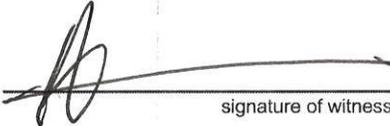


2014 APR -9 PM 7:20

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 4/7/2014	2. NAME OF COMMITTEE Vote Yes on 2, LLC
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) Vote Yes on 2	
3. ADDRESS AND PHONE Street or Rural Route PO Box 120796	
City Nashville	State TN
Zip Code 37212	Phone
4. MEASURES SUPPORTED OR OPPOSED Judicial Selection Amendment #2 to the State Constitution	
5.A. NAME OF POLITICAL TREASURER Kimberly Kaegi	5.B. DATE APPOINTED 3/17/2014
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 3/17/2014	7.B. ENDING DATE OF REPORTING PERIOD 3/31/2014
8. (Check one)	
A. <input checked="" 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	
_____ date 4-8-14	
9. WITNESS SIGNATURE	
 _____ signature of witness	
_____ date 4/8/14	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ 0.00
b. TOTAL RECEIPTS THIS PERIOD .....	\$ 0.00
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ 0.00
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ 0.00
e. TOTAL LOANS OUTSTANDING .....	\$ 0.00
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ 0.00

