CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

July 1 Z018 CITIZENS FOR A CIVIL COMMUNI 2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) CCC - PAC 3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 48 WYNDERMERY HWDERSONVILLE TN 37075 615.584. 4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE D LOCAL PUBLIC OFFICE BOTH.	T. 7							
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 48 WYNDERMERY HENDERSONVILLE TN 37075 615.584								
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I 4. TYPE OF CANDIDATES SUPPORTED	2600							
STATE PUBLIC OFFICE LOCAL PUBLIC OFFICE BOTH ,	Þ							
5.A. NAME OF POLITICAL TREASURER 5.B. DATE APPOIN	TED							
CHARLES KIMBROWH, SR. 4.2.1	4							
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR QUARTER QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLE								
7.A.BEGINNING DATE OF REPORTING PERIOD 7.B.ENDING DATE OF REPORTING PERIOD								
April 1, 2018 JUNE 30, 2018	_							
8. (Check one) A. 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 solemly 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. 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 solemly 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. 7 1 1 8 signature of political peasurer								
required to be reported by political campaign committees by the Campaign Financial Disclosure Act.	, 1 &							
required to be reported by political campaign committees by the Campaign Financial Disclosure Act.	- <u>18</u>							
9. WITNESS SIGNATURE Graphical Compaign Committees by the Campaign Financial Disclosure Act. 7. 1 signature of political beasurer / da 9. WITNESS SIGNATURE Signature of witness / da	- <u>18</u>							
required to be reported by political campaign committees by the Campaign Financial Disclosure Act. Signature of political Deasurer State	-1 <u>S</u>							
required to be reported by political campaign committees by the Campaign Financial Disclosure Act. Section	- <u>18</u>							
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required to be reported by political campaign committees by the Campaign Financial Disclosure Act. 9. WITNESS SIGNATURE WITNESS SIGNATURE 10. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD A.M. JUL. 09 2018 c. TOTAL DISBURSEMENTS THIS PERIOD SUMMER. COUNTY SUMMER. COUNT	-/ <u>S</u> ate							

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD							
CITIZENS FOR A CIVIL COMMUNITY	FROM 41-18	10: € - 30 - 18						
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 68 00	 						
b. Itemized Contributions (over \$100 from each source this period)	\$							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	,	\$ 68.00						
14. LOANS RECEIVED THIS REPORTING PERIOD								
15. INTEREST RECEIVED THIS REPORTING PERIOD								
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		\$ <u> </u>						
DISBURSEMENTS								
17. EXPENDITURES (other than loan payments)								
a. Uniternized Expenditures (\$100 or less each payee this period) (must be listed b gasoline)	y category - e.g., prir	nting, postage,						
\$								
	··········	i						
\$ \$								
<u> </u>								
\$ \$								
\$ \$								
Total of Expenditures (\$100 or less each payee)		_						
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 150	<u>-`</u>						
c. Independent Expenditures	\$ <u>' O `</u>							
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.))	\$ 150						
18. LOAN REPAYMENTS MADE THIS PERIOD		\$						
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)		s <u>150 **</u>						
20. 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 20.a. and 20.b.)								
21. LOANS								
LOANS OUTSTANDING (must be shown in item 10.e.)		\$						
22. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)	\$							
b. Itemized Obligations Outstanding (Over \$100 each)	\$							
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.)\$								

Page 2 of 3

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE	^		2. REPORT CC		2. REPORT COVE	RING THE PERIOD			
CITIZUS FOR	A	CrvIL	Community		FROM: 4-1-18	TO:6.30 18			
	-					Amount			
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)									
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the ex-									
penditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.									
First Name	Middle Na	me.	Purpose of Expenditure			Amount of Expenditure			
			a poss of Espairalians			·			
Last Name/Business Name						150 =			
HARWELL FUR GOVERNOR			CAMPAG CONTRI	,	.)	Date of Expenditure			
Adoress			CENTRI	gutia	~	Date of Experiorare			
City	State	Zip Code				6-1-18			
NASquire	State	Lip code							
First Name	Middle Nas	me	Purpose of Expenditure			Amount of Expenditure			
	<u> </u>								
Last Name/Business Name									
Address						D-4			
Address						Date of Expenditure			
City	Starte	Zip Code							
First Name	Middle Nar	me	Purpose of Expenditure			Amount of Expenditure			
Last Name/Business Name									
Address						Date of Expenditure			
- Auditors						pate of exhericitine			
City	State	Zip Code							
First Name	Middle Nar	me	Purpose of Expenditure			Amount of Expenditure			
Last Name/Business Name									
						Date of E 4/4			
Address						Date of Expenditure			
City	State	Zip Code							
•		,							
First Name	Middle Nar	me	Purpose of Expenditure			Amount of Expenditure			
Last Name/Business Name					i	ľ			
						D-1 1 C 1 C			
Address					,	Date of Expenditure			
City	State	Zip Code							
First Name	Middie Nar	me	Purpose of Expenditure			Amount of Expenditure			
Last Name/Business Name									
Address			·····			Date of Expenditure			
City	State	Zip Code							
5. TOTAL ITEMIZED EXPENDITURES									
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 ampaign expenditures this amount must be shown in item 17h of summers)									
(If this is the last page of campaign expen-	ditures, thi	is amount must be	shown in item 17b. of summary.)						