

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE FACT for 1 (See Attached Excel Spreadsheet)		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 \$0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name	MI	Last Name/Organization Name	Amount of Contribution
Address			
City	State TN	Zip Code	
Occupation			
Employer			
First Name	MI	Last Name/Organization Name	Amount of Contribution
Address			
City	State TN	Zip Code	
Occupation			
Employer			
First Name	MI	Last Name/Organization Name	Amount of Contribution
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	MI	Last Name/Organization Name	Amount of Contribution
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	MI	Last Name/Organization Name	Amount of Contribution
Address			
City	State	Zip Code	
Occupation			
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS			\$0



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: FACT FOR 1

2. REPORT COVERING PERIOD

FROM: 10/26/14 TO: 1/15/15

AMOUNT: \$0

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION

First Name	M.I.	Last Name/ Organization Name	Address	City	State	Zip Code	Occupation	Employer	Amount of Contribution
		Family Action Council of TN	1113 Murfreesboro Rd. 106-167	Franklin	TN	37064	N/A	N/A	\$ 4,000.00
		Family Action Council of TN	1114 Murfreesboro Rd. 106-167	Franklin	TN	37065	N/A	N/A	\$ 2,000.00
Hoyt	Q	Samples	130 Jordan Dr	Chattanooga	TN	37421	Attorney	Samples, Jennings, Ray, and Clem	\$ 250.00
Mitzi	P	Samples	130 Jordan Dr	Chattanooga	TN	37421	Attorney	Samples, Jennings, Ray, and Clem	\$ 250.00
5. TOTAL ITEMIZED CONTRIBUTIONS									\$ 6,500.00

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE FACT for 1 (See attached Excel spreadsheet)		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 \$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		
5. TOTAL ITEMIZED EXPENDITURES			\$0
(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: FACT for 1

2. REPORT COVERING PERIOD

FROM: 10/26/14 TO: 1/15/15

AMOUNT: \$0

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE

First Name	Last Name/ Organization Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
	Family Action for 1	1113 Murfreesboro Rd STE 106-167	Franklin	TN	37064	Grant	\$ 500.00
	Family Action for 1	1114 Murfreesboro Rd STE 106-167	Franklin	TN	37065	Grant	\$ 552.94
	Family Action for 1	1115 Murfreesboro Rd STE 106-167	Franklin	TN	37066	Grant	\$ 4,000.00
	Family Action for 1	1116 Murfreesboro Rd STE 106-167	Franklin	TN	37067	Grant	\$ 2,000.00
	Family Action Council of TN	1117 Murfreesboro Rd STE 106-167	Franklin	TN	37068	Grant	\$ 391.23
5. TOTAL ITEMIZED CONTRIBUTIONS							\$ 7,444.17

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE FACT for 1			2. REPORT COVERING PERIOD		
			FROM: 10/26/14	TO: 1/15/14	
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 totalling 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 of Tennessee, Inc.		Professional services and miscellaneous expenses		\$682.30	
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					
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.)				\$682.30	



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE FACT for 1				2. REPORT COVERING THE PERIOD			
				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				
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							\$0

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE FACT for 1				2. REPORT COVERING THE PERIOD		
				FROM: 10/26/14	TO: 1/15/15	
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.)						\$0