

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) FACT for 1	12. REPORT COVERING THE PERIOD	
	FROM: 07/01/14	TO: 09/30/14
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)	\$	0
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$	0
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.)	\$	0
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)	\$	0
b. Itemized Expenditures (Over \$100 each payee this period)	\$	0
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$	0
18. LOAN REPAYMENTS MADE THIS PERIOD	\$	0
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$	0
20. IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	0
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	13,543.73
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$	13,543.73
21. LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)	\$	0
22. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	0
b. Itemized Obligations Outstanding (Over \$100 each)	\$	0
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 FACT for 1			2. REPORT COVERING THE PERIOD	
			FROM: 07/01/14	TO: 09/30/14
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	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				
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				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				\$0
(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 EXPENDITURES - SMC

1. NAME OF COMMITTEE FACT for 1		2. REPORT COVERING THE PERIOD	
		FROM: 7/01/14	TO: 09/30/14
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	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		
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.)			\$0

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE FACT for 1			2. REPORT COVERING PERIOD		
			FROM: 07/01/14	TO: 09/30/14	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name The Family Action Council of Tennessee, Inc.		Professional Services		\$9,569.84	
Address 1113 Murfreesboro RD, STE 106-167					
City Franklin	State TN				Zip Code 37064
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name The Family Action Council of Tennessee, Inc.		Expenses incurred in support of Amendment 1 for travel-related costs for employees to attend and speak at engagements and events; hosting "An Evening with Abby Johnson"; facility fees; table sponsorship; and printing, copying and graphical design costs for materials.		\$3,973.89	
Address 1113 Murfreesboro RD, STE 106-167					
City Franklin	State TN				Zip Code 37064
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name					
Address					
City	State				Zip Code
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name					
Address					
City	State				Zip Code
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3 of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)				\$13,543.73	



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE FACT for 1				2. REPORT COVERING THE PERIOD			
				FROM: 07/01/14		TO: 09/30/14	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE FACT for 1				2. REPORT COVERING THE PERIOD		
				FROM: 07/01/14	TO: 09/30/14	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name				
LastName/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
LastName/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
LastName/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
LastName/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
LastName/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22 b on summary page.)						