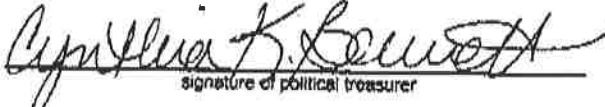



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 10/10/2014	2. NAME OF COMMITTEE TENNESSEE STUDENTS VOTING NO ON 1
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) TENNESSEE STUDENTS VOTING NO ON 1	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 2715 SHARONDALE CT., NASHVILLE, TN 37215 (703) 522-2214	
4. MEASURES SUPPORTED OR OPPOSED AMENDMENT 1	
5.A. NAME OF POLITICAL TREASURER CYNTHIA BENNETT	5.B. DATE APPOINTED 9/12/2014
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 07/01/2014	7.B. ENDING DATE OF REPORTING PERIOD 09/30/2014
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 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.	
 signature of political treasurer	
10/8/2014 date	
9. WITNESS SIGNATURE  signature of witness	
10/8/2014 date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>13,931.23</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>13,647.22</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>281.04</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SS-1140 (Rev. 2/08)

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SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <u>TENNESSEE STUDENTS VOTING NO ON 1</u>		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>0</u>	
b. Itemized Contributions (over \$100 from each source this period)	\$	<u>5,000</u>	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$	<u>5,000</u>	
14. LOANS RECEIVED THIS REPORTING PERIOD	\$	<u>0</u>	
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$	<u>0</u>	
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in Item 10.b.)	\$	<u>5000</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>SUPERSHUTTLE - TRAVEL</u>	\$	<u>73.44</u>	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
Total of Expenditures (\$100 or less each payee)	\$	<u>73.44</u>	
b. Itemized Expenditures (Over \$100 each payee this period)	\$	<u>13,573.78</u>	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$	<u>13,647.22</u>	
18. LOAN REPAYMENTS MADE THIS PERIOD	\$	<u>0</u>	
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in Item 10.c.)	\$	<u>13,647.22</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>8,931.23</u>	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$	<u>8,931.23</u>	
21. LOANS			
LOANS OUTSTANDING (must be shown in Item 10.a.)	\$	<u>0</u>	
22. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	<u>0</u>	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	<u>0</u>	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in Item 10.f.)	\$	<u>0</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE TENNESSEE STUDENTS VOTING NO ON 1		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
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 1600 WILSON BLVD., # 801			
City ARLINGTON	State VA	Zip Code 22209	
Occupation			
Employer			
			\$5000.⁰⁰
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			
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			\$5000.⁰⁰
(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 TENNESSEE STUDENTS VOTING NO ON 1			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	
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 FEMINIST MAJORITY FOUNDATION		SALARY and benefits		\$8931.23	
Address 1600 WILSON BLVD. #801					
City ARLINGTON	State VA				Zip Code 22209
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				Amount	
(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.)				\$8,931.23	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE TENNESSEE STUDENTS VOTING No On 1		2. REPORT COVERING THE PERIOD FROM: 7/1/14 TO: 9/30/14	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
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 FEMINIST MAJORITY FOUNDATION		SALARY AND BENEFITS	\$8931.²³
Address 1600 WINSON BLVD., # 801			
City ARLINGTON	State VA		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name BURNS MAILING & PRINTING INC.		PRINTING	\$1,141.¹⁵
Address 6131 INDUSTRIAL HEIGHTS DR.			
City KNOXVILLE	State TN		
First Name ASHLEIGH	Middle Name E.	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name MOSES		TRAVEL	\$ 950.⁰⁰
Address 859 TACOMA DRIVE			
City AUBURN	State AL		
First Name EDWITH	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name THEOGENE		TRAVEL	\$1,900.⁰⁰
Address 2177 MOHEGAN DRIVE			
City FALLS CHURCH	State VA		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name DELTA AIR LINES		TRAVEL	\$325.⁷⁰
Address P.O. Box 20706			
City ATLANTA	State GA		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name DELTA AIR LINES		TRAVEL	\$325.⁷⁰
Address P.O. Box 20706			
City ATLANTA	State GA		
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.)			\$ 13,573.⁷⁸