

# CANDIDATE CAMPAIGN COMMITTEE CONTRIBUTIONS AND EXPENDITURES

REPORTING REQUIREMENTS CONTINUE IN EFFECT UNTIL A FINAL REPORT IS FILED

T. Scott Harris  
 FULL NAME OF CANDIDATE OR CANDIDATE'S CAMPAIGN COMMITTEE

P.O. Box 184      *ARC 115*  
 MAILING ADDRESS

HANOVER, VA 23069  
 CITY, STATE, ZIP CODE

(804) 537-6235  
 AREA CODE - DAYTIME TELEPHONE NUMBER FOR PERSON PREPARING THIS REPORT

COMMISSIONER OF REVENUE  
 OFFICE SOUGHT

HANOVER COUNTY  
 COUNTY/CITY/DISTRICT

NOVEMBER 2, 1999  
 DATE OF ELECTION

PRIMARY/GENERAL       SPECIAL  
 TYPE OF ELECTION [CHECK ONE SQUARE]

PENALTIES PRESCRIBED BY LAW	
\$ 300	MAXIMUM CIVIL PENALTY FOR FAILURE TO FILE ON TIME, OR FAILURE TO PROVIDE ANY INFORMATION REQUIRED IN , ANY REPORT DUE ON OR AFTER JULY 15 AND BEFORE DECEMBER 14.
\$ 50	CIVIL PENALTY FOR FAILURE TO FILE ON TIME, OR TO PROVIDE ANY INFORMATION REQUIRED IN, ANY REPORT DUE AFTER DECEMBER 13 AND BEFORE JULY 15.
\$ 2,500	AND/OR CONFINEMENT IN JAIL FOR 12 MONTHS: MAXIMUM PENALTY FOR EITHER WILLFUL FAILURE TO FILE A REPORT ON TIME OR WILLFUL FAILURE TO PROVIDE REQUIRED INFORMATION.
\$ 2,500	AND/OR CONFINEMENT FOR UP TO TEN YEARS: MAXIMUM PENALTY FOR KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN ANY REPORT. THIS OFFENSE IS A FELONY UNDER VIRGINIA LAW AND YOU ALSO LOSE YOUR RIGHT TO VOTE.

**TYPE OF REPORT** [CHECK ONE SQUARE BELOW]

- SCHEDULES IDENTIFIED WITH THIS SYMBOL APPLY TO CANDIDATES FOR STATE OR LOCAL OFFICES.
- ◆ SCHEDULES IDENTIFIED WITH THIS SYMBOL APPLY TO CANDIDATES IN THE JUNE PRIMARIES AND/OR NOVEMBER GENERAL ELECTIONS.
- SCHEDULES IDENTIFIED WITH THIS SYMBOL APPLY TO CANDIDATES IN THE MARCH PRIMARIES AND/OR MAY GENERAL ELECTIONS.
- ▲ SCHEDULES IDENTIFIED WITH THIS SYMBOL APPLY TO CANDIDATES IN SPECIAL ELECTIONS NOT HELD AT THE SAME TIME AS A MAY OR NOVEMBER GENERAL ELECTION.

<p>● <b>MAY ELECTION</b></p> <p style="text-align: center;"><b>NOT APPLICABLE FOR CALENDAR YEAR 1999</b></p>	<p>◆ <b>NOVEMBER ELECTION</b></p> <p><input type="checkbox"/> JANUARY 15, 1999</p> <p><input type="checkbox"/> APRIL 15, 1999</p> <p><input type="checkbox"/> JUNE 1 [MAY 31, 1999 IS A HOLIDAY]</p> <p><input type="checkbox"/> JULY 15, 1999</p> <p><input type="checkbox"/> SEPTEMBER 15, 1999</p> <p><input type="checkbox"/> OCTOBER 15, 1999</p> <p><input type="checkbox"/> OCTOBER 25, 1999</p> <p><input checked="" type="checkbox"/> DECEMBER 2, 1999</p>	<p>■ <b>NON-ELECTION YEAR</b></p> <p><input type="checkbox"/> JANUARY 15, 1999</p> <p><input type="checkbox"/> JULY 15, 1999</p> <hr/> <p>▲ <b>SPECIAL ELECTION</b></p> <p><input type="checkbox"/> PRE-ELECTION</p> <p><input type="checkbox"/> POST ELECTION</p>	<p>IF NOTHING OF VALUE IS RECEIVED AND NO MONEY IS SPENT DURING THE REPORTING PERIOD, FILE ONLY THE REPORT OF NO ACTIVITY.</p> <p>IF ANY ITEM OF VALUE IS RECEIVED OR MONEY IS SPENT DURING THE REPORTING PERIOD, FILE THIS FORM WITH SCHEDULES G AND H AND ANY OTHERS REQUIRED BY ITEMS REPORTED THEREON.</p> <p>IF ALL DEBTS ARE PAID AND SURPLUS FUNDS DISPOSED OF FILE THE FINAL REPORT FORM AND ALL SCHEDULES REQUIRED BY ACTIVITY OCCURRING SINCE THE LAST REPORTING PERIOD.</p>
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**STATEMENT OF CANDIDATE OR TREASURER**

I declare, subject to the penalties of law set forth above, that this report for the period Oct 21 through NOV 25, 1999 including all its accompanying schedules, is to the best of my knowledge and belief true, correct and complete.

11/30/99  
DATE

T. Scott Harris  
SIGNATURE OF CANDIDATE OR TREASURER

**SCHEDULE A: ITEMIZATION OF CONTRIBUTIONS OVER \$100**

**MUST BE TYPED OR PRINTED LEGIBLY**

DATE: 11/30/99  
PAGE: 1 OF 1

F. Scott Harris

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

COLUMN 1		COLUMN 2-A			COLUMN 2-B			COLUMN 3	COLUMN 4	COLUMN 5
FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP (LIST IN ALPHABETICAL ORDER)		BUSINESS OR CORPORATION 1. PRINCIPAL BUSINESS OF CONTRIBUTOR 2. PRINCIPAL PLACE OF BUSINESS			INDIVIDUAL 1. NAME OF EMPLOYER OR BUSINESS 2. OCCUPATION OF CONTRIBUTOR 3. PRINCIPAL PLACE OF BUSINESS			DATE RECEIVED	CONTRIBUTION THIS PERIOD	AGGREGATE TO DATE
1. ELIZABETH J. MORLEY 9106 CHAMBERLAIN RD MECHANICKSVILLE, VA 23111		1.			1. HOME MARKER 2. MECHANICKSVILLE, VA			10/21/99	300	300
2.		2.			2.					
1.		1.			1.					
2.		2.			2.					
1.		1.			1.					
2.		2.			2.					
1.		1.			1.					
2.		2.			2.					
1.		1.			1.					
2.		2.			2.					
1.		1.			1.					
2.		2.			2.					

**TOTAL THIS PERIOD**  
(ENTER ON LAST PAGE OF SCHEDULE A AND ON LINE 1 OF SCHEDULE G.)

300

**PENALTY:** A FINE NOT EXCEEDING \$300 MAY BE ASSESSED IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.





**SCHEDULE D: ITEMIZATION OF EXPENDITURES**

**MUST BE TYPED OR PRINTED LEGIBLY**

DO NOT INCLUDE REPAYMENT OF LOAN PRINCIPAL OR DISPOSITION OF SURPLUS FUNDS ON THIS SCHEDULE

DO LIST ALL OTHER PAYMENTS, INCLUDING INTEREST, FEE AND/OR FINANCE CHARGES ON A LOAN

1. Scott Hargis

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

DATE: 11/30/99

PAGE: 1 OF 1

PERSON OR COMPANY PAID	MAILING ADDRESS OF PAYEE INCLUDE ZIP	ITEM OR SERVICE	NAME OF PERSON AUTHORIZING EXPENDITURE	DATE OF EXPENDITURE	AMOUNT PAID
U.S. Post Office #	HANOVER, VA 23061	POSTAGE	Scott Hargis	11/25/99	1,632
U.S. Post Office	HANOVER, VA 23061	POSTAGE	Scott Hargis	11/27/99	330
HEROLD PROGRESS	11293 AIRPARK RD ASHLAND, VA 23005	CAMPAIGN AD	Scott Hargis	11/5/99	205-

**PENALTY:** A fine not exceeding \$300 may be assessed if all information required on this form is not given.

**TOTAL THIS PERIOD**  
 (Enter on last page of Schedule D and  
 on Line 7 of Schedule G.)

\$ 2,185

**SCHEDULE E: LOANS**

DATE: 11/3/90

PAGE: 1 OF 1

**MUST BE TYPED OR PRINTED LEGIBLY**

*T. Scott Harris*

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

FULL NAME OF LENDER AND, IF ONE, CO-BORROWER, GUARANTOR OR ENDORSER [LIST IN ALPHABETICAL ORDER]	ADDRESS OF LENDER AND, IF ONE, CO-BORROWER, GUARANTOR OR ENDORSER INCLUDE ZIP	DATE RECEIVED	AMOUNT OF LOAN THIS PERIOD	AGGREGATE TO DATE

**TOTAL THIS PERIOD**  
 [Enter on last page of Schedule E, Part I and on Line 10 of Schedule G]

\$ 6

**PART II: ITEMIZATION OF LOANS REPAY**

FULL NAME OF LENDER AND, IF ONE, CO-BORROWER, GUARANTOR OR ENDORSER [LIST IN ALPHABETICAL ORDER]	ADDRESS OF LENDER AND, IF ONE, CO-BORROWER, GUARANTOR OR ENDORSER INCLUDE ZIP	DATE REPAY	AMOUNT REPAY THIS PERIOD	AGGREGATE TO DATE

**TOTAL THIS PERIOD**  
 [Enter on last page of Schedule E, Part II and on Line 12 of Schedule G]

\$ 6

**PENALTY:** A fine not exceeding \$300 may be assessed if all information required on this form is not given.



**SCHEDULE G  
STATEMENT OF FUNDS**

**PENALTY: A FINE NOT EXCEEDING \$300 MAY BE ASSESSED IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN. ENTER A ZERO FOR ANY ITEM ON WHICH NO ACTIVITY OCCURRED.**

**MUST BE TYPED OR PRINTED LEGIBLY**

T. Scott Harris

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLITICAL COMMITTEE

REPORT COVERING PERIOD FROM 10/21 THROUGH 11/25/99

**CONTRIBUTIONS RECEIVED THIS PERIOD**

	Number of Contributors	Amount	
1. Schedule A [Over \$100]	# <u>1</u>	\$ <u>300</u>	
2. Schedule B [In-Kind Over \$100]	# <u>0</u>	\$ <u>0</u>	
3. Unitemized [\$100 or less]	# <u>0</u>	\$ <u>0</u>	
4. <b>TOTAL</b> [Add Lines 1, 2 & 3] [also enter on Line 15a on Schedule H]	# <u>1</u>		\$ <u>300</u>

**REBATES, REFUNDS AND INTEREST RECEIVED THIS PERIOD**

5. Schedule C [also enter on Line 15b on Schedule H] \$ 0

**EXPENDITURES MADE THIS PERIOD**

6. Schedule B [In-Kind Over \$100] \$ 0

7. Schedule D [Expenditures] \$ 2135

8. **TOTAL** [add Lines 6 and 7]  
[also enter on Line 16a on Schedule H] \$ 2135

**RECONCILIATION OF LOAN ACCOUNT**

9. Beginning loan balance [from Line 13 of last report]	\$ <u>0</u>
10. Add: Loans received this period [from Schedule E - Part I]	\$ <u>0</u>
11. <b>SUBTOTAL</b> [Add Lines 9 and 10]	\$ <u>0</u>
12. Subtract: Loans repaid this period [from Schedule E - Part II]	(\$ <u>0</u> )
13. Ending loan balance [subtract Line 12 from Line 11]	\$ <u>0</u>

**SCHEDULE H**  
**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**PENALTY:** A FINE NOT EXCEEDING \$300 MAY BE ASSESSED IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN. ENTER A ZERO FOR ANY ITEM ON WHICH NO ACTIVITY OCCURRED.

**MUST BE TYPED OR PRINTED LEGIBLY**

T Scott Harris

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLITICAL COMMITTEE

REPORT COVERING PERIOD FROM 10/21 THROUGH 11/25/99

14. \*Beginning balance [from Line 17 of last report] \$ 5,107.77
15. Receipts for reporting period:
- a. Add: Contributions received this period [from Line 4 of Schedule G of this report] \$ 300
  - b. Add: Rebates, refunds and interest [from Line 5 of Schedule G of this report] \$ 0
  - c. Add: Loans received this period [from Line 10 of Schedule G of this report] \$ 0
  - d. Total expendable funds [add Lines 14, 15a, 15b and 15c] ..... \$ 5407.77
16. Disbursements for reporting period:
- a. Expenditures made this period [from Line 8 on Schedule G of this report] \$ 2185
  - b. Add: Loans repaid this period [from Line 12 of Schedule G of this report] \$ 0
  - c. Add: Surplus funds transferred to a succeeding election [enter here and in Termination Statement on Final Report] \$ 0
  - d. Add: Other surplus funds paid out [from Schedule I of this report] \$ 0
  - e. Total payments made [Add Lines 16a, 16b, 16c and 16d] ..... \$ 2185
17. Ending balance [Subtract Line 16e from Line 15d] \$ 3222.77

**COMMITTEE'S CONTRIBUTIONS AND EXPENDITURES - TOTALS TO DATE**

- 18. Contributions [Add total from Line 18 on Schedule H of last report to Line 15a above] \$ 25,983
- 19. Expenditures [Add total from Line 19 on Schedule H of last report to Line 16a above] \$ 22,760.23
- 20. Debts remaining unpaid [from Schedule F of this report] \$ 0

21. Committee's Depository: CRESTAR BANK Account Number: 812436164

\* A candidate's first report for any election campaign must show a beginning balance of ZERO. Funds transferred from a previous election must be shown on Schedule A as a contribution from that campaign and included in Line 1 of Schedule G and in 15a above.

**SCHEDULE I: OTHER SURPLUS FUNDS PAID OUT**

*T. Scott Harris*

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

**MUST BE TYPED OR PRINTED LEGIBLY**

DATE: 11/30/99

PAGE: 1 OF 1

PERSON OR COMPANY PAID	MAILING ADDRESS OF PAYEE #INCLUDE ZIP	ITEM OR SERVICE	NAME OF PERSON AUTHORIZING EXPENDITURE	DATE OF EXPENDITURE	AMOUNT PAID

**TOTAL THIS PERIOD**  
[Enter on last page of Schedule I and  
on Line 16d of Schedule H.]

\$ 0

**PENALTY:** A fine not exceeding \$300 may be assessed if all information required on this form is not given.