

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT <b>01/25/2023</b>	2. NAME OF COMMITTEE <b>UNITED TENNESSEE YES ON 3</b>										
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) <b>YES ON 3</b>											
3. ADDRESS AND PHONE <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Street or Rural Route</td> <td style="width: 20%;">City</td> <td style="width: 10%;">State</td> <td style="width: 20%;">Zip Code</td> <td style="width: 10%;">Phone</td> </tr> <tr> <td><b>PO BOX 612</b></td> <td><b>MADISON</b></td> <td><b>TN</b></td> <td><b>37116-0612</b></td> <td><b>615-997-0698</b></td> </tr> </table>		Street or Rural Route	City	State	Zip Code	Phone	<b>PO BOX 612</b>	<b>MADISON</b>	<b>TN</b>	<b>37116-0612</b>	<b>615-997-0698</b>
Street or Rural Route	City	State	Zip Code	Phone							
<b>PO BOX 612</b>	<b>MADISON</b>	<b>TN</b>	<b>37116-0612</b>	<b>615-997-0698</b>							
4. MEASURES SUPPORTED OR OPPOSED <b>SUPPORT OF CONSTITUTIONAL AMENDMENT 3</b>											
5.A. NAME OF POLITICAL TREASURER <b>BRENDA GILMORE</b>	5.B. DATE APPOINTED <b>06/03/2022</b>										
6. CATEGORY OR REPORT (Check one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> FIRST QUARTER</td> <td><input type="checkbox"/> SECOND QUARTER</td> <td><input type="checkbox"/> THIRD QUARTER</td> <td><input checked="" type="checkbox"/> FOURTH QUARTER</td> <td><input type="checkbox"/> PRE-PRIMARY</td> <td><input type="checkbox"/> PRE-GENERAL</td> <td><input type="checkbox"/> MID-YEAR SUPPLEMENTAL</td> <td><input type="checkbox"/> YEAR-END SUPPLEMENTAL</td> </tr> </table>		<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input checked="" 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		
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input checked="" 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 <b>10/30/2022</b>	7.B. ENDING DATE OF REPORTING PERIOD <b>01/15/2023</b>										
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>											
<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;"> <u>01/25/2023</u>              date           </div> </div>											
<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;"> <u>01/25/2023</u>              date           </div> </div>											
9. WITNESS SIGNATURE											
10. SUMMARY											
a. BALANCE ON HAND LAST REPORT .....	\$ <u>44220.75</u>										
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>1850.98</u>										
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>46071.73</u>										
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <u>0</u>										
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>										
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>										



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## SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; font-weight: bold;">UNITED TENNESSEE YES ON 3</p>	12. REPORT COVERING THE PERIOD FROM: 10/30/2022 TO: 01/25/2023
<b>RECEIPTS</b>	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ 1850.98
b. Itemized Contributions (over \$100 from each source this period) .....	\$ 0
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....	\$ 1850.98
14. LOANS RECEIVED THIS REPORTING PERIOD .....	\$ 0
15. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$ 0
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) .....	\$ 1850.98
<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)	
<u>HACKED DEBIT CARD (REIMBURSED)</u>	\$ 523.16
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee) .....	\$ 523.16
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$ 45548.57
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) .....	\$ 46071.73
18. LOAN REPAYMENTS MADE THIS PERIOD .....	\$ 0
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) .....	\$ 46071.73
<b>20. IN-KIND CONTRIBUTIONS</b>	
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	\$ 0
b. Itemized in-kind contributions (over \$100 from each source this period) .....	\$ 0
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) .....	\$ 0
<b>21. LOANS</b>	
LOANS OUTSTANDING (must be shown in item 10.e.) .....	\$ 0
<b>22. OBLIGATIONS</b>	
a. Unitemized Obligations Outstanding (\$100 or less each) .....	\$ 0
b. Itemized Obligations Outstanding (Over \$100 each) .....	\$ 0
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.) .....	\$ 0



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <b>UNITED TENNESSEE YES ON 3</b>		2. REPORT COVERING THE PERIOD FROM: <b>10/30/2022</b> TO: <b>01/15/2023</b>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>0</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 <b>CAROL</b>	Middle Name	Purpose of Expenditure <b>CAMPAIGN FINANCE REPORTING</b>	Amount of Expenditure <b>\$1200.00</b>
Last Name/Business Name <b>ABNEY</b>			
Address <b>109 THEATER DR</b>			
City <b>CELINA</b>	State <b>TN</b>	Zip Code <b>38551</b>	
First Name <b>CATHY</b>	Middle Name	Purpose of Expenditure <b>FUNDRAISING CONSULTING</b>	Amount of Expenditure <b>\$2500.00</b>
Last Name/Business Name <b>THOMAS</b>			
Address <b>2033 RICHARD JONES RD</b>			
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37215</b>	
First Name	Middle Name	Purpose of Expenditure <b>COMMUNICATIONS AND MEDIA CONSULTANT</b>	Amount of Expenditure <b>\$38000.00</b>
Last Name/Business Name <b>31A COMMUNICATIONS</b>			
Address <b>8135 CLOVERLAND DR</b>			
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37211</b>	
First Name <b>ERIC</b>	Middle Name	Purpose of Expenditure <b>CAMPAIGN STAFF</b>	Amount of Expenditure <b>3108.42</b>
Last Name/Business Name <b>PATTON</b>			
Address <b>1109 ELLISTON ST</b>			
City <b>OLD HICKORY</b>	State <b>TN</b>	Zip Code <b>37138</b>	
First Name <b>KATHY</b>	Middle Name	Purpose of Expenditure <b>CAMPAIGN MANAGEMENT FEE</b>	Amount of Expenditure <b>\$691.94</b>
Last Name/Business Name <b>CHAMBERS</b>			
Address <b>1427C MCGAVOCK PIKE</b>			
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37216</b>	
First Name	Middle Name	Purpose of Expenditure <b>FUNDRAISING FEES</b>	Amount of Expenditure <b>\$48.21</b>
Last Name/Business Name <b>STRIPE</b>			
Address <b>185 BERRY ST SUITE 550</b>			
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94107</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>\$45548.57</b>

