

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMITTEE <u>Vote No On 1</u>		
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)			
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>PO Box 293068 Nashville TN 37229</u>			
4. MEASURES SUPPORTED OR OPPOSED <u>Opposition to Constitutional Amendment 1</u>			
5.A. NAME OF POLITICAL TREASURER <u>Al Wilkins</u>			5.B. DATE APPOINTED <u>5/20/2022</u>
6. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" 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>7/26/22</u>		7.B. ENDING DATE OF REPORTING PERIOD <u>9/30/22</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>Al Wilkins</u> signature of political treasurer			<u>20 Dec-23</u> date
9. WITNESS SIGNATURE			
<u>Allie Trotterhand</u> signature of witness			<u>12/20/23</u> date
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$	<u>25,288.15</u>
b. TOTAL RECEIPTS THIS PERIOD		\$	<u>70,043.21</u>
c. TOTAL DISBURSEMENTS THIS PERIOD		\$	<u>2,721.55</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)		\$	<u>92,609.81</u>
e. TOTAL LOANS OUTSTANDING		\$	<u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING		\$	<u>0</u>



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; margin-left: 20px;">Vote No On 1</div>	12. REPORT COVERING THE PERIOD FROM: <u>7/26/22</u> TO: <u>9/30/22</u>
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ _____
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>70,043.21</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>70,043.21</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>70,043.21</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)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ _____
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>2,721.55</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..)	\$ <u>2,721.55</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>2,721.55</u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ _____
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>10,292.50</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>10,292.50</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 <i>Vote No on 1</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>7/26/22</i>	TO: <i>9/30/22</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$70,043.21
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 <i>Brotherhood of Maintenance of Way Employees Division</i>		Amount of Contribution \$25,000
Address <i>41475 Gardenbrook Road</i>				
City <i>NOVI</i>	State <i>MI</i>	Zip Code <i>48375-1326</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>International Brotherhood of Teamsters</i>		Amount of Contribution \$20,000
Address <i>25 Louisiana Ave NW</i>				
City <i>Washington</i>	State <i>DC</i>	Zip Code <i>20001-2198</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>Electrical Workers No. 474</i>		Amount of Contribution \$25,000
Address <i>1870 Madison Ave</i>				
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38104-2695</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>Act Blue</i>		Amount of Contribution \$43.21
Address <i>PO Box 441146</i>				
City <i>Somerville</i>	State <i>MA</i>	Zip Code <i>02144</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				\$70,043.21
(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 No On 1		2. REPORT COVERING THE PERIOD		
		FROM: 7/26/22	TO: 9/30/22	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
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 Harland Clarke		Checks	\$129.90	
Address 10931 Laureate Drive				
City San Antonio	State TX			Zip Code 78249
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name International Brotherhood of Teamsters		Printing	\$2591.65	
Address 25 Louisiana Ave NW				
City Washington	State DC			Zip Code 20001
First Name	Middle Name			Purpose 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.)			\$2721.55	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote No On 1			2. REPORT COVERING PERIOD		
			FROM: 7/26/22	TO: 9/30/22	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
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 SEIU Local 205					
Address 521 Central Ave.					
City Nashville		State TN	Zip Code 37211		
Occupation					
Employer					
First Name		Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name SEIU Local 205					
Address 521 Central Ave					
City Nashville		State TN	Zip Code 37211		
Occupation					
Employer					
First Name		Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name Memphis For All					
Address 485 Beale St					
City Memphis		State TN	Zip Code 38103		
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					
(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.)					\$10,292.5

