

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT <b>January 26, 2015</b>	2. NAME OF COMMITTEE <b>Citizens for Fiscal Sanity</b>										
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) <b>voteno3.org</b>											
3. ADDRESS AND PHONE <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Street or Rural Route</td> <td style="width: 20%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip Code</td> <td style="width: 20%;">Phone</td> </tr> <tr> <td><b>1701 Sweetbriar Ave.</b></td> <td><b>Nashville</b></td> <td><b>TN</b></td> <td><b>37212</b></td> <td><b>615-289-1397</b></td> </tr> </table>		Street or Rural Route	City	State	Zip Code	Phone	<b>1701 Sweetbriar Ave.</b>	<b>Nashville</b>	<b>TN</b>	<b>37212</b>	<b>615-289-1397</b>
Street or Rural Route	City	State	Zip Code	Phone							
<b>1701 Sweetbriar Ave.</b>	<b>Nashville</b>	<b>TN</b>	<b>37212</b>	<b>615-289-1397</b>							
4. MEASURES SUPPORTED OR OPPOSED <b>Amendment 3</b>											
5.A. NAME OF POLITICAL TREASURER <b>William W. Howell</b>	5.B. DATE APPOINTED <b>January 14, 2015</b>										
6. CATEGORY OR REPORT (Check one) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/> FIRST QUARTER</td> <td style="text-align: center;"><input type="checkbox"/> SECOND QUARTER</td> <td style="text-align: center;"><input type="checkbox"/> THIRD QUARTER</td> <td style="text-align: center;"><input checked="" type="checkbox"/> FOURTH QUARTER</td> <td style="text-align: center;"><input type="checkbox"/> PRE-PRIMARY</td> <td style="text-align: center;"><input type="checkbox"/> PRE-GENERAL</td> <td style="text-align: center;"><input type="checkbox"/> MID-YEAR SUPPLEMENTAL</td> <td style="text-align: center;"><input type="checkbox"/> YEAR-END SUPPLEMENTAL</td> </tr> </table>		<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input checked="" 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		
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input checked="" 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 <b>October 26, 2014</b>	7.B. ENDING DATE OF REPORTING PERIOD <b>January 15, 2015</b>										
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>											
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><u>William W. Howell</u></td> <td style="width: 30%;"><u>1/26/2015</u></td> </tr> <tr> <td style="text-align: center;">signature of political treasurer</td> <td style="text-align: center;">date</td> </tr> </table>		<u>William W. Howell</u>	<u>1/26/2015</u>	signature of political treasurer	date						
<u>William W. Howell</u>	<u>1/26/2015</u>										
signature of political treasurer	date										
9. WITNESS SIGNATURE  <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><u>Paul Hillier</u></td> <td style="width: 30%;"><u>1/26/15</u></td> </tr> <tr> <td style="text-align: center;">signature of witness</td> <td style="text-align: center;">date</td> </tr> </table>		<u>Paul Hillier</u>	<u>1/26/15</u>	signature of witness	date						
<u>Paul Hillier</u>	<u>1/26/15</u>										
signature of witness	date										
10. SUMMARY											
a. BALANCE ON HAND LAST REPORT .....	\$ <u>7,008.16</u>										
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>14,915</u>										
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>19,234.54</u>										
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <u>2,688.62</u>										
e. TOTAL LOANS OUTSTANDING .....	\$ <u>-0-</u>										
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>-0-</u>										



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## SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) Citizens for Fiscal Sanity	12. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/2015
<b>RECEIPTS</b>	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ <u>3,365</u>
b. Itemized Contributions (over \$100 from each source this period) .....	\$ <u>11,550</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....	\$ <u>14,915</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>14,915</u>
<b>DISBURSEMENTS</b>	
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) .....	
	\$ <u>19,234.54</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) .....	
	\$ <u>19,234.54</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>19,234.54</u>
<b>20. IN-KIND CONTRIBUTIONS</b>	
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	
	\$ <u>-0-</u>
b. Itemized in-kind contributions (over \$100 from each source this period) .....	
	\$ <u>12,093.54</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) .....	
	\$ <u>12,093.54</u>
<b>21. LOANS</b>	
LOANS OUTSTANDING (must be shown in item 10.e.) .....	
	\$ <u>-0-</u>
<b>22. OBLIGATIONS</b>	
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.) .....	
	\$ <u>-0-</u>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <b>Citizens for Fiscal Sanity</b>		2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15		
			Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
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 <b>P. O. Box 68427</b>				
City	State	Zip Code		
<b>Nashville</b>	<b>TN</b>	<b>37206</b>		
Occupation  Employer				
<b>\$8,100</b>				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address <b>1 Sharonwood Dr.</b>				
City	State	Zip Code		
<b>Nashville</b>	<b>TN</b>	<b>37215</b>		
Occupation <b>Attorney</b> Employer <b>Harwell, Howard, Hyne, Gabbert &amp; Manner</b>				
<b>\$250</b>				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address <b>6744 Pennywell Dr.</b>				
City	State	Zip Code		
<b>Nashville</b>	<b>TN</b>	<b>37205</b>		
Occupation <b>educator</b> Employer <b>Vanderbilt University</b>				
<b>\$200</b>				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address <b>1400 Kenesaw Ave.</b>				
City	State	Zip Code		
<b>Knoxville</b>	<b>TN</b>	<b>37919</b>		
Occupation <b>retired</b> Employer				
<b>\$200</b>				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address <b>3524 Timberlake Rd.</b>				
City	State	Zip Code		
<b>Knoxville</b>	<b>TN</b>	<b>37920</b>		
Occupation <b>Best Effort Made</b> Employer				
<b>\$300</b>				
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.)				<b>\$9,050</b>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity			2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$9,050
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Marion	M.I. R	Last Name/Organization Name Burger		Amount of Contribution     \$250
Address 116 Tamara Lane				
City Oak Ridge	State TN	Zip Code 37830		
Occupation retired				
Employer				
First Name Neillrose	M.I.	Last Name/Organization Name Levin		Amount of Contribution     \$200
Address 1611 Forrest Ave.				
City Nashville	State TN	Zip Code 37206		
Occupation Executive Director				
Employer Tennessee Alliance for Progress				
First Name Lucy & Richard	M.I.	Last Name/Organization Name Henighan		Amount of Contribution     \$250
Address 619 Mountain View				
City Seymour	State TN	Zip Code 37865		
Occupation retired				
Employer				
First Name John	M.I.	Last Name/Organization Name Noel		Amount of Contribution     \$250
Address 3810 Bedford Ave.				
City Nashville	State TN	Zip Code 37215		
Occupation CEO				
Employer Investment Real Estate				
First Name Lindsay	M.I. Y	Last Name/Organization Name McDonough		Amount of Contribution     \$1,000
Address 2135 Lyons Bend Rd.				
City Knoxville	State TN	Zip Code 37919		
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.)				\$11,000



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity		2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$11,000
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Faith	M.I.	Last Name/Organization Name Young	Amount of Contribution  \$150
Address 1004 Tillman Dixon Hwy.			
City Dixon Springs	State TN	Zip Code 37057	
Occupation retired			
Employer			
First Name William	M.I. A	Last Name/Organization Name Hotz	Amount of Contribution  \$200
Address 1705 Cove Creek Lane			
City Knoxville	State TN	Zip Code 37919	
Occupation Best Effort Made			
Employer			
First Name Victoria	M.I.	Last Name/Organization Name Heil	Amount of Contribution  \$200
Address 6130 S. Mt. Juliet Rd.			
City Hermitage	State TN	Zip Code 37076	
Occupation retired			
Employer			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			
City	State	Zip Code	
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.)			\$11,550



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity			2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15		
			Amount		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
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 Donately		contribution processing		\$171.24	
Address online					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name PayPal		contribution processing		\$19.57	
Address online					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name Ashley		campaign organizer		\$1,800.00	
Address 2731 Roscommon Dr.					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name Dwire		campaign director		\$8,055.00	
Address 26 Hillcrest Rd.					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name Miller		campaign supplies		\$3,651.23	
Address 1100 Menzler Lane					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name Printing Etc.		robocalls		\$1,914.82	
Address 1100 Menzler Lane					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name Tennessee Education Association		robocalls		\$1,914.82	
Address 801 Second Ave., North					
City	State				Zip Code
First Name					Middle Name
5. TOTAL ITEMIZED EXPENDITURES			\$15,611.86		
(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.)					

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity		2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$15,611.86
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
		advertising	\$3,419.16
Last Name/Business Name Facebook			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		office supplies	\$10.91
Last Name/Business Name Office Depot			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		computer software & service	\$93.01
Last Name/Business Name Miller			
Address 26 Hillcrest Rd.			
City	State	Zip Code	
Waltham	MA	02451	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		postage	\$19.60
Last Name/Business Name USPS			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		air travel reimbursement	\$80.00
Last Name/Business Name Miller			
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.)			\$19,234.54



## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sanity			2. REPORT COVERING PERIOD FROM: 10/26/14 TO: 1/15/2015		
				Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
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 Tennessee Education Association		paid staff time, ad in teach magazine, robocalls		\$12,093.54	
Address 801 Second Ave., North					
City Nashville	State TN				Zip Code 37201
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					
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 pgs 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.)				\$12,093.54	





## ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
<b>Citizens for Fiscal Sanity</b>				FROM: 10/26/14 TO: 1/15/15			
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							
<b>4. TOTALS</b> (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				2. REPORT COVERING THE PERIOD			
<b>Citizens for Fiscal Sanity</b>				FROM: <b>10/26/14</b> TO: <b>1/15/15</b>			
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						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
<b>4. TOTALS</b>							
(Total from "Outstanding Balance - (End of Period)" column must also be shown in Item 22.b on summary page.)							