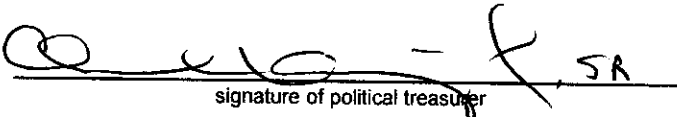
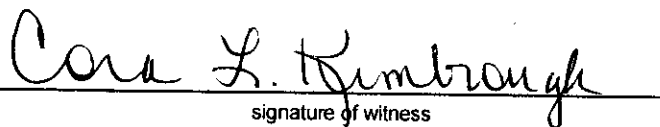


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT <u>OCTOBER 6, 2016</u>	2. NAME OF COMMITTEE <u>CITIZENS FOR A CIVIL COMMUNITY</u>	
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) <u>CCC PAC</u>		
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>48 WYNDEMERE HENDERSONVILLE TN 37075 615-584-2500</u>		
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input type="checkbox"/> BOTH <input checked="" type="checkbox"/>		
5.A. NAME OF POLITICAL TREASURER <u>CHARLES KIMBROUGH, SR.</u>		5.B. DATE APPOINTED <u>4-2-14</u>
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL		
7.A. BEGINNING DATE OF REPORTING PERIOD <u>JULY 26, 2016</u>		7.B. ENDING DATE OF REPORTING PERIOD <u>SEPTEMBER 30, 2016</u>
8. (Check one) A. <input type="checkbox"/> This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.) B. <input checked="" type="checkbox"/> This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.		
 signature of political treasurer		<u>10-6-16</u> date
9. WITNESS SIGNATURE <div style="text-align: center;">  signature of witness </div> <div style="text-align: right; margin-right: 100px;"> <u>10-6-16</u> date </div>		
10. SUMMARY		
a. BALANCE ON HAND LAST REPORT		\$ <u>100⁰⁰</u>
b. TOTAL RECEIPTS THIS PERIOD	FILED	\$ <u>1000⁰⁰</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	A.M. P.M.	\$ <u>800⁰⁰</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	<u>OCT 17 2016</u>	\$ <u>300⁰⁰</u>
e. TOTAL LOANS OUTSTANDING	SUMNER COUNTY ELECTION COMMISSION	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <u>CITIZENS FOR A CIVIL COMMUNITY</u>	12. REPORT COVERING THE PERIOD FROM <u>7-25-16</u> TO <u>9-30-16</u>
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RECEIPTS

13. 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) \$ 1000⁰⁰

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ 1000⁰⁰

14. LOANS RECEIVED THIS REPORTING PERIOD \$ 0⁰⁰

15. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0⁰⁰

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) \$ 1000⁰⁰

DISBURSEMENTS

17. EXPENDITURES (other than loan payments)

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

CAMPAIGN CONTRIBUTIONS @ 100⁰⁰/ea \$ 800⁰⁰

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total of Expenditures (\$100 or less each payee) \$ 800⁰⁰

b. Itemized Expenditures (Over \$100 each payee this period) \$ 0⁰⁰

c. Independent Expenditures \$ 0⁰⁰

d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.) \$ 800⁰⁰

18. LOAN REPAYMENTS MADE THIS PERIOD \$ 0⁰⁰

19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) \$ 800⁰⁰

20. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0⁰⁰

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0⁰⁰

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) \$ 0⁰⁰

21. LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) \$ 0⁰⁰

22. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0⁰⁰

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0⁰⁰

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) \$ 0⁰⁰



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE CITIZENS FOR A CIVIL COMMUNITY			2. REPORT COVERING THE PERIOD FROM: 7-26-16 TO: 9-30-16	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount - 0 -
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name ALVIN	M.I. D.	Last Name/Organization Name HALE	Amount of Contribution	
Address PLANTATION BLVD.			1000 ⁰⁰	
City GALLATIN	State TN	Zip Code 37066	Date of Contribution	
Occupation REALTOR	Employer HALE REALTY		8-15-16	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			Date of Contribution	
City	State	Zip Code	Date of Contribution	
Occupation	Employer		Date of Contribution	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			Date of Contribution	
City	State	Zip Code	Date of Contribution	
Occupation	Employer		Date of Contribution	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			Date of Contribution	
City	State	Zip Code	Date of Contribution	
Occupation	Employer		Date of Contribution	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			Date of Contribution	
City	State	Zip Code	Date of Contribution	
Occupation	Employer		Date of Contribution	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			Date of Contribution	
City	State	Zip Code	Date of Contribution	
Occupation	Employer		Date of Contribution	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			Date of Contribution	
City	State	Zip Code	Date of Contribution	
Occupation	Employer		Date of Contribution	
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount of Contribution
(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 13b. of summary.)				1000 ⁰⁰

