rd					
City Russellville	State TN	Zip Code 37860			
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.)					\$499.01



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Scotty Long			2. REPORT COVERING THE PERIOD FROM: 11/1/2019 TO: 3/3/2020	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$499.01
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 Sargent		Poll Worker		\$50.00
Address 2455 Lowe Drive				
City Talbott	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Lawson		Poll Worker		\$50.00
Address 788 Cain Mill Rd				
City Russellville	State TN			
First Name S	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Lawson		Poll Worker		\$50.00
Address 788 Cain Mill Rd				
City Russellville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Green		Poll Worker		\$50.00
Address 2466 Kidwell Ridge Rd				
City Morristown	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Long		Poll Worker		\$50.00
Address 3827 Halifax Circle				
City Morristown	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Dalton		Poll Worker		\$50.00
Address 593 Old Poplar Ridge Rd				
City Talbott	State TN			
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.)				\$799.01



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Scotty Long			2. REPORT COVERING THE PERIOD FROM: 11/1/2019 TO: 3/3/2020	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$799.01
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 Hartman		Poll Worker		\$50.00
Address 3848 Halifax Circle				
City Morristown	State TN			
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			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
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.)				\$849.01

