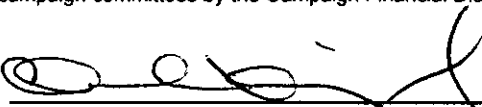
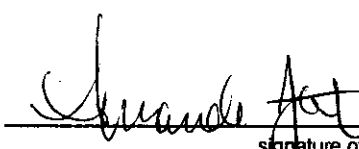


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT 10-6-14	2. NAME OF COMMITTEE CITIZENS FOR A CIVIL COMMUNITY
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) CCC-PAC	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 48 WYNDELMERE Hendersonville TN 37075 584-2500	
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 CHARLES KIMBROUGH SR.	5.B. DATE APPOINTED 4-2-14
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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD 7-29-14	7.B. ENDING DATE OF REPORTING PERIOD 9-30-14
8. (Check one) <p>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.)</p> <p>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.</p>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  _____ signature of political treasurer </div> <div style="text-align: center;"> SR. _____ date </div> </div>	
9. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  _____ signature of witness </div> <div style="text-align: center;"> 10-6-14 _____ date </div> </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>4250.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>3000.00</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c)	\$ <u>1250.00</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) CITIZENS FOR A CIVIL COMMUNITY	12. REPORT COVERING THE PERIOD FROM 7-29-14 TO 9-30-14
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RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 0.

b. Itemized Contributions (over \$100 from each source this period) \$ 4250.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ 4250.00

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.) \$ 4250.00

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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

b. Itemized Expenditures (Over \$100 each payee this period) \$ 3000.

c. Independent Expenditures \$ _____

d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.) \$ 3000.00

18. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) \$ 3000.00

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.) \$ 0.

21. LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) \$ 0.

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.) \$ 0.



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE CITIZENS FOR A CIVIL COMMUNITY			2. REPORT COVERING THE PERIOD		
			FROM: 7-29-14	TO: 9-30-14	
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 KIP	M.I.	Last Name/Organization Name SAWYER	Amount of Contribution		
Address 4245 N. CENTRAL EXPRESSWAY SUITE 420			\$ 4000.00		
City DALLAS	State TX	Zip Code 75205			Date of Contribution
Occupation REAL ESTATE DEVELOPER		Employer RREAF			9-12-14
First Name ALVIN	M.I. D	Last Name/Organization Name HALE	Amount of Contribution		
Address 700 E. MAIN ST.			\$ 250.00		
City HENDERSONVILLE	State TN	Zip Code 37075			Date of Contribution
Occupation REAL ESTATE		Employer HALO PROPERTIES			9-30-14
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			4250⁰⁰		
(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 CITIZENS FOR A CIVIL COMMUNITY		2. REPORT COVERING THE PERIOD FROM: 7-24-14 TO: 9-30-14	
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 PAIGE		Middle Name	
Last Name/Business Name BROWN		Purpose of Expenditure PAIGE BROWN FOR MAYOR	
Address		Candidate Supported or Opposed & Office Sought MAYOR, GALLATIN, TN	
City GALLATIN	State TN	Zip Code	Opposed <input type="checkbox"/> Supported <input checked="" type="checkbox"/>
Date of Expenditure 9-16-14		Amount of Expenditure 3000.00	
First Name		Middle Name	
Last Name/Business Name		Purpose of Expenditure	
Address		Candidate Supported or Opposed & Office Sought	
City	State	Zip Code	Opposed <input type="checkbox"/> Supported <input type="checkbox"/>
Date of Expenditure		Amount of Expenditure	
5 (a) Itemized Independent Expenditures			\$ 3000.00
5 (b) Unitemized Independent Expenditures			\$ _____
5 (c) Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be shown in item 17c. of summary page.)			\$ 3000.00