



## SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD	
	FROM: 10/1/2014	TO: 10/25/2014
<b>RECEIPTS</b>		
13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period) .....	\$	500.00
b. Itemized Contributions (over \$100 from each source this period) .....	\$	616,570.59
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....	\$	617,070.59
14. LOANS RECEIVED THIS REPORTING PERIOD .....	\$	0.00
15. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$	0.00
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) .....	\$	617,070.59
<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)		
Credit Card Processing Fees .....	\$	45.25
Postage/Delivery .....	\$	73.61
Travel .....	\$	14.19
.....	\$	_____
.....	\$	_____
.....	\$	_____
.....	\$	_____
.....	\$	_____
Total of Expenditures (\$100 or less each payee) .....	\$	133.05
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$	1,133,309.00
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) .....	\$	1,133,442.05
18. LOAN REPAYMENTS MADE THIS PERIOD .....	\$	0.00
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) .....	\$	1,133,442.05
<b>20. IN-KIND CONTRIBUTIONS</b>		
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	\$	0.00
b. Itemized in-kind contributions (over \$100 from each source this period) .....	\$	7,741.77
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) .....	\$	7,741.77
<b>21. LOANS</b>		
LOANS OUTSTANDING (must be shown in item 10.e.) .....	\$	0.00
<b>22. OBLIGATIONS</b>		
a. Unitemized Obligations Outstanding (\$100 or less each) .....	\$	0.00
b. Itemized Obligations Outstanding (Over \$100 each) .....	\$	0.00
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.) .....	\$	0.00



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD	
			FROM: 10/1/14	TO: 10/25/14
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 Marcia	M.I.	Last Name/Organization Name Eason		Amount of Contribution  500.00
Address 33 Rock Crest Dr				
City Signal Mountain	State TN	Zip Code 37377		
Occupation Attorney				
Employer Miller & Martin				
First Name	M.I.	Last Name/Organization Name Big M's LLC		Amount of Contribution  1,500.00
Address 214 Second Ave N, Suite 103				
City Nashville	State TN	Zip Code 37201		
Occupation				
Employer				
First Name James	M.I. B	Last Name/Organization Name Lewis		Amount of Contribution  1,000.00
Address 214 Second Ave N, Suite 103				
City Nashville	State TN	Zip Code 37201		
Occupation Attorney				
Employer Self Employed				
First Name	M.I.	Last Name/Organization Name Committee to Re-Elect Melissa Gay		Amount of Contribution  420.59
Address 136 Chesapeake Harbor Blvd				
City Hendersonville	State TN	Zip Code 37075		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Chambliss, Bahner, Schulman & Jacoway, P.C.		Amount of Contribution  10,000.00
Address 6052 Chestnut Street, Suite 1700				
City Chattanooga	State TN	Zip Code 37450		
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.)				13,420.59



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD		
			FROM: 10/1/14	TO: 10/25/14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 13,420.59	
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	
Patrick, Beard, Schulman & Jacoway, P.C.					
Address 537 Market Street, Suite 202					
City	State	Zip Code			
Chattanooga	TN	37402			
Occupation				2,600.00	
Employer					
First Name	M.I.	Last Name/Organization Name			Amount of Contribution
John R Voigt					
Address 805 Cedar Knob					
City	State	Zip Code			
Nashville	TN	37221			
Occupation Attorney				250.00	
Employer Sherrard & Roe, PLC					
First Name	M.I.	Last Name/Organization Name			Amount of Contribution
C. Dewey Branstetter					
Address 1111 Eller Lane					
City	State	Zip Code			
Nashville	TN	37221			
Occupation Attorney				500.00	
Employer Sherrard & Roe, PLC					
First Name	M.I.	Last Name/Organization Name			Amount of Contribution
Thomas J Sherrard					
Address 418 Westview Avenue					
City	State	Zip Code			
Nashville	TN	37205			
Occupation Attorney				500.00	
Employer Sherrard & Roe, PLC					
First Name	M.I.	Last Name/Organization Name			Amount of Contribution
Harris A Gilbert					
Address 4215 Harding Pike, Apt 401					
City	State	Zip Code			
Nashville	TN	37205			
Occupation Attorney				1,200.00	
Employer Wyatt, Tarrant & Combs, LLP					
5. TOTAL ITEMIZED CONTRIBUTIONS					Amount
(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.)					
				18,470.59	



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC				2. REPORT COVERING THE PERIOD	
				FROM:10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 18,470.59
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					
City	State	Zip Code			
Nashville	TN	37219			
Occupation					
Employer					
Barrett, Johnston, Martin & Garrison LLC					2,000.00
Frank		Clement			Amount of Contribution
220 Wilsonia Ave					
Nashville	TN	37205			
Judge					
State of Tennessee					
		Tennessee Business Partnership			Amount of Contribution
PO Box 120965					
Nashville	TN	37212			
Suzann		Swiney			Amount of Contribution
4205 McCampbell Lane					
Knoxville	TN	37918			
Teacher					
Pellissippi State Community College					
		Gearhiser, Peters, Elliott and Cannon, PLLC			Amount of Contribution
320 McCallie Avenue					
Chattanooga	TN	37402			
5. TOTAL ITEMIZED CONTRIBUTIONS					Amount
(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 CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <b>Vote Yes on 2, LLC</b>			2. REPORT COVERING THE PERIOD	
			FROM:10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>273,420.59</b>
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 <b>Wiseman Bray PLLC</b>		Amount of Contribution  <b>2,500.00</b>
Address <b>8001 Centerview Parkway, Suite 103</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38018</b>		
Occupation				
Employer				
First Name <b>Charles</b>	M.I. <b>D.</b>	Last Name/Organization Name <b>Susano</b>		Amount of Contribution  <b>1,000.00</b>
Address <b>7107 Rotherwood Dr</b>				
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37919</b>		
Occupation <b>Judge</b>				
Employer <b>State of Tennessee</b>				
First Name	M.I.	Last Name/Organization Name <b>Tennessee Farmers Mutual Ins.</b>		Amount of Contribution  <b>2,500.00</b>
Address <b>PO Box 307</b>				
City <b>Columbia</b>	State <b>TN</b>	Zip Code <b>38402</b>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <b>TRH Health Insurnace Co.</b>		Amount of Contribution  <b>2,500.00</b>
Address <b>PO Box 1801</b>				
City <b>Columbia</b>	State <b>TN</b>	Zip Code <b>38401</b>		
Occupation				
Employer				
First Name <b>Lee</b>	M.I.	Last Name/Organization Name <b>Welch</b>		Amount of Contribution  <b>450.00</b>
Address <b>515 Big Bell Loop</b>				
City <b>Eads</b>	State <b>TN</b>	Zip Code <b>38028</b>		
Occupation <b>Attorney</b>				
Employer <b>Martin, Tate, Morrow &amp; Marston P.C.</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>282,370.59</b>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD	
			FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 282,370.59
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 Bradley, Arant, Boulton, Cummings LLP		Amount of Contribution  50,000.00
Address 1600 Division Street, Suite 700				
City Nashville	State TN	Zip Code 37203		
Occupation				
Employer				
First Name William	M.I. E	Last Name/Organization Name Young		Amount of Contribution  200.00
Address 415 Church Street, Apt 2312				
City Nashville	State TN	Zip Code 37219		
Occupation Administrative Director				
Employer State of Tennessee				
First Name	M.I.	Last Name/Organization Name Tennessee Business Partnership		Amount of Contribution  275,000.00
Address PO Box 120965				
City Nashville	State TN	Zip Code 37212		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Adams and Reese LLP		Amount of Contribution  5,000.00
Address 424 Church Street, Suite 2800				
City Nashville	State TN	Zip Code 37219		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Adams and Reese TN PAC		Amount of Contribution  4,000.00
Address 424 Church Street, Suite 2800				
City Nashville	State TN	Zip Code 37219		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount 616,570.59
(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 Yes on 2, LLC			2. REPORT COVERING PERIOD	
			FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount    0.00
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	Professional Services		6,818.69
Last Name/Organization Name				
Address				
City	State			
	Zip Code			
Occupation				
Employer				
First Name	Middle Name	Office Rent		923.08
Last Name/Organization Name				
Address				
City	State			
	Zip Code			
Occupation				
Employer				
First Name	Middle Name			
Last Name/Organization Name				
Address				
City	State			
	Zip Code			
Occupation				
Employer				
First Name	Middle Name			
Last Name/Organization Name				
Address				
City	State			
	Zip Code			
Occupation				
Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS				7,741.77
(Carry forward to item 3 of next page if additional pages 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 EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD FROM: 10/1/2014 TO: 10/25/2014		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00	
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 Bass Berry Sims		Legal Fees		1,500.00	
Address 150 Third Avenue South, Suite 2800					
City Nashville	State TN				Zip Code 37201
First Name					Middle Name
Last Name/Business Name Bluff View Inn		Travel		152.42	
Address 411 E 2nd Street					
City Chattanooga	State TN				Zip Code 37403
First Name					Middle Name
Last Name/Business Name Century II Staffing, Inc.		Payroll		5,726.32	
Address 9020 Overlook Blvd, Suite 201					
City Brentwood	State TN				Zip Code 37207
First Name					Middle Name
Last Name/Business Name CFC Strategies, Inc.		Accounting Services		1,600.00	
Address 3724 Dunbarton Dr.					
City Mountain Brook	State AL				Zip Code 35223
First Name					Middle Name
Last Name/Business Name Candidate Command LLC		Advertising		248,355.00	
Address 1420 NW Vivion, Suite 113					
City Kansas City	State MO				Zip Code 64118
First Name					Middle Name
Last Name/Business Name Crisp Communications		Consulting & Materials		7,049.02	
Address 278 Franklin Road, Suite 370					
City Brentwood	State TN				Zip Code 37027
First Name					Middle Name
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.)				264,382.76	



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <p style="text-align: center;">Vote Yes on 2, LLC</p>				2. REPORT COVERING THE PERIOD			
				FROM: 10/1/14	TO: 10/25/14		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>264,382.76</b>		
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 <b>Carter Malone Group, LLC</b>		<b>Consulting &amp; Radio Production</b>		<b>7,000.00</b>			
Address <b>1509 Madison Avenue</b>							
City <b>Memphis</b>	State <b>TN</b>					Zip Code <b>38104</b>	
First Name						Middle Name	
Last Name/Business Name <b>E Allan Brandon LLC</b>		<b>Advertising</b>		<b>156,863.64</b>			
Address <b>PO Box 10809</b>							
City <b>Murfreesboro</b>	State <b>TN</b>					Zip Code <b>37129</b>	
First Name						Middle Name	
Last Name/Business Name <b>Imageworks Printing &amp; Design, LLC</b>		<b>Advertising</b>		<b>2,763.13</b>			
Address <b>3530 S. Broad Street</b>							
City <b>Chattanooga</b>	State <b>TN</b>					Zip Code <b>37409</b>	
First Name						Middle Name	
Last Name/Business Name <b>Pinnacle Bank</b>		<b>Bank Fees</b>		<b>225.00</b>			
Address <b>150 Third Avenue South, Suite 900</b>							
City <b>Nashville</b>	State <b>TN</b>					Zip Code <b>37201</b>	
First Name						Middle Name	
Last Name/Business Name <b>Premier Parking of TN, LLC</b>		<b>Parking</b>		<b>405.00</b>			
Address <b>421 Church Street</b>							
City <b>Nashville</b>	State <b>TN</b>					Zip Code <b>37219</b>	
First Name						Middle Name	
Last Name/Business Name <b>Smart Media Group, LLC</b>		<b>Advertising</b>		<b>696,657.72</b>			
Address <b>1427 Leslie Avenue, Suite 100</b>							
City <b>Alexandria</b>	State <b>VA</b>					Zip Code <b>22301</b>	
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.)						<b>1,128,297.25</b>	



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <p style="text-align: center;">Vote Yes on 2, LLC</p>		2. REPORT COVERING THE PERIOD		
		FROM: 10/1/14	TO: 10/25/14	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>1,128,297.25</b>	
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 <b>Strategic Perception Inc.</b>		<b>Radio Production</b>	<b>4,747.26</b>	
Address <b>6158 Mulholland Highway</b>				
City <b>Hollywood</b>	State <b>CA</b>			Zip Code <b>90068</b>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <b>Westin</b>		<b>Travel</b>	<b>264.49</b>	
Address <b>170 George W Lee Ave</b>				
City <b>Memphis</b>	State <b>TN</b>			Zip Code <b>38103</b>
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
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.)				<b>1,133,309.00</b>

