
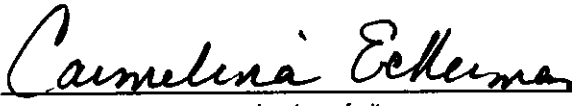


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Multicandidate Committees (PACs)

1. DATE OF REPORT <b>10-24-14</b>	2. NAME OF COMMITTEE <b>CITIZENS FOR A CIVIL COMMUNITY</b>
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) <b>CCC PAC</b>	
3. ADDRESS AND PHONE Street or Rural Route                      City                      State                      Zip Code                      Phone <b>48 WYNDERMERE                      HENDERSONVILLE, TN                      37075                      584.2600</b>	
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 <b>CHARLES KIMBROUGH, SR.</b>	
5.B. DATE APPOINTED <b>4-2-14</b>	
6. 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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD <b>10-1-14</b>	7.B. ENDING DATE OF REPORTING PERIOD <b>10-25-14</b>
8. (Check one) <p>A. <input checked="" 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.)</p> <p>B. <input 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.</p>	
 signature of political treasurer	
<b>10-24-14</b> date	
9. WITNESS SIGNATURE  <div style="text-align: center;">             signature of witness         </div>	
<b>10-24-14</b> date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <b>1250.00</b>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <b>150.00</b>
c. TOTAL DISBURSEMENTS THIS PERIOD ...A.M. ....	\$ <b>1000.00</b>
<b>OCT 24 2014</b> <b>SUMNER COUNTY ELECTION COMMISSION</b>	
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <b>400.00</b>
e. TOTAL LOANS OUTSTANDING .....	\$ <b>- 0 -</b>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <b>- 0 -</b>



## SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em; margin-top: 10px;">CITIZENS FOR A CIVIL COMMUNITY</p>	12. REPORT COVERING THE PERIOD FROM 10-1-14 TO: 10-25-14
<b>RECEIPTS</b>	
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) .....	\$ 150.00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....	\$ 150.00
14. LOANS RECEIVED THIS REPORTING PERIOD .....	\$ - 0 -
15. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$ - 0 -
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) .....	\$ 150.00
<b>DISBURSEMENTS</b>	
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)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee) .....	\$ - 0 -
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$ 1000.00
c. Independent Expenditures .....	\$ - 0 -
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.) .....	\$ 1000.00
18. LOAN REPAYMENTS MADE THIS PERIOD .....	\$ - 0 -
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) .....	\$ 1,000.00
<b>20. IN-KIND CONTRIBUTIONS</b>	
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.) .....	\$ - 0 -
<b>21. LOANS</b>	
LOANS OUTSTANDING (must be shown in item 10.e.) .....	\$ - 0 -
<b>22. OBLIGATIONS</b>	
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 in item 10.f.) .....	\$ - 0 -



## ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <b>CITIZENS FOR A CIVIL COMMUNITY</b>			2. REPORT COVERING THE PERIOD FROM: 10-1-14 TO: 10-25-14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$150<sup>00</sup></b>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>AUBREY</b>	M.I. <b>C</b>	Last Name/Organization Name <b>KIMBROUGH</b>		Amount of Contribution
Address <b>48 WYNDELMERE</b>				<b>150<sup>00</sup></b>
City <b>HENDERSONVILLE</b>	State <b>TN</b>	Zip Code <b>37075</b>		Date of Contribution
Occupation <b>CONSULTANT</b>		Employer <b>SELF</b>		<b>10-6-14</b>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
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 13b. of summary.)				



# ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE <b>COMMITTEE FOR A CIVIL COMMUNITY</b>			2. REPORT COVERING THE PERIOD FROM: <b>10-1-14</b> TO: <b>10-25-14</b>	
3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount - 0 -
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). Please remember to include the purpose of the expenditure (e.g. postage, printing) and the name of the candidate supported or opposed.				
First Name <b>PAIGE</b>	Middle Name	Purpose of Expenditure <b>PAIGE BAGWELL FOR MAYOR</b>		Amount of Expenditure \$ <b>1,000.00</b>
Last Name/Business Name <b>BAGWELL</b>		Candidate Supported or Opposed & Office Sought <b>MAYOR, GALLATIN, TN</b>		Date of Expenditure <b>10-8-14</b>
Address		Opposed <input type="checkbox"/>		
City <b>GALLATIN</b>	State <b>TN</b>	Supported <input checked="" type="checkbox"/>		
Zip Code <b>37066</b>				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Candidate Supported or Opposed & Office Sought		Date of Expenditure
Address		Opposed <input type="checkbox"/>		
City	State	Supported <input type="checkbox"/>		
Zip Code				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Candidate Supported or Opposed & Office Sought		Date of Expenditure
Address		Opposed <input type="checkbox"/>		
City	State	Supported <input type="checkbox"/>		
Zip Code				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Candidate Supported or Opposed & Office Sought		Date of Expenditure
Address		Opposed <input type="checkbox"/>		
City	State	Supported <input type="checkbox"/>		
Zip Code				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Candidate Supported or Opposed & Office Sought		Date of Expenditure
Address		Opposed <input type="checkbox"/>		
City	State	Supported <input type="checkbox"/>		
Zip Code				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Candidate Supported or Opposed & Office Sought		Date of Expenditure
Address		Opposed <input type="checkbox"/>		
City	State	Supported <input type="checkbox"/>		
Zip Code				
5 (a) Itemized Independent Expenditures .....				\$ _____
(b) Unitemized Independent Expenditures .....				\$ _____
(c) Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be shown in item 17c. of summary page.)				\$ _____