

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

2014 APR 11 AM 9:2

1. DATE OF REPORT <u>04/10/14</u>		2. NAME OF COMMITTEE <u>Vote NO on One Tennessee, Inc.</u>	
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)			
3. ADDRESS AND PHONE Street or Rural Route <u>50 Vantage Way, Ste 102, Nashville, TN 37026</u>		City <u>Nashville, TN</u>	State <u>TN</u>
		Zip Code <u>37026</u>	Phone <u>615-345-0852</u>
4. MEASURES SUPPORTED OR OPPOSED <u>Amendment 1</u>			
5.A. NAME OF POLITICAL TREASURER <u>Barbara Lapidus</u>		5.B. DATE APPOINTED <u>2/1/14</u>	
6. CATEGORY OR REPORT (Check one)			
<input checked="" type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input 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 <u>01/16/14</u>		7.B. ENDING DATE OF REPORTING PERIOD <u>03/31/14</u>	
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.			
		<u>Barbara B. Lapidus</u> signature of political treasurer	<u>4/10/14</u> date
9. WITNESS SIGNATURE			
		<u>Andy Z. Coffey</u> signature of witness	<u>4/9/14</u> date
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$	<u>-0-</u>
b. TOTAL RECEIPTS THIS PERIOD		\$	<u>4,000.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD		\$	<u>225.78</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)		\$	<u>3,774.22</u>
e. TOTAL LOANS OUTSTANDING		\$	<u>-0-</u>
f. TOTAL OBLIGATIONS OUTSTANDING		\$	<u>-0-</u>



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <i>Vote NO on One Tennessee, Inc.</i>	12. REPORT COVERING THE PERIOD FROM: <i>01/16/14</i> TO: <i>03/31/14</i>
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>4,000.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>4,000.00</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>4,000.00</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>-0-</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>-0-</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>225.78</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$ <u>225.78</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>225.78</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>13,571.68</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>13,571.68</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)	\$ <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 Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 01/14/14 TO: 03/31/14	
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
Address 50 Vantage Way, Suite 102				
City	State	Zip Code		
Nashville	TN	37228		
Occupation				
Employer				\$1,000.00
First Name	M.I.	Last Name/Organization Name		
Address 2430 Poplar Avenue, Suite 100				
City	State	Zip Code		
Memphis	TN	38112		
Employer				\$1,000.00
First Name	M.I.	Last Name/Organization Name		
Address 60 Morningside Place				
City	State	Zip Code		
Memphis	TN	38104		
Employer Self-employed				\$1,000.00
First Name	M.I.	Last Name/Organization Name		
Address 60 Morningside Place				
City	State	Zip Code		
Memphis	TN	38104		
Employer				\$1,000.00
First Name	M.I.	Last Name/Organization Name		
Address				
City	State	Zip Code		
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				\$4,000.00
(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 <i>Vote No on One Tennessee, Inc.</i>			2. REPORT COVERING PERIOD FROM: <i>01/16/14</i> TO: <i>03/31/14</i>		
				Amount: <i>\$0</i>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
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>Planned Parenthood of Middle + East TN</i>		<i>Services rendered</i>		<i>\$2,922.97</i>	
Address <i>50 Vantage Way, Suite 102</i>					
City <i>Nashville</i>	State <i>TN</i>				Zip Code <i>37208</i>
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name <i>Planned Parenthood Greater Memphis Region</i>		<i>Services rendered</i>		<i>\$9,862.81</i>	
Address <i>2430 Poplar Avenue, Ste. 100</i>					
City <i>Memphis</i>	State <i>TN</i>				Zip Code <i>38112</i>
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name <i>American Civil Liberties Union - TN</i>		<i>Services rendered</i>		<i>\$ 765.90</i>	
Address <i>P.O. Box 120160</i>					
City <i>Nashville</i>	State <i>TN</i>				Zip Code <i>37212</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					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS				<i>\$13,571.68</i>	
(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 <i>Vote NO on One Tennessee, Inc.</i>		2. REPORT COVERING THE PERIOD FROM <i>01/14/14</i> TO: <i>03/31/14</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	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Regions Bank</i>		<i>Bank fees - check purchase</i>	<i>\$225.78</i>
Address <i>3307 Poplar Avenue</i>			
City <i>Memphis</i>	State / Zip Code <i>TN / 38111</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State / Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State / Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State / Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State / Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount 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.)			<i>\$225.78</i>