

Tennessee Registry of Election Finance
404 James Robertson Parkway, Suite 104
Nashville, TN 37243-1360
(615) 741-7959



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT INSTRUCTIONS AND FORMS

**FOR
SINGLE MEASURE COMMITTEES**

GENERAL INSTRUCTIONS

This booklet contains campaign financial disclosure reporting forms to be used in the filing of campaign disclosure statements by Single-Measure Committees. Committees should review the applicable campaign finance laws, rules and guidelines.

Also contained in this booklet are separate instructions for completing each form and sample completed forms. The following seven (7) types of forms are included in this booklet:

- Campaign Financial Disclosure Statement for Single-Measure Committees (SMC)
- Summary Page - SMC
- Itemized Statement of Contributions - SMC
- Itemized Statement of In-Kind Contributions - SMC
- Itemized Statement of Expenditures - SMC
- Itemized Statement of Loans - SMC
- Itemized Statement of Obligations - SMC

If additional copies of any of the enclosed forms are needed, you may make copies of the forms, download them from the Registry's website (www.state.tn.us/tref) or you may obtain additional blank forms from the Registry or your local county election commission office. (Campaign disclosure forms not contained in this booklet, such as appointment of treasurer forms, may be obtained from the Registry or your local county election commission office.)

HOW TO COMPLETE AND FILE CAMPAIGN DISCLOSURE STATEMENTS

- Read instructions in this booklet carefully.
- Type or print clearly in black ink.
- When completed, file your report with the following office:

Type of Referendum

Office where Report is to be Filed

Local Referendum

Appropriate local county election commission office

State Referendum

Registry of Election Finance

- Campaign financial disclosure statements must be received by the Registry or the appropriate county election commission office by the close of business on the report's due date to be considered timely filed. A postmark date has no effect on a report's timeliness except when the report is mailed by registered or certified mail. Statements mailed in this manner are considered filed on the date of the postmark.

REPORTS WILL BE RETURNED IF THEY ARE NOT COMPLETE, DO NOT CONTAIN REQUIRED SIGNATURES OR ARE MATHEMATICALLY INACCURATE.

WHEN TO FILE CAMPAIGN FINANCIAL DISCLOSURE STATEMENTS

Please check the Registry's calendar of scheduled filing dates or contact the Registry or your local county election commission office for the dates that disclosure reports are due to be filed. Additionally, a committee will receive a filing notice and campaign financial disclosure forms and instructions from the Registry or the appropriate local county election commission office before any disclosure report is required to be filed by the Single-Measure Committee.

FAILURE TO FILE REPORTS TIMELY OR TO FILE ACCURATE REPORTS MAY RESULT IN THE ASSESSMENT OF CIVIL PENALTIES AGAINST THE SINGLE-MEASURE COMMITTEE.

**CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For Single Measure Committees(SMC)**

- ITEM 1.** Enter the date the report was completed. ered and the box for amended report.
- ITEM 2.** Enter the name of the committee. **ITEM 7.A.** The beginning date of the reporting period should be entered in this item.
- ITEM 2.A.** If the committee has a short name, enter here. **ITEM 7.B.** The ending date of the reporting period should be entered in this item.
- ITEM 3.** Enter address of committee and telephone number. **ITEM 8.** If the committee neither received more than \$1,000 in contributions (including in-kind contributions) nor expended more than \$1,000 (including independent expenditures) during the reporting period, check box 8.A. If the committee received more than \$1,000 in contributions (including in-kind contributions) and/or expended more than \$1,000 for the reporting period, check box 8.B.
- ITEM 4.** Enter the name of the referendum supported or opposed.
- ITEM 5.A.** Enter the name of the committee's political treasurer
- ITEM 5.B.** Enter the date the committee's political treasurer was appointed.
- ITEM 6.** Check the box for the period that the report being filed covers. If the report is an amended report, check the box for the period that the original report filed covers. The political treasurer should then sign and enter the date.
- ITEM 9.** The political treasurer should then be witnessed and the date should be entered.

NOTE:

If the committee neither received more than \$1,000 in contributions (including in-kind contributions) nor expended more than \$1,000 (including independent expenditures) during the reporting period, the only additional items that must be completed on the report are items 10.d., 10.e. and 10.f. (See the instructions for these items.)

- ITEM 10.a.** Enter the ending balance from the committee's last disclosure report or \$0 if this is the committee's first disclosure report to be filed. **ITEM 10.e.** Enter the amount of outstanding loans at the end of the reporting period (must be the same as item 21, if this item is required to be completed).
- ITEM 10.b.** Enter the total shown in item 16. **ITEM 10.f.** Enter the total amount of obligations for goods and services received on credit (must be the same as item 22.c., if this is required to be completed).
- ITEM 10.c.** Enter the total shown in item 19.
- ITEM 10.d.** Add the amounts in 10.a. and 10.b. and subtract the amount in 10.c. Enter that amount here.

The Department of State is committed to principles of equal opportunity, equal access, and affirmative action. Contact the Department of State EEO/AA Coordinator at (615) 741-7411, Tennessee Relay Center TDD 1-800-848-0298 for further information.

SAMPLE
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For Single-Measure Committees (SMC)

1. DATE OF REPORT 10/28/2002	2. NAME OF COMMITTEE Citizens Against Annexation										
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) W/A											
3. ADDRESS AND PHONE <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Street or Rural Route</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip Code</td> <td style="width: 22%;">Phone</td> </tr> <tr> <td>346 River Court</td> <td>Millersville</td> <td>PA</td> <td>37289</td> <td>(615) 555-2367</td> </tr> </table>		Street or Rural Route	City	State	Zip Code	Phone	346 River Court	Millersville	PA	37289	(615) 555-2367
Street or Rural Route	City	State	Zip Code	Phone							
346 River Court	Millersville	PA	37289	(615) 555-2367							
4. MEASURES SUPPORTED OR OPPOSED Annexation of Millersville											
5.A. NAME OF POLITICAL TREASURER Tom Connor	5.B. DATE APPOINTED 3/1/2002										
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-REFERENDUM <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL											
7.A. BEGINNING DATE OF REPORTING PERIOD	7.B. ENDING DATE OF REPORTING PERIOD										
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>Tom Connor</u></td> <td style="width: 30%;"><u>10/28/2002</u></td> </tr> <tr> <td style="text-align: center;">signature of political treasurer</td> <td style="text-align: center;">date</td> </tr> </table>		<u>Tom Connor</u>	<u>10/28/2002</u>	signature of political treasurer	date						
<u>Tom Connor</u>	<u>10/28/2002</u>										
signature of political treasurer	date										
9. WITNESS SIGNATURE <table style="width: 100%; border: none; margin-left: auto; margin-right: auto;"><tr><td style="width: 70%;"><u>Julie Armstrong</u></td><td style="width: 30%;"><u>10/28/2002</u></td></tr><tr><td style="text-align: center;">signature of witness</td><td style="text-align: center;">date</td></tr></table>		<u>Julie Armstrong</u>	<u>10/28/2002</u>	signature of witness	date						
<u>Julie Armstrong</u>	<u>10/28/2002</u>										
signature of witness	date										
10. SUMMARY											
a. BALANCE ON HAND LAST REPORT	\$ <u>0.00</u>										
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>1506.00</u>										
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>1292.00</u>										
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>214.00</u>										
e. TOTAL LOANS OUTSTANDING	\$ <u>1000.00</u>										
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>260.00</u>										



SUMMARY PAGE - SMC

- ITEM 11.** Same as item 2.
- ITEM 12.** Same as items 7.A. and 7.B. on page one.
- ITEM 13.a.** Enter the total amount of contributions received from persons/organizations who contributed a total of \$100 or less each during the reporting period.
- ITEM 13.b.** Enter the total amount of contributions received from persons/organizations who gave a total of more than \$100 each during the reporting period. The amount entered for this item must be the same as the total shown on the last page of the "Itemized Statement of Contributions - SMC." (Before completing the "Itemized Statement of Contributions - SMC", see instructions for that form.)
- ITEM 13.c.** Add the amounts from items 13.a. and 13.b. and enter here.
- ITEM 14.** Enter the total amount of loans received during this reporting period. The amount entered for this item must be the same as the total shown for "Loans Received This Period" in item 4 on the last page of the "Itemized Statement of Loans - SMC." Before completing the "Itemized Statement of Loans - SMC", see instructions for that form.)
- ITEM 15.** Enter the amount of interest received from contributions (if any) during this reporting period.
- ITEM 16.** Add the amounts shown in items 13.c., 14 and 15 and enter the total here.
- ITEM 17.a.** Expenditures totaling \$100 or less to any payee during the reporting period (other than loan payments) must be listed by category of expense (e.g., postage, gas, printing, etc.) with total amount for each category. All these expenditures must then be totaled.
- ITEM 17.b.** Enter the total amount of expenditures of more than \$100 to any payee during the reporting period (other than independent expenditures and loan payments). The amount shown in this item must equal the total amount shown on the last page of the "Itemized Statement of Expenditures - SMC." (Before completing "Itemized Statement of Expenditures - SMC", see instructions for that form.)
- ITEM 17.c.** Enter the total amount of independent expenditures to any payee during the reporting period. The amount shown in this item must equal the total amount shown on the last page of the "Itemized Statement of Independent Expenditures - SMC." (Before completing "Itemized Statement of Inde-
- pendent Expenditures - SMC", see instructions for that form.)
- ITEM 17.d.** Add the amounts shown in items 17.a., 17.b. and 17.c. and enter the total here.
- ITEM 18.** Enter the total amount of loan repayments made this period. The amount entered for this item must be the same as the total shown for "Loan Payments This Period" in item 4 on the last page of the "Itemized Statement of Loans - SMC." (Before completing the "Itemized Statement of Loans - SMC", see instructions for that form.)
- ITEM 19.** Add the amounts shown in items 17.d. and 18 and enter the total here.
- ITEM 20.a.** Enter the total amount of in-kind contributions from persons/organizations who each provided goods or services with a total value of \$100 or less during the reporting period.
- ITEM 20.b.** Enter the total amount of in-kind contributions (goods or services) from persons/organizations valued at more than \$100 during the reporting period. The amount on this line must be the total shown on the last page of the "Itemized Statement of In-Kind Contributions - SMC." (Before completing the "Itemized Statement of In-Kind Contributions - SMC," see instructions for that form.)
- ITEM 20.c.** Add the amounts shown in items 20.a. and 20.b. and enter the total here.
- ITEM 21.** Enter the total amount of outstanding loans at the ending date of the reporting period. This amount must equal the total shown for "Outstanding Loan Balance (End of Period)" in item 4 on the last page of the Itemized Statement of Loans - SMC."
- ITEM 22.a.** Enter the total amount of obligations for goods and services received on credit for which payment totaling \$100 or less to any person/vendor is owed.
- ITEM 22.b.** Enter the total amount of obligations for goods or services for which payment totaling more than \$100 to any person/vendor is owed. The total for this item must equal the total shown for "Outstanding Balance (End of Period)" in item 4 on the last page of the "Itemized Statement of Obligations - SMC." (Before completing "Itemized Statement of Obligations - SMC", see instructions for that form.)
- ITEM 22.c.** Add the amounts shown in items 22.a. and 22.b. and enter that amount here.

SAMPLE SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) Citizens Against Annexation	12. REPORT COVERING THE PERIOD	
	FROM: 3/1/02	TO: 10/26/02

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>156.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>350.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>506.00</u>

14. LOANS RECEIVED THIS REPORTING PERIOD\$ 1000.00

15. INTEREST RECEIVED THIS REPORTING PERIOD\$ 0.00

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)\$ 1506.00

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)

Bank Charges	\$ <u>27.00</u>
Gas	\$ <u>60.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee)\$ 87.00

b. Itemized Expenditures (Over \$100 each payee this period)\$ 1205.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)\$ 1292.00

18. LOAN REPAYMENTS MADE THIS PERIOD\$ 0.00

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)\$ 1292.00

20. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>40.00</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>150.00</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>190.00</u>

21. LOANS

LOANS OUTSTANDING (must be shown in item 10.e.)\$ 1000.00

22. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0.00</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>260.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.)	\$ <u>260.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

All contributions from each source who gave a total of more than \$100 during a reporting period must be itemized on the “Itemized Statement of Contributions - SMC.”

- ITEM 1.** Enter the name of the committee. Must be the same as Item 2 on page one.
- ITEM 2.** Enter the beginning and ending dates for the reporting period. Must be the same as items 7.A. and 7.B. on page one.
- ITEM 3.** Enter \$0 if this is the first “Itemized Statement of Contributions - SMC” completed for this reporting period. If this is an additional page, bring forward the total from Item 5 of the previous “Itemized Statement of Contributions - Single-Measure Committee” page.
- ITEM 4.** For each itemized contribution, the following information must be completed:
- a. The complete name and address of the individual contributor. If the contributor is an individual, you must list their occupation and employer. If the contribution is from a political campaign committee or other organization, its name should be listed in the “Last Name/Organization Name” block.
 - b. The amount of the contribution(s).
- ITEM 5.** Enter the total of Item 3 and all amounts listed in Item 4 on this page.

If more than one page of this form is needed to disclose the itemized contributions, the total amount shown in Item 5 of the previous statement must be carried forward to Item 3 of the next page and be included in that page’s total. The amount shown in Item 5 on the last page of the “Itemized Statement of Contributions - SMC” must also be shown in item 13.b. of the summary page of the disclosure report.

SAMPLE

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Citizens Against Annexation</i>		2. REPORT COVERING THE PERIOD	
		FROM: 3/1/02	TO: 10/26/02
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <i>Janet</i>	M.I.	Last Name/Organization Name <i>Simmons</i>	150.00
Address <i>7721 Waterview Dr.</i>			
City <i>Millersville</i>	State <i>TN</i>	Zip Code <i>37289</i>	
Occupation <i>Nurse</i>			
Employer <i>ABC Hospital</i>			
First Name	M.I.	Last Name/Organization Name <i>Millersville Oil, Inc.</i>	200.00
Address <i>2395 Industrial Dr.</i>			
City <i>Millersville</i>	State <i>TN</i>	Zip Code <i>37289</i>	
Occupation			
Employer			
First Name	M.I.	Last Name/Organization Name	
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	M.I.	Last Name/Organization Name	
Address			
City	State	Zip Code	
Occupation			
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS			350.00
(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 EXPENDITURES - SMC

All expenditures (other than independent expenditures) totaling more than \$100 to any payee during the reporting period must be itemized on the "Itemized Statement of Expenditures - SMC."

- ITEM 1.** Enter the name of the committee. Must be the same as Item 2 on page one.
- ITEM 2.** Enter the beginning and ending dates for the reporting period. Must be the same as items 7.A. and 7.B. on page one.
- ITEM 3.** Enter \$0 if this is the first "Itemized Statement of Expenditures - SMC" completed for this reporting period. If this is an additional page, bring forward the total from Item 5 of the previous "Itemized Statement of Expenditures - SMC" page.
- ITEM 4.** The complete name and address of each payee as well as the purpose and amount of the expenditure(s) must be listed here. The purpose of an expenditure must be a specific description (e.g., meals, advertising, travel, etc.). General phrases such as "expenses" or "miscellaneous" shall not be sufficient for providing a purpose.
- ITEM 5.** Enter the total of Item 3 and all amounts listed in Item 4 on this page.

If more than one page of this form is needed to disclose the itemized expenditures, the total amount shown in Item 5 of the previous statement must be carried forward to Item 3 of the next page and be included in that page's total. The amount shown in Item 5 on the last page of the "Itemized Statement of Expenditures - SMC" must also be shown in item 17.b. of the summary page of the disclosure report.

SAMPLE

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Citizens Against Annexation		2. REPORT COVERING THE PERIOD		
		FROM: 3/1/02	TO: 10/26/02	
			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 Millersville Printing		Printing	355.00	
Address 214 Main St.				
City Millersville	State TN			Zip Code 37289
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Millersville Gazette		Newspaper Ad	530.00	
Address 400 Main St.				
City Millersville	State TN			Zip Code 37289
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name U.S. Post Office		Postage	320.00	
Address 105 Oak St.				
City Millersville	State TN			Zip Code 37289
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose 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.)				1205.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

All in-kind contributions (goods and services) totaling more than \$100 received from any source during the reporting period must be itemized on the “Itemized Statement of In-Kind Contributions - SMC.”

- ITEM 1.** Enter the name of the committee. Must be the same as Item 2 on page one.
- ITEM 2.** Enter the beginning and ending dates for the reporting period. Must be the same as items 7.A. and 7.B. on page one.
- ITEM 3.** Enter \$0 if this is the first “Itemized Statement of In-Kind Contributions - SMC” completed for this reporting period. If this is an additional page, bring forward the total from Item 5 of the previous “Itemized Statement of In-Kind Contributions - SMC” page.
- ITEM 4.** For each itemized in-kind contribution, the following information must be completed:
- a. The complete name and address of the contributor. If the contributor is an individual, you must list their occupation and employer. If the in-kind contribution is from a political campaign committee or other organization, its name should be listed in the “Last Name/Organization Name” block.
 - b. The description of the in-kind contribution.
 - c. The value of the in-kind contribution.
- ITEM 5.** Enter the total of Item 3 and all amounts listed in Item 4 on this page.

If more than one page of this form is needed to disclose the itemized in-kind contributions, the total amount shown in Item 5 of the previous statement must be carried forward to Item 3 of the next page and be included in that page’s total. The amount shown in Item 5 on the last page of the “Itemized Statement of In-Kind Contributions - SMC” must also be shown in item 20.b. of the summary page of the disclosure report.

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens Against Annexation			2. REPORT COVERING PERIOD		
			FROM: 3/1/02	TO: 10/26/02	
			Amount 0.00		
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 Barb's Hardware		Sticks for Yard Signs		150.00	
Address 1050 Main St.					
City Millersville	State PA				Zip Code 17289
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				150.00	
(Carry forward to item 3 of next page if additional pges 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

All loans received for more than one hundred dollars (\$100) during the reporting period must be itemized on the Itemized Statement of Loans - SMC.”

- ITEM 1.** Enter the name of the committee. Must be the same as Item 2 on page one. received from the creditor this period.
- ITEM 2.** Enter the beginning and ending dates for the reporting period. Must be the same as items 7.A. and 7.B. on page one. 4. The amount of any loan payments (principal only) this period.
- ITEM 3.** For each loan outstanding, the following information must be completed: 5. The “Outstanding Loan Balance (End of Period).” This must equal the “Outstanding Loan Balance (Beginning of Period)” plus any “Loans Received”, minus any “Loan Payments”.
1. The complete name and address of the source of the loan. **ITEM 4.** On the last page of itemized loans, totals must be shown for the “Outstanding Loan Balance (Beginning of Period)”, “Loans Received This Period”, “Loan Payments This Period”, and “Outstanding Loan Balance (End of Period)” for all loans.
 2. The outstanding loan balance at the beginning of the reporting period. This must equal the outstanding loan balance at the end of the last reporting period.
 3. The amount of any additional loans

The total for “Loans Received This Period” must also be shown in Item 14 of the summary page of the disclosure report. The total for “Loan Payments” must also be shown in Item 18 of the summary page of the disclosure report. The total for “Outstanding Loan Balance (End of Period)” must also be shown in item 21 of the summary page of the disclosure report.

SAMPLE ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE Citizens Against Annexation				2. REPORT COVERING THE PERIOD		
				FROM: 3/1/02	TO: 10/26/02	
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		0.00	1000.00	0.00	1000.00
Last Name/Business Name First National Bank						
Address 124 Main St.						
City Millersville	State TN	Zip Code 37289				
			Date of Loan 3/9/00			
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.)			0.00	1000.00	0.00	1000.00



ITEMIZED STATEMENT OF OBLIGATIONS - SINGLE MEASURE COMMITTEE

All obligations received for goods and services on credit during the reporting period for which payment of more than \$100 is owed to any person/vendor must be itemized on the Itemized Statement of Obligations - Single Measure Committee.”

- ITEM 1.** Enter the name of the committee. Must be the same as Item 2 on page one.
- ITEM 2.** Enter the beginning and ending dates for the reporting period. Must be the same as items 7.A. and 7.B. on page one.
- ITEM 3.** Enter the following for each itemized obligations:
1. The complete name and address of the vendor/person to which payment is owed.
 2. A description of the obligation.
 3. The outstanding obligation balance at the beginning of the reporting period. This must equal the outstanding obligation.
 4. The amount of any additional purchases made from this vendor on credit this period.
- ITEM 4.** On the last page of itemized obligations, totals must be shown for the “Outstanding Balance (Beginning of Period)”, “Debts Incurred”, “Payments”, and “Outstanding Balance (End of Period)” for all obligations.
5. The amount of any expenditures made to reduce the outstanding obligations
 6. The “Outstanding Balance (End of Period)”. This must equal the “Outstanding Balance (Beginning of Period)” plus any “Debts Incurred This Period”, minus any “Payments This Period”.

The total shown for “Outstanding Balance (End of Period)” must also be shown in item 22.b. of the summary page of the disclosure report.

SAMPLE
ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Citizens Against Annexation				FROM: 3/1/02		TO: 10/26/02	
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			0.00	260.00	0.00	260.00
Last Name/Business Name		Charlie					
Address		Duffy					
City	State	Zip Code					
Millersville	TN	37289		Description of Obligation			
Rent for Headquarters							
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							
4. TOTALS				0.00	260.00	0.00	260.00
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)							