

## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT COMMISSION COMM

FINANCIAL DISCLOSURE STATEMEN For Single-Measure Committees (SMC)

10 00 10	2. NAME OF COMMITTEE
10-27-12	Citizens fora Successful Lebanon
2. SHORT NAME OF COMMITTEE (IF APPLICA	BLE)
3. ADDRESS AND PHONE	
Street or Rural Route	City State Zip Code Phone
12RQ A. Cum bestand S	St Lebanon TO 37087 (015-2108-84)
4. MEASURES SUPPORTED OR OPPOSED	1 100 9 100 1 (075 100 0 07)
Gala -	A of a
Mes lax 1	Resendeum
5.A. NAME OF POLITICAL TREASURER	5.B. DATEAPPOINTED
(cal Hontor	10/10/12
6. CATEGORY OR REPORT (Check one)	
FIRST SECOND THIRD	FOURTH PRE- MID-YEAR YEAR-END
QUARTER QUARTER QUARTER	QUARTER REFERENDUM SUPPLEMENTAL SUPPLEMENTAL
7.A. BEGINNING DATE OF REPORTING PERIOD	7.B. ENDING DATE OF REPORTING PERIOD
1011112	10/07/12
8. (Check one)	
A. This committee is exempt from detail	led 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
and 10f must also be completed.)	omplied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e.
\$1,000 and/or expenditures total more	etailed financial disclosure because contributions (including in-kind) received total more than re than \$1,000 for this reporting period. I do solemnly swear or affirm that the information con-
tained in this statement is true and the	nat the following page(s) are a complete and accurate accounting of all contributions and expendi-
turns required to be senseted by the	
tures required to be reported by polit	ical campaign committees by the Campaign Financial Disclosure Act.
tures required to be reported by polit	ical campaign committees by the Campaign Financial Disclosure Act.
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9. WITNESS SIGNATURE  10. SUMMARY	Signature of political treasurer    10-27-12     date       date       signature of witness       date       d
9. WTNESS SIGNATURE	Signature of political treasurer    10-27-12     date       date       signature of witness       date       d
9. WTNESS SIGNATURE  10. SUMMARY  a. BALANCE ON HAND LAST REPORT	Signature of political treasurer    10-27-12     date       date       signature of witness       date       d
9. WTNESS SIGNATURE  10. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD	Signature of political treasurer  Signature of witness  Signature
9. WTNESS SIGNATURE  10. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD	Signature of political treasurer  Signature of witness  Signature
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9. WITNESS SIGNATURE  10. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD	Signature of political treasurer  Signature of witness  Signature
9. WITNESS SIGNATURE  10. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD	Signature of political treasurer  Signature of witness  Signature
9. WITNESS SIGNATURE  10. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD	Signature of political treasurer  Signature of witness  Signature



OCT 29 2012

WILSON COUNT.

## SUMMARY PAGE - SMC

COMMANT TAGE CINC	ELECTION CONMISSION
11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD
Citizens for a Successful helperon	FROM: 10/1/12 TO: 10/27/12
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	.\$ <u>705.00</u>
b. Itemized Contributions (over \$100 from each source this period)	s dago, 91
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ 3055,41
14. LOANS RECEIVED THIS REPORTING PERIOD	\$
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 0
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$3055.91
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)	00
12 and too	
FUNE 1 50	<u>~</u>
\$	
\$	
\$	
\$	_
Total of Expenditures (\$100 or less each payee)	71:00 01
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>3002.91</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)	\$ 3035.91
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ 5
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ 3055,91
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.)	\$
21. LOANS	A-
LOANS OUTSTANDING (must be shown in item 10.e.)	\$
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 i item	10.f.)\$
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SS-1145 (Rev. 4/02)

RDA 1159

## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMCMISS

1 NAME OF COMMITTEE			La DEDODE CONT	
1. NAME OF COMMITTEE	al	buccess Cul helpanon		RING THE PERIOD
CIFIENS SON	0	successial repairer	FROM: 10/1/12	TO: 10/27/12
				Amount
<ol><li>TOTAL ITEMIZED CAMPAIGN COI</li></ol>	NTRIBUT	IONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	ge)	4
4. COMPLETE THE APPROPRIATE ITEM	SFOREA	CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	during the period)
First Name	M.I.	Last Name/Organization National Action Communication National Action Nation National Action National Action National Action National Act	1 1	Amount of Contribution
	1	Last Name/Organization Name Housen tage Roofing Con-	ractors	Anount of Contribution
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447 Cen-	KIL	TITLE ROY		
City	State	Zip Code	1	
Laldenon	TN	37067		
Occupation				250.00
				W
Employer				7.
1				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
		Lest Name/Organization Name Lebanon Fire Fighters A	-551	Amount of Contribution
Address / I - I A	1	V DUICH I I I I I I I I I I I I I I I I I I		
427 17401	10(			
City	State	Zip Code		
~ Daner	71	32087		10mh (71)
Occupation	-			1000.00
				-
Employer				
Linboye				
FirstName	M.I.	Loot Nome Organization Name		
ristivanie	IVI.I.	Last Name/Organization Name		Amount of Contribution
Address 0 0 0		1 10 11/C		
POBOL NO	175			
City	State	Zip Code	*	
le haman	TN	37068		
Occupation				1040,91
				1070111
Employee				
Employer				
F-IN-	T	I		
FirstName	M.I.	Last Name/Organization Name		Amount of Contribution
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			1	
City	State	Zip Code		
	1	100	1	
Occupation				
			1	
Foreland				
Employer			1	
FirstName	M.1.	Last Name/Organization Name		Amount of Contribution
Address				
7 Marioso				
City	State	Zip Code		
		8		
Occupation	I			l
Occupation				
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS				
OTOTAL TENIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if additional pages of this form are used.)			manail	
(If this is the last page of contributions, the	nis amount	must be shown in item 13b. of summary.)	l	2290.91
				•



OCT 29 2012

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

Lest Name Dusiness Name  Lest Name Dusiness Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure	27/12
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 sigle payee during the must be itemized.)  First Name  Middle Name  Purpose of Expenditure  Wailer  Anount of Wailer  Wailer  Anount of Wailer  Anount of Expenditure  Wailer  Anount of Expenditure  Anount of Expendit	8
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMIS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a sigle payee during the must be itemized.)  First Name    Middle Name	0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a sigle payed during the must be itemized.)  First Name    Mode Name	period,
must be itemized.)  First Name    Midde Name	period,
First Name    Middle Name   Purpose of Expenditure   Amount of Wair   Printing	
Lest Name Dusiness Name  Lest Name Dusiness Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Middle Name  Purpose of Expenditure  Amount of  Lest Name Repushess Name  Address	
City State Zip Code  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure	Expenditure
City State Zip Code  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure	
City State Zip Code  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure	
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Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Last Name/Business Name  Address	
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City State Zip Code	
First Name Middle Name Purpose of Expenditure Amount of	Expenditure
Last Name/Business Name	
Edot (Tall 16) Duoli 1630 (Tall 16)	
Address	
City State Zip Code	
5. TOTAL ITEMIZED EXPENDITURES	
	201
(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)	2.91