

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) Citizens for Fiscal Sanity	12. REPORT COVERING THE PERIOD FROM: 1/16/2015 TO: 3/31/2015
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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) \$ 4,000.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ 4,000.00

14. LOANS RECEIVED THIS REPORTING PERIOD \$ -0-

15. INTEREST RECEIVED THIS REPORTING PERIOD \$ 146.70

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) \$ 4,146.70

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)

bank fees	\$	227.05
	\$	
	\$	
	\$	
	\$	
	\$	

Total of Expenditures (\$100 or less each payee) \$ 227.05

b. Itemized Expenditures (Over \$100 each payee this period) \$ 6,608.27

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) \$ 6,835.32

18. LOAN REPAYMENTS MADE THIS PERIOD \$ -0-

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) \$ 6,835.32

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 in item 10.f.) \$ -0-

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity			2. REPORT COVERING THE PERIOD FROM: 1/16/2015 TO 3/31/2015	
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	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			\$500.00	
401 Commerce St., Suite 5300				
City	State	Zip Code		
Nashville	TN	37219		
Occupation				
Employer				
Tennessee Laborers' PAC				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			\$3,500.00	
P. O. Box 68427				
City	State	Zip Code		
Nashville	TN	37206		
Occupation				
Employer				
Tennesseans for Fair Taxation				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount
(Carry forward to item 3. of next page if additional pages of this form are used.)				\$4,000.00
(If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity		2. REPORT COVERING THE PERIOD FROM: 1/16/2015 TO: 3/31/2015	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount -0-
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a single payee during the period, must be itemized.)			
First Name William	Middle Name W.	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Howell		Consulting Services	\$2,000.00
Address 1701 Sweetbriar Ave.			
City Nashville	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Tennesseans for Fair Taxation Action Fund		Closeout transfer of campaign balance	\$4,608.27
Address P. O. Box 68427			
City Nashville	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
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 campaign expenditures, this amount must be shown in item 17b. of summary.)			\$6,608.27

