

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT <b>9-30-14</b>	2. NAME OF COMMITTEE <i>Millersville Citizens for Positive Growth</i>
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <b>615</b> <i>PO Nancy Smith 1322 Louisville Hwy Millersville TN 37072 859-5800</i>	
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input checked="" type="checkbox"/> BOTH <input type="checkbox"/>	
5.A. NAME OF POLITICAL TREASURER <i>Nancy Smith</i>	5.B. DATE APPOINTED <i>5-5-00</i>
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 <i>July 29, 2014</i>	7.B. ENDING DATE OF REPORTING PERIOD <i>September 30, 2014</i>
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.	
<i>Nancy S Smith</i> _____ <i>10-3-14</i> signature of political treasurer date	
9. WITNESS SIGNATURE <i>Regina Toole</i> _____ <i>10-3-14</i> signature of witness date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <i>175.88</i>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <i>1095.80</i>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <i>38.00</i>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <i>1232.88</i>
e. TOTAL LOANS OUTSTANDING .....	\$ _____
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ _____

**FILED**

A.M. P.M. 12:

OCT 03 2014



SS-1122(Rev. 2/06)

SUMNER COUNTY  
ELECTION COMMISSION

RDA Pending

## SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <i>Millersville Citizens for Positive Growth</i>	12. REPORT COVERING THE PERIOD FROM <i>7-29-14</i> TO: <i>9-30-14</i>
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### RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ <u>945.00</u>
b. Itemized Contributions (over \$100 from each source this period) .....	\$ <u>150.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....	\$ <u>1095.00</u>

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.) ..... \$ 1095.00

### 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)

<i> voter list</i> .....	\$ <u>38.00</u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____

Total of Expenditures (\$100 or less each payee) ..... \$ 38.00

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

c. Independent Expenditures ..... \$ \_\_\_\_\_

d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.) ..... \$ 38.00

18. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ \_\_\_\_\_

19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) ..... \$ 38.00

### 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.) ..... \$ \_\_\_\_\_



## ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE		2. REPORT COVERING THE PERIOD	
		FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <i>Dan</i>	M.I.	Last Name/Organization Name <i>Toole</i>	Amount of Contribution
Address <i>1326 Knoxville Hwy</i>			<i>150.00</i>
City <i>Millersville</i>	State <i>Tn</i>	Zip Code <i>37072</i>	Date of Contribution
Occupation <i>Insurance</i>		Employer	<i>9-8-14</i>
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.)			