



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 7/10/2014	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 City State Zip Code Phone PO Box 120796 Nashville TN 37212	
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 type="checkbox"/> FIRST QUARTER <input checked="" 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 4/1/2014	7.B. ENDING DATE OF REPORTING PERIOD 6/30/2014
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="text-align: center; margin-top: 20px;">  _____ signature of political treasurer </div> <div style="text-align: right; margin-top: 20px;"> 7-8-14 _____ date </div>	
9. WITNESS SIGNATURE <div style="text-align: center; margin-top: 20px;">  _____ signature of witness </div> <div style="text-align: right; margin-top: 20px;"> 7-8-14 _____ date </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0.00</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>403,501.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>52,581.93</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>350,919.07</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>

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SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) Vote Yes on 2, LLC	12. REPORT COVERING THE PERIOD FROM: 4/1/2014 TO: 6/30/2014
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>1.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>403,500.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>403,501.00</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0.00</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0.00</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>403,501.00</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>Bank Fees</u>	\$ <u>15.32</u>
<u>Travel Expenses</u>	\$ <u>122.98</u>
<u>Web/Email</u>	\$ <u>16.23</u>
<u>PO Box</u>	\$ <u>46.00</u>
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>200.53</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>52,381.40</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$ <u>52,581.93</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0.00</u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ <u>52,581.93</u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0.00</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>22,562.64</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>22,562.64</u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>0.00</u>
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0.00</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$ <u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD	
			FROM: 4/1/2014	TO: 6/30/2014
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00
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 Tennessee Business Partnership		Amount of Contribution 50,000.00
Address PO Box 120965				
City Nashville	State TN	Zip Code 37212		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Neal & Harwell, PLLC		Amount of Contribution 20,000.00
Address 150 Fourth Avenue North, Suite 2000				
City Nashville	State TN	Zip Code 37219		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Baker, Donelson, Bearman, Caldwell & Berkowitz		Amount of Contribution 50,000.00
Address 200 First Tennessee Bldg				
City Memphis	State TN	Zip Code 38103		
Occupation				
Employer				
First Name Daniel	M.I.	Last Name/Organization Name Van Horn		Amount of Contribution 500.00
Address 6075 Poplar Ave, Suite 500				
City Memphis	State TN	Zip Code 38119		
Occupation Lawyer				
Employer Butler Snow, LLP				
First Name	M.I.	Last Name/Organization Name BB&S Good Government		Amount of Contribution 75,000.00
Address 150 Third Avenue South, Suite 2800				
City Nashville	State TN	Zip Code 37201		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				195,500.00
(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 CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD FROM: 4/1/2014 TO: 6/30/2014	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 195,500.00
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				
City	State	Zip Code		
Occupation				
Employer				
E. Lynn		Waller Lansden Dortch & Davis LLP		75,000.00
PO Box 198966				
Nashville	TN	37219		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
E. Lynn		Doughtery		1,500.00
131 8th Street				
Bristol	TN	37620		
Attorney				
E. Lynn Doughtery, Attorney at Law				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
		Tennessee Business Partnership		125,000.00
PO Box 120965				
Nashville	TN	37212		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
Tom		Davenport		1,000.00
PO Box 966				
Bristol	TN	37621		
Attorney				
Self-Employed				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
Sam		Elliott		500.00
199 Woodcliff Circle				
Signal Mountain	TN	37377		
Attorney				
Gearhiser, Peters, Elliott & Cannon, PLLC				
5. TOTAL ITEMIZED CONTRIBUTIONS				398,500.00
(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 CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <p style="text-align: center;">Vote Yes on 2, LLC</p>			2. REPORT COVERING THE PERIOD FROM: 4/1/2014 TO: 6/30/2014	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 398,500.00
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	
		Ballin, Ballin, & Fishman P.C.		
Address 200 Jefferson Ave, Suite 1250				
City	State	Zip Code	2,500.00	
Memphis	TN	38103		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
T. Maxfield		Bahner		
Address 718 Parson lane				
City	State	Zip Code	2,500.00	
Signal Mountain	TN	37377		
Occupation Senior Counsel				
Employer Chambliss, Bahner & Stophel, P.C.				
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				403,500.00
(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 EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC				2. REPORT COVERING THE PERIOD			
				FROM: 4/1/2014	TO: 6/30/2014		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00		
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		Address		Credit Card Processing Fees		105.40	
Authorize.Net		PO Box 947					
City	State	Zip Code					
American Fork	UT	84003					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Legal Fees		1500.00	
Bass Berry Sims		150 Third Avenue South, Suite 2800					
City	State	Zip Code					
Nashville	TN	37201					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Accounting Services		800.00	
CFC Strategies, Inc.		3724 Dunbarton Dr.					
City	State	Zip Code					
Mountain Brook	AL	35223					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Accounting Services		800.00	
CFC Strategies, Inc.		3724 Dunbarton Dr.					
City	State	Zip Code					
Mountain Brook	AL	35223					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Consulting Fees		11,674.91	
Crisp Communications		278 Franklin Road, Suite 370					
City	State	Zip Code					
Brentwood	TN	37027					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Consulting Fees		6,409.37	
Crisp Communications		278 Franklin Road, Suite 370					
City	State	Zip Code					
Brentwood	TN	37027					
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.)					21,289.68		

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC		2. REPORT COVERING THE PERIOD FROM: 4/1/2014 TO: 6/30/2014		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 21,289.68	
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 Donnell Services, LLC		Travel Expenses	383.60	
Address 8344 Nubbin Ridge Road				
City Knoxville	State TN			Zip Code 37923
First Name				Middle Name
Last Name/Business Name DoubleTree		Travel Expenses	162.84	
Address 705 Cherokee Orchard Road				
City Gatlinburg	State TN			Zip Code 37738
First Name				Middle Name
Last Name/Business Name Fred Thompson		Travel Expenses	815.66	
Address PO Box 143				
City Hermitage	State TN			Zip Code 37076
First Name				Middle Name
Last Name/Business Name Hertz		Travel Expenses	369.83	
Address 1 Terminal Drive				
City Nashville	State TN			Zip Code 37214
First Name				Middle Name
Last Name/Business Name Office Max		Office Supplies	190.02	
Address 90 White Bridge Road				
City Nashville	State TN			Zip Code 37205
First Name				Middle Name
Last Name/Business Name Office Max		Office Supplies	66.63	
Address 90 White Bridge Road				
City Nashville	State TN			Zip Code 37205
First Name				Middle Name
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.)			23,278.26	



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC		2. REPORT COVERING THE PERIOD		
		FROM: 4/1/2014	TO: 6/30/2014	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 23,278.26	
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 Office Max		Office Supplies	109.23	
Address 90 White Bridge Road				
City Nashville	State TN			Zip Code 37205
First Name				Middle Name
Last Name/Business Name Office Max		Office Supplies	84.47	
Address 90 White Bridge Road				
City Nashville	State TN			Zip Code 37205
First Name				Middle Name
Last Name/Business Name Premier Parking of TN, LLC		Parking	320.00	
Address 421 Church St				
City Nashville	State TN			Zip Code 37219
First Name				Middle Name
Last Name/Business Name Premier Parking of TN, LLC		Parking	270.00	
Address 421 Church St				
City Nashville	State TN			Zip Code 37219
First Name				Middle Name
Last Name/Business Name Strategic Perception Inc.		Video Production	14,875.00	
Address 6158 Mulholland Highway				
City Hollywood	State CA			Zip Code 90068
First Name				Middle Name
Last Name/Business Name Century II Staffing, Inc.		Payroll	1,798.00	
Address 9020 Overlook Blvd, Suite 201				
City Brentwood	State TN			Zip Code 37027
First Name				Middle Name
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.)			40,734.96	



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC		2. REPORT COVERING THE PERIOD FROM: 4/1/2014 TO: 6/30/2014		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 40,734.96	
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 Century II Staffing, Inc.		Payroll	1,185.26	
Address 9020 Overlook Blvd, Suite 201				
City Brentwood	State TN			Zip Code 37027
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Century II Staffing, Inc.		Payroll	1,593.55	
Address 9020 Overlook Blvd, Suite 201				
City Brentwood	State TN			Zip Code 37027
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Century II Staffing, Inc.		Payroll	2,625.39	
Address 9020 Overlook Blvd, Suite 201				
City Brentwood	State TN			Zip Code 37027
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Century II Staffing, Inc.		Payroll	2,840.73	
Address 9020 Overlook Blvd, Suite 201				
City Brentwood	State TN			Zip Code 37027
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Hertz		Travel Expenses	149.09	
Address 1 Terminal Drive				
City Nashville	State TN			Zip Code 37214
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Shell		Travel Expenses	30.77	
Address 580 Donelson Pike				
City Nashville	State TN			Zip Code 37214
First Name	Middle Name			Purpose of Expenditure
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.)			49,159.75	



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE		2. REPORT COVERING THE PERIOD		
		FROM: 4/1/2014	TO: 6/30/2014	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 49,159.75	
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 Shell		Travel Expenses	58.26	
Address 580 Donelson Pike				
City Nashville	State TN			Zip Code 37214
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Shell		Travel Expenses	74.92	
Address 6646 Poplar Ave				
City Memphis	State TN			Zip Code 38119
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Westin		Travel Expenses	274.28	
Address 170 Lt. George W. Lee Ave.				
City Memphis	State TN			Zip Code 38103
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Century II Staffing, Inc.		Payroll	572.45	
Address 9020 Overlook Blvd, Suite 201				
City Brentwood	State TN			Zip Code 37027
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Century II Staffing, Inc.		Payroll	2,241.74	
Address 9020 Overlook Blvd, Suite 201				
City Brentwood	State TN			Zip Code 37027
First Name	Middle Name			Purpose 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.)			52,381.40
(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING PERIOD		
			FROM: 4/1/2014	TO: 6/30/2014	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00	
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 Tennessee Business Partnership		Professional Services		20,716.47	
Address PO Box 120965					
City Nashville	State TN				Zip Code 37212
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Baker, Donelson, Bearman, Caldwell & Berkowitz, PC		Office Rent		1,846.17	
Address 211 Commerce Street, Suite 800					
City Nashville	State TN				Zip Code 37201
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				22,562.64	
(Carry forward to item 3 of next page if additional pgs 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.)					

