CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

		111111111111111111111111111111111111111	
DATE OF REPORT	2. NAME OF COMMITTEE Vota No (Dn 1	
2. SHORT NAME OF COMMITTEE (IF APPLIC	ABLE)		
3. ADDRESS AND PHONE Street or Rural Route PD BJX 293	CHY OG8 Nashville	State Zip Cod	le Phone
4. MEASURES SUPPORTED OR OPPOSED Opposition t	o Constitutional A	mendment	
5.A. NAME OF POLITICAL TREASURER A) WIKING			5.8. DATEAPPOINTED 5/20/2022
6. CATEGORY OR REPORT (Check one) FIRST SECOND THRD QUARTER QUARTER QUARTER		BENERAL SUPP	D-YEAR YEAR-END
7.A. BEGINNING DATE OF REPORTING PERIOD 7/26/22		DATE OF REPORTING PE 9/30/22	RIOD
expenditures total \$1,000 or less to is true and that the committee has and 10f must also be completed.) B. This committee is required to file a \$1,000 and/or expenditures total metalned in this statement is true and	complied with all epplicable provisions detailed financial disclosure because of the trans \$1,000 for this reporting period that the following page(s) are a complication compaign committees by the Car	of the Campaign Finance contributions (including le d. I do solemnly swear ste and accurate accour mpaign Financial Disclos	Information contained in this statement cial Disclosure Act. (Items 10d., 10e, n-kind) received total more than or affirm that the information conting of all contributions and expendi-
9. WITNESS SIGNATURE	alli Tretterch	QUO witness	12/20/23
10. SUMMARY		A.F.	200 15
a. BALANCE ON HAND LAST REPORT ,			288.15
b. TOTAL RECEIPTS THIS PERIOD			043.21
c. TOTAL DISBURSEMENTS THIS PERIOD	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s <u>2</u>	721.55
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.)	anaraandan obaan ah tebbh ten 11.71 taab ya	s 92,609.81
B. TOTAL LOANS OUTSTANDING			s <u>&</u>
f. TOTAL OBLIGATIONS OUTSTANDIN	G		s_Q

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIO
Vote No On 1	FROM: 7/26/22 TO: 9/30/22
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)	The second secon
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	s <u>70,043.2</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	s <u>&</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>&</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	<u>5 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 gasoline)	category - e.g., printing, postage,
\$	
\$	
<u> </u>	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	œ.
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)	2,721,55
18. LOAN REPAYMENTS MADE THIS PERIOD	
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	
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)	
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.)	s_ <u>&</u>
22.OBLIGATIONS	48
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>\</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 8
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	10.f.)\$

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Page ___2 __of __5

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE					
Vote	No.	. 1	¥ ,	2. REPORT COV	
VOIC	1.0 0	4 1		FROM: 7/26/22	TO: 9/30/22
3. TOTAL ITEMIZED CAMPAIGN C	ONTRIBU	JTIONS F	FROM PRECEDING PAGE (enter \$0 if first itemized page	ige)	Amount 170,043,2
4. COMPLETE THE APPROPRIATE ITE	MSFORE	ACH ITE	MIZED CONTRIBUTION (contributions totaling more than \$100) from any contributor	during the period)
Artitines	M.I.	Last Nar	me/Organization Name of Maintenance of Way Em	plojees Dovern	Amount of Contribution
Address 41475 600	despr	No	Road		125,000
NOVI	State	Zip Code	48375-1326		a v/
Occupation	13.1		1320		
Employer		% 0			
First Name	M.I.	Last Nam	relorganization Name		Amount of Contribution
Address 25 Louisia	116	Ave			
City Varhington	State	Zip Code			K30,000
Occupation	1,50		2001 2776		
Employer					
First Name	M.L.	Last Nami	e/Organization Name z ctrice Warhers No. 474		Amount of Contribution
Address 1870 Madisu	, Au		Edrical Worker No. 474		
City Memphis	State	Zip Code	38104-2695		125,000
Occupation	1 1/0		78104 2643		M 7 \- 7
Employer			APPA - 10		
First Name	MJ.	Last Name	/Organization Name		Amount of Contribution
Address Oc. C. HILLIII		<u> </u>	Act Blue	- 4	anount of Continounty
City PO BOX 441141	State	Zip Code			143.21
Somerville	MA	Zip Code O2	.1વુધ		75.(1
Occupation					
Employer					
First Name	M.I.	Last Name/	Organization Name	A	mount of Contribution
Address		4	- A		
Sity	State	Zip Code			
Occupation					
mployer					
5.TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if (If this is the last page of contributions, the	additional pa	ages of thi	is form are used.) nown in item 13b, of summary.)	1	70,043. 21
35					

ITEMIZED STATEMENT OF EXPENDITURES - SMC

Last Name/Business Name Harland Clarke Address 10931 Laurc to Drive City San Antonio State Zip Code Tx 78249 First Name Middle Name Purpose of Expenditure Last Name/Business Name Fater national Brotherhard of Teanstos Address 25 Lavisiana Ave NW City Washington State Zip Code 2 20001 First Name First Name Purpose of Expenditure Printing Printing First Name First Name Purpose of Expenditure Printing Printing	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a sigle payee during the must be itemized.) First Name Middle Name	านกับ
must be itemized.) First Name Middle Name Purpose of Expenditure	he period
Last Name/Business Name Harland Clarke Address 10931 Laurcete Drive City San Antonio State Zipcode TX 78249 First Name Middle Name Purpose of Expenditure Last Name/Business Name Faternational Drothschool of Teamsters 25 Laussiana Auc NW City Washington State Zipcode De Zipcode One Durpose of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Middle Name Purpose of Expenditure Amount of Middle Name Purpose of Expenditure Amount of Middle Name Purpose of Expenditure	ne penou,
Address Checks Checks K12	t of Expenditure
City San Antonio State ZipCode Tx 78249 First Name Middle Name Purpose of Expenditure Amount of Tearrstors Address 25 Lavisiana Auc NW City Washinston State ZipCode DC 22001 First Name Middle Name Purpose of Expenditure Purpose of Expenditure Amount of Tearrstors Purpose of Expenditure Amount of Tearrstors Amount of Tearrstors Amount of Tearrstors Purpose of Expenditure Amount of Tearrstors Amount of Tearrstors Purpose of Expenditure Amount of Tearrstors Amount of Tearrstors Amount of Tearrstors Purpose of Expenditure Amount of Tearrstors Purpose of Expenditure	19 9th
First Name San Flationio Tx 78249 First Name Middle Name Purpose of Expenditure Amount of Technishers Address 25 Lavisiana Auc NW City Washington State 2/p Code DC 22001 First Name Middle Name Purpose of Expenditure Amount of Technishers Purpose of Expenditure Amount of Technishers Purpose of Expenditure Amount of Technishers Amount of Technishers Purpose of Expenditure Amount of Technishers Amount of Technishers Purpose of Expenditure Amount of Technishers Purpose of Expenditure Amount of Technishers Purpose of Expenditure	11.70
Last Name/Business Name Faternational Drothicharl of Tearisters Address 25 Lavisiana Auc NW City Washinston State 2/p Code 200 2000 1 First Name Middle Name Purpose of Expenditure Amount of	
First Name Faternational Drothschool of Tearisters Printing Printing Printing Printing Printing Amount of Tearisters Printing Printing	of Expenditure
Tity Washington State Zip Code 2 200 1 First Name Middle Name Purpose of Expenditure Amount of	591.65
First Name	7,,,,,,
Amount of	
Last Name/Business Name	of Expenditure
Address	
City State Zip Code	
First Name Middle Name Purpose of Expenditure Amount o	of Expenditure
Last Name/Business Name	
Address	
City State Zip Code	
First Name Purpose of Expenditure Amount of	of Expenditure
Last Name/Business Name	
Address	
City State Zip Code	
First Name Middle Name Purpose of Expenditure Amount of	f Expenditure
ast Name/Business Name	
uddress	
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.)	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE		2.	REPORT COVERING PERIOD
V	te No On 1		ROM: 7/26/22 TO: 9/30/22
3. TOTAL ITEMIZED IN-KIND CONTRIL	BUTIONS FROM PRECEDING PAG	E (antar \$0 if first itemined asset)	Amount
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITEMIZED IN-KIND	CONTRIBUTION (in-kind contributions total	ing more than \$100 from any contributor during the p
First Name	Mlddle Name	Description of In-Kind Contribution	Value of In-Kind Contribu
Last Name/Organization Name			
Address	205	Snapboxx	Isdoo I
521 Catro	1 Ave.	Scapboxx V	A 1000
City Nashville	State Zip Code 3:72 11	Services	
Occupation			
Employer	H- War - War	-	
First Name	Middle Name	Description of In-Kind Contribution	V-h- (1-15-10-11-1
Last Name/Organization Name		- Secondary of the Paris Contribution	Value of In-Kind Contribut
SEIV Lou	1205	Staff time	
Address 521 Certal	Aur	Stan time	#3,332.
Nashville	State Zip Code 37211		P >1> 12.
Occupation	110 11211	-	1
Employer			
First Name	Middle Name		
	Wilder Adulta	Description of In-Kind Contribution	Value of In-Kind Contribute
Last Name/Organization Name Memphis F	or All		
Address 485 Brale		Staff time	\$5,9600
101 157611			
City Memobic			13,700
Occupation Nemphis	State Zip Code 7 8 103		43, 700
Memphis			43,700
Occupation Employer	Stele Zip Code 78103		43, 700
Memphis Occupation		Description of In-Kind Contribution	Value of In-Kind Contributio
Occupation Employer	Stele Zip Code 78103	-	
Occupation Employer First Name	Stele Zip Code 78103	-	
Occupation Employer First Name Last Name/Organization Name	Stele Zip Code 78103	-	
Occupation Employer First Name Last Name/Organization Name Address	State Zip Code 3 8 103	-	
Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Zip Code 3 8 103	-	
Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Zip Code 3 8 103	-	
Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Zip Code 3 8 103	-	