CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For Single-Measure Committees (SMC)

1. DATE OF REPORT: 04/10/14
2. NAME OF COMMITTEE: Vote NO on One Tennessee, Inc.
3. ADDRESS AND PHONE:
   Street or Rural Route: 50 Vantage Way, Ste 100, Nashville, TN 37228
   City: Nashville
   State: TN
   Zip Code: 37228
   Phone: 615-375-083
4. MEASURES SUPPORTED OR OPPOSED:
   Amendment 1
5. A. NAME OF POLITICAL TREASURER: Barbara Lapides
5. B. DATE APPOINTED: 2/1/14
6. CATEGORY OR REPORT (Check one):
   [ ] FIRST QUARTER  [ ] SECOND QUARTER  [ ] THIRD QUARTER  [ ] FOURTH QUARTER  [ ] PRE-PRIMARY  [ ] PRIMARY  [ ] GENERAL  [ ] MID-YEAR SUPPLEMENTAL  [ ] YEAR-END SUPPLEMENTAL
7. A. BEGINNING DATE OF REPORTING PERIOD: 01/01/14
    7. B. ENDING DATE OF REPORTING PERIOD: 03/31/14
8. (Check one):
   [ ] This committee is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,500 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.)
   [x] 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.

9. WITNESS SIGNATURE:
   Barbara B. Lapides  4/10/14
   Signature of political treasurer

   Emily [signature]  4/9/14
   Signature of witness

10. SUMMARY
    a. BALANCE ON HAND LAST REPORT ................................................. $ 0
    b. TOTAL RECEIPTS THIS PERIOD ................................................. $ 4,000.00
    c. TOTAL DISBURSEMENTS THIS PERIOD ........................................... $ 225.78
    d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .............................. $ 3,774.22
    e. TOTAL LOANS OUTSTANDING ................................................... $ 0
    f. TOTAL OBLIGATIONS OUTSTANDING .............................................. $ 0
# SUMMARY PAGE - SMC

## RECEPTS

13. CONTRIBUTIONS (other than loans and interest)
   a. Unitemized Contributions ($100 or less from each source this period) ....... $ -0-
   b. Itemized Contributions (over $100 from each source this period) .......... $ 4,000.00
   c. TOTAL CONTRIBUTIONS (other than loans and interest) (add 13.a. and 13.b.) .... $ 4,000.00

14. LOANS RECEIVED THIS REPORTING PERIOD .......................................... $ -0-

15. INTEREST RECEIVED THIS REPORTING PERIOD ........................................ $ -0-

16. TOTAL RECEPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) ........... $ 4,000.00

## 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)

   $ -0-

   $ -0-

   $ -0-

   $ -0-

   $ -0-

   $ -0-

   $ -0-

   $ -0-

   $ -0-

   Total of Expenditures ($100 or less each payee) .................................. $ -0-

   b. Itemized Expenditures (Over $100 each payee this period) .................. $ 225.78

   c. TOTAL EXPENDITURES (other than loan repayments) (add 17.a. and 17.b.) .... $ 225.78

18. LOAN REPAYMENTS MADE THIS PERIOD ................................................. $ -0-

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) ........ $ 225.78

## IN-KIND CONTRIBUTIONS

20. 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) .......... $ 13,571.68
    c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) ... $ 13,571.68

## LOANS

21. LOANS

   LOANS OUTSTANDING (must be shown in item 10.e) ................................... $ -0-

## OBLIGATIONS

22. OBLIGATIONS

   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 in item 10.f.) ... $ -0-
# Itemized Statement of Contributions - SMC

1. **NAME OF COMMITTEE**
   - Vote NO on One Tennessee, Inc.

2. **REPORT COVERING THE PERIOD**
   - FROM 01/01/14 TO 03/31/14
   - Amount $0

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)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name/Organization Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Amount of Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Planned Parenthood of Middle &amp; East TN</td>
<td>30 Vantage Way, Suite 102</td>
<td>Nashville</td>
<td>TN</td>
<td>37228</td>
<td>$1,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Planned Parenthood/Greater Memphis Region</td>
<td>2430 Poplar Avenue, Suite 100</td>
<td>Memphis</td>
<td>TN</td>
<td>38112</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>James</td>
<td>M.S.</td>
<td>G. Thrivald</td>
<td>Leo Morningside Place</td>
<td>Memphis</td>
<td>TN</td>
<td>38104</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Lucia</td>
<td></td>
<td>G. Thrivald</td>
<td>Leo Morningside Place</td>
<td>Memphis</td>
<td>TN</td>
<td>38104</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

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)
   - Amount $4,000.00
ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE
   None

2. REPORT COVERING PERIOD
   FROM: 01/1/14 TO: 03/31/14

3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page)
   Amount: $0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than $100 from any contributor during the period)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Description of In-Kind Contribution</th>
<th>Value of In-Kind Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name/Organization Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned Parenthood of Middle &amp; East TN</td>
<td></td>
<td>Services rendered</td>
<td>$2,929.97</td>
</tr>
<tr>
<td>Address</td>
<td>50 Victory Way, Suite 102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Nashville</td>
<td>State</td>
<td>TN</td>
</tr>
<tr>
<td>Zip Code</td>
<td>37238</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Description of In-Kind Contribution</th>
<th>Value of In-Kind Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name/Organization Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned Parenthood/Greater Memphis Region</td>
<td></td>
<td>Services rendered</td>
<td>$9,462.81</td>
</tr>
<tr>
<td>Address</td>
<td>2430 Poplar Avenue Ste. 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Memphis</td>
<td>State</td>
<td>TN</td>
</tr>
<tr>
<td>Zip Code</td>
<td>38112</td>
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<tr>
<td>Employer</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Description of In-Kind Contribution</th>
<th>Value of In-Kind Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name/Organization Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Civil Liberties Union - TN</td>
<td></td>
<td>Services rendered</td>
<td>$785.90</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 120160</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Nashville</td>
<td>State</td>
<td>TN</td>
</tr>
<tr>
<td>Zip Code</td>
<td>37212</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS
   (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.)
   Total: $13,571.68

SS-1143 (Rev. 2/09)
**ITEMIZED STATEMENT OF EXPENDITURES - 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 EXPENDITURES FROM PRECEDING PAGE**
   
   (enter $0 if first itemized page)
   
   **Amount**: $0

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.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Purpose of Expenditure</th>
<th>Amount of Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regions Bank</strong></td>
<td></td>
<td><strong>Bank fees - check purchase</strong></td>
<td><strong>$225.78</strong></td>
</tr>
</tbody>
</table>

5. **TOTAL ITEMIZED EXPENDITURES**
   
   (Carry forward to item 3. if 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.)

   **Amount**: $225.78