

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em;">Citizens for Fiscal Sanity</p>	12. REPORT COVERING THE PERIOD <table style="width: 100%; border: none;"> <tr> <td style="border: none;">FROM: 7/1</td> <td style="border: none;">TO: 9/30/2014</td> </tr> </table>	FROM: 7/1	TO: 9/30/2014
FROM: 7/1	TO: 9/30/2014		
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>5,765.00</u>		
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>15,369.25</u>		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>21,134.25</u>		
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>-0-</u>		
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>-0-</u>		
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>21,134.25</u>		
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)			
<u>Postage</u>	\$ <u>64.34</u>		
<u>Financial Service Fees</u>	\$ <u>39.94</u>		
<u>Office Supplies</u>	\$ <u>98.26</u>		
.....	\$ _____		
.....	\$ _____		
.....	\$ _____		
Total of Expenditures (\$100 or less each payee)	\$ <u>202.54</u>		
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>8,327.11</u>		
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..)	\$ <u>8,529.65</u>		
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>-0-</u>		
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ <u>8,529.65</u>		
20. IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>600</u>		
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>106.63</u>		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>106.63</u>		
21. LOANS			
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>0</u>		
22. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>\$0</u>		
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>\$18,705.60</u>		
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$ <u>\$18,705.60</u>		



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity		2. REPORT COVERING THE PERIOD	
		FROM: 7/1	TO: 9/30/2014
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 Marian	M.I.	Last Name/Organization Name Ott	Amount of Contribution \$1000.00
Address 110 31st Avenue North #1001			
City Nashville	State TN	Zip Code 37203-1656	
Occupation Volunteer			
Employer Community			
First Name Nancy	M.I.	Last Name/Organization Name Anderson	Amount of Contribution \$500.00
Address 1043 Englewood Ave			
City Chattanooga	State TN	Zip Code 37405-2334	
Occupation retired			
Employer			
First Name Marion	M.I. R.	Last Name/Organization Name Burger	Amount of Contribution \$250.00
Address 116 Tamara Lane			
City Oak Ridge	State TN	Zip Code 37830-6680	
Occupation retired			
Employer			
First Name John & Nancy	M.I.	Last Name/Organization Name Stewart	Amount of Contribution \$1500.00
Address 6611 Ridge Rock Lane			
City Knoxville	State TN	Zip Code 37909-2769	
Occupation retired			
Employer			
First Name Gayle	M.I.	Last Name/Organization Name Ray	Amount of Contribution \$200.00
Address 5536 Hearthstone Lane			
City Brentwood	State TN	Zip Code 37027-4354	
Occupation retired			
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount \$3,450.00
(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 CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity		2. REPORT COVERING THE PERIOD	
		FROM: 7/1	TO: 9/30/2014
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$3,450.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Ashley & Susan	M.I.	Last Name/Organization Name Wiltshire	Amount of Contribution
Address 810 Wiltshire Lane			\$150.00
City Vanleer	State TN	Zip Code 37181-6054	
Occupation retired			
Employer			
First Name	M.I.	Last Name/Organization Name Tennessee Education Association	Amount of Contribution
Address 801 Second Ave., North			\$5000.00
City Nashville	State TN	Zip Code 37201-1099	
Occupation			
Employer			
First Name Brian	M.I.	Last Name/Organization Name Paddock & Mary Mastin	Amount of Contribution
Address 360 Roberts Hollow Ln.			\$500.00
City Cookeville	State TN	Zip Code 38501-9224	
Occupation attorney			
Employer			
First Name Alex & Terry	M.I.	Last Name/Organization Name Fardon	Amount of Contribution
Address 1 Sharonwood Dr.			\$300.00
City Nashville	State TN	Zip Code 37215-1227	
Occupation attorney			
Employer HGM			
First Name Alfred & Carol	M.I.	Last Name/Organization Name Legendre	Amount of Contribution
Address 9037 Shallowford Rd			\$200.00
City Knoxville	State TN	Zip Code 37923-1553	
Occupation professor			
Employer UTK			
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.)			\$9,600.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity			2. REPORT COVERING THE PERIOD	
			FROM: 7/1	TO: 9/30/2014
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$9,600.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name John	M.I. A.	Last Name/Organization Name Lynch	Amount of Contribution \$105.00	
Address 7311 Gamble Road				
City Georgetown	State TN	Zip Code 37336-4097		
Occupation professor				
Employer UTC				
First Name Robert	M.I.	Last Name/Organization Name Cantrell	Amount of Contribution \$105.00	
Address 106 Ulana Lane				
City Oak Ridge	State TN	Zip Code 37830-5237		
Occupation retired				
Employer				
First Name Key	M.I.	Last Name/Organization Name Hancock & Thomas Clarkson	Amount of Contribution \$150.00	
Address 313 Brunswick Place				
City Nashville	State TN	Zip Code 37221-3009		
Occupation retired				
Employer				
First Name Mary	M.I.	Last Name/Organization Name Bacon	Amount of Contribution \$150.00	
Address 120 Beechwood Circle				
City Manchester	State TN	Zip Code 37355-2820		
Occupation retired				
Employer				
First Name Kent & Karen	M.I.	Last Name/Organization Name Weeks	Amount of Contribution \$3109.25	
Address 6025 Sherwood Drive				
City Nashville	State TN	Zip Code 37215-5734		
Occupation retired				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount \$13,219.25	
(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 CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity		2. REPORT COVERING THE PERIOD FROM: 7/1 TO: 9/30/2014	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$13,219.25
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Richard & Lucy	M.I.	Last Name/Organization Name Wellingham	Amount of Contribution
Address 615 Mountain View Drive			\$1000.00
City Seymour	State TN	Zip Code 37885-4323	
Occupation Retired			
Employer			
First Name Sarah	M.I.	Last Name/Organization Name Faulkner	Amount of Contribution
Address 108 Sumach Street			\$200.00
City Lookout Mountain	State TN	Zip Code 37350-1132	
Occupation homemaker			
Employer self			
First Name Dr. Warren & Annelle	M.I.	Last Name/Organization Name Neel	Amount of Contribution
Address 2413 Craig Cove Rd.			\$150.00
City Knoxville	State TN	Zip Code 37919-9314	
Occupation retired			
Employer			
First Name Michael	M.I.	Last Name/Organization Name McWhorter	Amount of Contribution
Address PO Box 1762			500.00
City Jackson	State TN	Zip Code 38302-1762	
Occupation Owner & President			
Employer Central Distributors & Volunteer Distributing			
First Name Jean	M.I. B.	Last Name/Organization Name Harrington	Amount of Contribution
Address 824 S. Douglas Ave.			\$300.00
City Nashville	State TN	Zip Code 37204-6102	
Occupation Retired			
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.)			\$15,369.25



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity		2. REPORT COVERING THE PERIOD	
		FROM: 7/1	TO: 9/30/2014
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 Brian	Middle Name	Purpose of Expenditure Strategy Consulting Services	Amount of Expenditure \$6,916.64
Last Name/Business Name Miller			
Address 26 Hillcrest Rd.			
City Waltham	State MA	Zip Code 02451	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Printing, etc.		Printing & Mailing	\$1,410.47
Address 1100 Menzler Lane			
City Nashville	State TN	Zip Code 37210	
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.)			\$8,327.11

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity			2. REPORT COVERING PERIOD		
			FROM: 7/1	TO: 9/30/2014	
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 Brent	Middle Name	Description of In-Kind Contribution Print color flyers		Value of In-Kind Contribution \$106.63	
Last Name/Organization Name Mallinkrodt					
Address 313 Forest Oak Drive					
City Knoxville	State TN				Zip Code 37919
Occupation Best Effort Made					
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					
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				\$106.63	
(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.)					

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Citizens for Fiscal Sanity				FROM: 7/1		TO: 9/30/2014	
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.)				-0-			-0-

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Citizens for Fiscal Sanity				FROM: 7/1		TO: 9/30/2014	
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		\$0	\$8,612.60	\$0	\$8,612.60
Last Name/Business Name							
Address							
City		State	Zip Code				
Winning Connections		317 Pennsylvania Ave., SE 2nd Floor					
Washington		DC	20003				
Description of Obligation							
Telephone town hall							
First Name		Middle Name		\$0	\$5,000.00	\$0	\$5,000.00
Last Name/Business Name							
Address							
City		State	Zip Code				
Amplify, Inc.		59 Lincoln Park, Suite 220					
Newark		NJ	07102				
Description of Obligation							
message consulting							
First Name		Middle Name		\$0	\$9,736.64	\$6,916.64	\$2,820.00
Last Name/Business Name							
Address							
City		State	Zip Code				
Brian		Miller					
26 Hillcrest Rd.		Waltham					
MA		02451					
Description of Obligation							
Strategy Consultation							
First Name		Middle Name		\$0	\$673	\$0	\$673
Last Name/Business Name							
Address							
City		State	Zip Code				
William		W.					
Howell		1701 Sweetbriar Ave.					
Nashville		TN	37212				
Description of Obligation							
First Name		Middle Name		\$0	\$1,600.00	\$0	\$1,600.00
Last Name/Business Name							
Address							
City		State	Zip Code				
Ashley		Dwire					
2731 Roscommon Dr.		Murfreesboro					
TN		37128					
Description of Obligation							
4. TOTALS				\$0	\$25,622.24	\$6,916.64	\$18,705.60
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)							