

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT <i>Oct 1, 2014</i>	2. NAME OF COMMITTEE <i>Vote NO on 2!</i>
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) <i>N/A</i>	
3. ADDRESS AND PHONE Street or Rural Route: <i>POB 163</i> City: <i>ALAMO</i> State: <i>TN</i> Zip Code: <i>38001</i> Phone: <i>731 696-2791</i>	
4. MEASURES SUPPORTED OR OPPOSED <i>OPPOSE Amendment 2</i>	
5.A. NAME OF POLITICAL TREASURER <i>Fornest Shoaf</i>	5.B. DATE APPOINTED <i>7-8-14</i>
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input 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 <i>7-1-14</i>	7.B. ENDING DATE OF REPORTING PERIOD <i>9-30-14</i>
8. (Check one) 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.) 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.	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> <i>7 OCT 14</i> date </div> </div>	
9. WITNESS SIGNATURE	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <i>10-7-14</i> date </div> </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>7,250.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>29.25</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>7,220.75</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive; margin-left: 40px;">NO ON 2</div>	12. REPORT COVERING THE PERIOD FROM: <u>7/1/14</u> TO: <u>9-30-14</u>
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>750.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>2000.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>2250.00</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>—</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>—</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>2250.00</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>check change</u>	\$ <u>29.25</u>
_____	_____
Total of Expenditures (\$100 or less each payee)	\$ <u>29.25</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>—</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..)	\$ <u>29.25</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>—</u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ <u>29.25</u>
20. IN-KIND CONTRIBUTIONS	
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>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>0</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)	\$ _____
b. Itemized Obligations Outstanding (Over \$100 each)	\$ _____
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE VOTE NO ON 2			2. REPORT COVERING THE PERIOD	
			FROM: 7/1/14	TO: 9/30/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 2200
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name FORREST	M.I.	Last Name/Organization Name SHOAF		Amount of Contribution \$1000.00
Address 529 RIDGECREST LN				
City LEBANON	State TN	Zip Code 37087		
Occupation RETIRED				
Employer N/A				
First Name ANTHONY	M.I. E	Last Name/Organization Name HAGAN		Amount of Contribution \$1000.00
Address 107 1/2 S. CUMBERLAND ST				
City LEBANON	State TN	Zip Code 37087		
Occupation LAWYER				
Employer SELF EMPLOYED				
First Name DOUGLAS	M.I. L	Last Name/Organization Name DUTTON		Amount of Contribution \$200.00
Address 12031 S. FOX DEN DR				
City KNOXVILLE	State TN	Zip Code 37934		
Occupation RETIRED				
Employer NA				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution —
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution —
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount \$2200.00
(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 IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE VOTE NO ON 2			2. REPORT COVERING PERIOD		
			FROM: 7/1/14	TO: 9/30/14	
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 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		NONE			
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		NONE			
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		NONE			
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		NONE			
Address					
City	State				Zip Code
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS				0	
(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.)					

