

SUMMARY PAGE - SMC

<p>11. NAME OF COMMITTEE (In Full)</p> <p><u>TENNESSEE STUDENTS VOTING NO ON 1</u></p>	<p>12. REPORT COVERING THE PERIOD</p> <p>FROM: <u>10/1/14</u> TO: <u>10/25/14</u></p>												
<p>RECEIPTS</p> <p>13. CONTRIBUTIONS (other than loans and interest)</p> <p>a. Unitemized Contributions (\$100 or less from each source this period) \$ <u>0</u></p> <p>b. Itemized Contributions (over \$100 from each source this period) \$ <u>7,724.84</u></p> <p>c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ <u>7,724.84</u></p> <p>14. LOANS RECEIVED THIS REPORTING PERIOD \$ <u>0</u></p> <p>15. INTEREST RECEIVED THIS REPORTING PERIOD \$ <u>0</u></p> <p>16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in Item 10.b.) \$ <u>7,724.84</u></p>													
<p>DISBURSEMENTS</p> <p>17. EXPENDITURES (other than loan payments)</p> <p>a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><u>OFFICE SUPPLIES</u></td> <td style="width:50%; text-align: right;">\$ <u>9.10</u></td> </tr> <tr> <td><u>SERVICE \$</u></td> <td style="text-align: right;">\$ <u>80.00</u></td> </tr> <tr> <td><u>FOOD, MEALS, CATERING</u></td> <td style="text-align: right;">\$ <u>10.44</u></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p>Total of Expenditures (\$100 or less each payee) \$ <u>99.54</u></p> <p>b. Itemized Expenditures (Over \$100 each payee this period) \$ <u>13,018.66</u></p> <p>c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) \$ <u>13,118.20</u></p> <p>18. LOAN REPAYMENTS MADE THIS PERIOD \$ <u>0</u></p> <p>19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in Item 10.c.) \$ _____</p>		<u>OFFICE SUPPLIES</u>	\$ <u>9.10</u>	<u>SERVICE \$</u>	\$ <u>80.00</u>	<u>FOOD, MEALS, CATERING</u>	\$ <u>10.44</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____
<u>OFFICE SUPPLIES</u>	\$ <u>9.10</u>												
<u>SERVICE \$</u>	\$ <u>80.00</u>												
<u>FOOD, MEALS, CATERING</u>	\$ <u>10.44</u>												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
<p>20. IN-KIND CONTRIBUTIONS</p> <p>a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ <u>0</u></p> <p>b. Itemized in-kind contributions (over \$100 from each source this period) \$ <u>5,451.62</u></p> <p>c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) \$ <u>5,451.62</u></p>													
<p>21. LOANS</p> <p>LOANS OUTSTANDING (must be shown in Item 10.e.) \$ <u>0</u></p>													
<p>22. OBLIGATIONS</p> <p>a. Unitemized Obligations Outstanding (\$100 or less each) \$ <u>190.98</u></p> <p>b. Itemized Obligations Outstanding (Over \$100 each) \$ <u>5,029.86</u></p> <p>c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in Item 10.f.) \$ <u>5,220.84</u></p>													



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE TENNESSEE STUDENTS VOTING NO ON 1		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
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 7,724.⁸⁴
Address 1600 WILSON BLVD., #801			
City ARLINGTON	State VA	Zip Code 22209	
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			7724.⁸⁴
(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 <i>TENNESSEE STUDENTS VOTING NO ON 1</i>			2. REPORT COVERING PERIOD FROM: <i>10/1/14</i> TO: <i>10/25/14</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>		
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 <i>FEMINIST MAJORITY FOUNDATION</i>		<i>SALARY AND BENEFITS</i>		<i>5451.62</i>	
Address <i>1600 WILSON BLVD., #801</i>					
City <i>ARLINGTON</i>	State <i>VA</i>				Zip Code <i>22209</i>
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 (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.)				<i>5451.62</i>	



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>TENNESSEE STUDENTS VOTING NO ON 1</i>		2. REPORT COVERING THE PERIOD FROM: <i>10/1/14</i> TO: <i>10/25/14</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
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 <i>JORDAN</i>	Middle Name <i>K</i>	Purpose of Expenditure <i>TN CAMPUS ORGANIZER SERVICES</i>	Amount of Expenditure <i>367.⁵⁰</i>
Last Name/Business Name <i>ADAMS</i>			
Address <i>1476 GOLF CLUB LN</i>			
City <i>CLARKSVILLE</i>	State <i>TN</i>	Zip Code <i>37040</i>	
First Name <i>BRIANNA</i>	Middle Name	Purpose of Expenditure <i>TN CAMPUS ORGANIZER SERVICES</i>	Amount of Expenditure <i>505.⁰⁰</i>
Last Name/Business Name <i>CARWILE</i>			
Address <i>2922 CHESTNUT LN., # 2</i>			
City <i>JOHNSON CITY</i>	State <i>TN</i>	Zip Code <i>37601</i>	
First Name <i>KATIE</i>	Middle Name	Purpose of Expenditure <i>TN CAMPUS ORGANIZER SERVICES</i>	Amount of Expenditure <i>52.⁵⁰</i>
Last Name/Business Name <i>FRESOLONE</i>			
Address <i>1001 E. 11th St.</i>			
City <i>CHATTANOOGA</i>	State <i>TN</i>	Zip Code <i>37403</i>	
First Name <i>WHITNEY</i>	Middle Name	Purpose of Expenditure <i>TN CAMPUS ORGANIZER SERVICES</i>	Amount of Expenditure <i>255.⁸⁰</i>
Last Name/Business Name <i>GRAHAM</i>			
Address <i>7150 CRESTFIELD CIRCLE</i>			
City <i>HIXSON</i>	State <i>TN</i>	Zip Code <i>37343</i>	
First Name <i>ANNA</i>	Middle Name <i>D</i>	Purpose of Expenditure <i>TN CAMPUS ORGANIZER SERVICES</i>	Amount of Expenditure <i>242.⁵⁰</i>
Last Name/Business Name <i>GREER</i>			
Address <i>1038 - 20th St., # 707</i>			
City <i>KNOXVILLE</i>	State <i>TN</i>	Zip Code <i>37919</i>	
First Name <i>MARGARET</i>	Middle Name <i>C</i>	Purpose of Expenditure <i>TN CAMPUS ORGANIZER SERVICES</i>	Amount of Expenditure <i>340.⁰⁰</i>
Last Name/Business Name <i>KING</i>			
Address <i>2301 VANDERBILT PL, PMB 358469</i>			
City <i>NASHVILLE</i>	State <i>TN</i>	Zip Code <i>37235</i>	
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.)			<i>1763.³⁰</i>

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <u>TENNESSEE STUDENTS VOTING NO ON 1</u>		2. REPORT COVERING THE PERIOD FROM: <u>10/1/14</u> TO: <u>10/25/14</u>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <u>1763.30</u>
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 <u>LILLIE</u>	Middle Name	Purpose of Expenditure <u>TN CAMPUS ORGANIZER SERVICES</u>	Amount of Expenditure <u>115.00</u>
Last Name/Business Name <u>STUBSTEN</u>			
Address <u>514 SHARONDALE RD.</u>			
City <u>CHATTANOOGA</u>	State <u>TN</u>	Zip Code <u>37412</u>	
First Name <u>KALEMAH</u>	Middle Name	Purpose of Expenditure <u>TN CAMPUS ORGANIZER SERVICES</u>	Amount of Expenditure <u>210.00</u>
Last Name/Business Name <u>TAAJIB-DINK</u>			
Address <u>825 VOLUNTEER BLVD. #244</u>			
City <u>KNOXVILLE</u>	State <u>TN</u>	Zip Code <u>37916</u>	
First Name <u>DANA</u>	Middle Name	Purpose of Expenditure <u>TN CAMPUS ORGANIZER SERVICES</u>	Amount of Expenditure <u>516.00</u>
Last Name/Business Name <u>TATUM</u>			
Address <u>285 N BUTHERFORD BLVD., L205</u>			
City <u>MURFREESBORO</u>	State <u>TN</u>	Zip Code <u>37130</u>	
First Name <u>KATHRYN</u>	Middle Name	Purpose of Expenditure <u>TN CAMPUS ORGANIZER SERVICES</u>	Amount of Expenditure <u>242.50</u>
Last Name/Business Name <u>TRAVIS</u>			
Address <u>689 N. CHEROKEE ST., #1</u>			
City <u>JONESBOROUGH</u>	State <u>TN</u>	Zip Code <u>37659</u>	
First Name <u>KEVANA</u>	Middle Name	Purpose of Expenditure <u>TN CAMPUS ORGANIZER SERVICES</u>	Amount of Expenditure <u>212.50</u>
Last Name/Business Name <u>WEST</u>			
Address <u>350 TREMONT DR., #C89</u>			
City <u>MURFREESBORO</u>	State <u>TN</u>	Zip Code <u>37130</u>	
First Name <u>DARLENE</u>	Middle Name	Purpose of Expenditure <u>TN CAMPUS ORGANIZER SERVICES</u>	Amount of Expenditure <u>255.00</u>
Last Name/Business Name <u>WHITE</u>			
Address <u>1714 THISTLEWOOD DR., #D</u>			
City <u>CHARKSVILLE</u>	State <u>TN</u>	Zip Code <u>37042</u>	
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.)			<u>3314.30</u>

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>TENNESSEE STUDENTS VOTING NO ON 1</i>		2. REPORT COVERING THE PERIOD FROM: <i>10/1/14</i> TO: <i>10/25/14</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>3314.30</i>
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 <i>NICOLE</i>	Middle Name	Purpose of Expenditure <i>TN CAMPUS ORGANIZER SERVICES</i>	Amount of Expenditure <i>102.50</i>
Last Name/Business Name <i>QUINONES</i>			
Address <i>2000 N. PARKWAY, Box 3016</i>			
City <i>MEMPHIS</i>	State <i>TN</i> Zip Code <i>38112</i>		
First Name <i>ASHLEIGH</i>	Middle Name <i>?</i>	Purpose of Expenditure <i>TRAVEL</i>	Amount of Expenditure <i>1600.00</i>
Last Name/Business Name <i>MOSES</i>			
Address <i>859 TAKOMA DR</i>			
City <i>AUBURN</i>	State <i>AL</i> Zip Code <i>36830</i>		
First Name <i>EDWITH</i>	Middle Name	Purpose of Expenditure <i>TRAVEL</i>	Amount of Expenditure <i>850.00</i>
Last Name/Business Name <i>THEOGENE</i>			
Address <i>2177 MOHEGAN DR</i>			
City <i>FALLS CHURCH</i>	State <i>VA</i> Zip Code <i>22043</i>		
First Name	Middle Name	Purpose of Expenditure <i>POSTAGE/SHIPPING</i>	Amount of Expenditure <i>351.99</i>
Last Name/Business Name <i>BURNS MAKING & PRINTING INC</i>			
Address <i>P.O. BOX 52730</i>			
City <i>KNOXVILLE</i>	State <i>TN</i> Zip Code <i>37950</i>		
First Name	Middle Name	Purpose of Expenditure <i>PRINTING</i>	Amount of Expenditure <i>1348.25</i>
Last Name/Business Name <i>BURNS MAKING & PRINTING INC</i>			
Address <i>PO BOX 52730</i>			
City <i>KNOXVILLE</i>	State <i>TN</i> Zip Code <i>37950</i>		
First Name	Middle Name	Purpose of Expenditure <i>SALARIES AND BENEFITS</i>	Amount of Expenditure <i>5451.62</i>
Last Name/Business Name <i>FEMINIST MAJORITY FOUNDATION</i>			
Address <i>1600 WILSON BLVD. #801</i>			
City <i>ARLINGTON</i>	State <i>VA</i> Zip Code <i>22205</i>		
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.)			<i>13018.66</i>

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD			
TENNESSEE STUDENTS VOTING NO ON 1			FROM: 10/1/14		TO: 10/25/14	
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	LUCY		\$0	\$115	\$0	\$115
Middle Name	C					
Last Name/Business Name	GREER					
Address	209 W. CHURCH AVE., #101					
City	State	Zip Code				
KNOXVILLE TN 37902			Description of Obligation			
TN CAMPUS ORGANIZER SERVICES						
First Name	HANNAH		0	307. ⁵⁰	0	307. ⁵⁰
Middle Name						
Last Name/Business Name	NASH					
Address	2106 N. MAPLE AVE.					
City	State	Zip Code				
COOKEVILLE TN 38501			Description of Obligation			
TN CAMPUS ORGANIZER SERVICES						
First Name	JORDAN		0	180. ⁰⁰	0	180. ⁰⁰
Middle Name						
Last Name/Business Name	ADAMS					
Address	1476 GOLF CLUB LANE					
City	State	Zip Code				
CLARKSVILLE TN 37040			Description of Obligation			
TN CAMPUS ORGANIZER SERVICES						
First Name	HANNAH		0	55. ⁰⁰	0	55. ⁰⁰
Middle Name	K					
Last Name/Business Name	BENTAMIN					
Address	334 N. MAPLE AVE.					
City	State	Zip Code				
COOKEVILLE TN 38501			Description of Obligation			
TN CAMPUS ORGANIZER SERVICES						
First Name	BRIANNA		0	315. ⁰⁰	0	315. ⁰⁰
Middle Name	M					
Last Name/Business Name	CARWILE					
Address	2922 CHESTNUT LN.					
City	State	Zip Code				
JOHNSON CITY TN 37601			Description of Obligation			
TN CAMPUS ORGANIZER SERVICES						
4. TOTALS						
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)						

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD			
TENNESSEE STUDENTS VOTING NO ON 1			FROM: 10/1/14		TO: 10/25/14	
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	ANNA		0	157.50	0	157.50
Middle Name	D					
Last Name/Business Name	GREER					
Address	1038 - 20th St., #707					
City	State	Zip Code				
KNOXVILLE			TN	37919	Description of Obligation	
TN CAMPUS ORGANIZER SERVICES						
First Name	MARGARET		0	167.50	0	167.50
Middle Name	C					
Last Name/Business Name	KING					
Address	2301 VANDERBILT PL. PMA 353469					
City	State	Zip Code				
NASHVILLE			TN	37235	Description of Obligation	
TN CAMPUS ORGANIZER SERVICE						
First Name	STEVE		0	120.00	0	120.00
Middle Name						
Last Name/Business Name	PAYNE					
Address	234 N. EVERGREEN					
City	State	Zip Code				
MEMPHIS			TN	38112	Description of Obligation	
TN CAMPUS ORGANIZER SERVICES						
First Name	LILLIE		0	112.50	0	112.50
Middle Name						
Last Name/Business Name	STUBSTEN					
Address	514 SHARONDALE RD.					
City	State	Zip Code				
CHATTANOOGA			TN	37412	Description of Obligation	
TN CAMPUS ORGANIZER SERVICES						
First Name	KALEMAH		0	250.50	0	250.50
Middle Name						
Last Name/Business Name	TAALIB-DINK					
Address	825 VOLUNTEER BLVD., # 244					
City	State	Zip Code				
KNOXVILLE			TN	37916	Description of Obligation	
TN CAMPUS ORGANIZER SERVICES						
4. TOTALS						
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)						

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD			
TENNESSEE STUDENTS VOTING NO ON 1			FROM: 10/1/14		TO: 10/25/14	
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	KEVANA		0	230. ⁰⁰	0	230. ⁰⁰
Middle Name	S					
Last Name/Business Name	WEST					
Address	350 TREMONT DR, #C89					
City	State	Zip Code				
MURFREESBORO	TN	37130				
Description of Obligation TN CAMPUS ORGANIZER SERVICE						
First Name	DARLENE		0	180. ⁰⁰	0	180. ⁰⁰
Middle Name	L					
Last Name/Business Name	WHITE					
Address	1714 THIS TREWOOD DR, #D					
City	State	Zip Code				
CHARLSVILLE	TN	37042				
Description of Obligation TN CAMPUS ORGANIZER SERVICES						
First Name			0	654. ⁴⁸	0	654. ⁴⁸
Middle Name						
Last Name/Business Name	VALLEY PRESS INC					
Address	PO BOX 64814					
City	State	Zip Code				
BALTIMORE	MD	21264				
Description of Obligation PRINTING OF STICKERS						
First Name			0	1957. ⁴⁸	0	1957. ⁴⁸
Middle Name						
Last Name/Business Name	CAPITOL ONE BANK					
Address	PO BOX 71083					
City	State	Zip Code				
CHARLOTTE	NC	28272				
Description of Obligation TRAVEL & PRINTING CREDIT CARD CHARGES						
First Name			0	227. ⁴⁶	0	227. ⁴⁶
Middle Name						
Last Name/Business Name	BANK OF AMERICA BUSINESS CARD					
Address	PO BOX 15796					
City	State	Zip Code				
WILMINGTON	DE	19886				
Description of Obligation TRAVEL - HOTEL, CREDIT CARD CHARGE						
4. TOTALS			0	5029. ⁸⁶	0	5029. ⁸⁶
(Total from "Outstanding Balance - (End of Period)" column must also be shown in Item 22.b on summary page.)						