CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMITTEE	
	Vote No On I	
2. SHORT NAME OF COMMITTEE (IF APPLICA	AGLE)	
3. ADDRESS AND PHONE Street or Rural Route OD BOX 29306	,	Phone 7229
4. MEASURES SUPPORTED OR OPPOSED		
	to Constitutional Amendm	5.B. DATEAPPOINTED
5.A. NAME OF POLITICAL TREASURER A) WIK	195	5/20/22
6. CATEGORY OR REPORT (Check one) FIRST SECOND THRO OLARTER OLARTER OVARTER	FOURTH PRE- PRE-	MID-YEAR YEAR-END JPPLEMENTAL SUPPLEMENTAL
7. A. BEGINNING DATE OF REPORTING PERIOD	7 B ENDING DATE OF REPORTING	
030 22	1115/23	
expenditures total \$1,000 or less for is true and that the committee has and 10f must also be completed.) B. This committee is required to file e \$1,000 end/or expenditures total must also do this statement is true and	alled disclosures because contributions (Including in-kind) or this reporting period. I do solemnly swear or affirm that it compiled with all applicable provisions of the Campaign Findetalled financial disclosure because contributions (Including ore than \$1,000 for this reporting period. I do solemnly swithat the following page(a) are a complete and accurate acclirate campaign committees by the Campaign Financial Disclosure and accurate acc	ne information contained in this statement nencial Disclosure Act. (Items 10d., 10e.) Ing in-kind) received total more than rear or affirm that the information conscounting of all contributions and expendi-
	Ollic Trolleshound signature of witness	12/20/23 date
10. SUMMARY		/
BALANCE ON HAND LAST REPORT.		65,184.75
b. TOTAL RECEIPTS THIS PERIOD		6,200.62
c. TOTAL DISBURSEMENTS THIS PERIO	D	33,287.43
), minus 10.c.)	CE ./17/97
e. TOTAL LOANS OUTSTANDING		, X
	-940n44-1-144919818811864415-1-4-0-4-0-4-0-4-0-4-0-4-0-1-4-1-4-1-4-1	



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)		12. REPORT	COVERING THE PERIOD
		FROM:	TO:
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	d)(b	\$ 6,200	62
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 1	3.a. and 13.b.)	·····	s 6,200.62
14. LOANS RECEIVED THIS REPORTING PERIOD			s <u>&</u>
15 INTEREST RECEIVED THIS REPORTING PERIOD			s_Q
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in ite	m 10.b.)		\$ 6,20.62
DISBURSEMENTS			
17. EXPENDITURES (other than loan payments)			
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by	y category - e.g.	, printing, postage,
gasoline) Media Disita	\$ 39,99	1	
Mcdis Digital	\$ 39,99		
A 1. 10	\$ 39.90		,
Bank Fec	, 12,00	· · · · · · · · · · · · · · · · · · ·	
Duna Icc	Φ		
	Φ		
	Ψ	1716	7
Total of Expenditures (\$100 or less each payee)		\$ 1>1.7	7
b. Itemized Expenditures (Over \$100 each payee this period)		\$ _ > 3,103	.76
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a.	and 17.b)		\$ 33/201.13
18. LOAN REPAYMENTS MADE THIS PERIOD	************		\$ Q
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in	item 10.c.)		\$ 33,287.43
20.IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source			10
b. Itemized in-kind contributions (over \$100 from each source this p	period)	\$ 5,898	.00
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (ad	d 20.a. and 20.b).)	\$ 5, 848.00
21.LOANS			
LOANS OUTSTANDING (must be shown in item 10.e.)			\$
22.0BLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)			
b. Itemized Obligations Outstanding (Over \$100 each)			
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must	st be shown i ite	m 10.f.)	\$ <u>\(\(\)</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	Make	11 0 1	2. REPORT COV	ERING THE PERIOD
	NOK	No On 1	FROM: 20/30/22	TO: 1/15/23
3. TOTAL ITEMIZED CAMPAIGN (CONTRIBU	ITIONS FROM PRECEDING PAGE (enter \$0 if first itemized p	nage)	Amount
4. COMPLETE THE APPROPRIATE IT	EMS FOR 8	ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$10	00 from any contributor	during the period)
First Name Janeita	M.I.	Last Name/Organization Name Lotz		Amount of Contribution
Address 623 N. W.	lictt			i
Cly Memphis	State			¥ 1,000
Occupation Attorney				¥960.50
Employer Mendelson Law	Firm			
First Name 2 Scrt	M.I.	Last Name/Organization Name Britton		Amount of Contribution
Address 4125 Mi	2200	Court		
City Franklin	State	^{2ip Code} 3 7 0 6 7		1240.12
Occupation Not Employe	λ		***************************************	1270,12
Employer				
First Name	M.J.	Last Name/Organization Name Memphis AFL-CTU Lib.	on Coone	Amount of Contribution
Address 1870 Malisu-	AUC			
Memphis	State TA	Zip Code 38/04		X5,000
Occupation				r '
Employer				
First Name	M.L	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation	1			
Employer				
FirstName	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	ZipCode		
Occupation				
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page (If this is the last page of contributions,	if additional this amount	pages of this form are used.) must be shown in item 13b. of summary.)		r6,200.62
	-			

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE	.1		2. REPORT COVERING THE PERIOD
Vote	No On 1		FROM: 10/30/22 TO: 1/15/23
			Amount
3. TOTAL ITEMIZED EXPENDITURES I	ROM PRECEDING PAGE (er	hter \$0 it first itemized page)	\$100 to a sigle pavee during the period.
 4. COMPLETE THE APPROPRIATE ITEM must be itemized.) 	IS FOR EACH MEMIZED EXPE	NDITURE (any expenditures totaling more than	the control of the co
must be itemized.)	Panal West Control of the Control of	Purpose of Expenditure	Amount of Expenditure
First Name	Middle Name	Purpose of Experiments	,
Last Name/Business Name Printing Et	-/	Distinct	10 42530
Addrona		Printing	12,425.35
1100 Menzier Row	J		
City Nashville	State Zip Code TN 37210		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
			1
Last Name/Business Name Scxton Grov	a a	Phone Calls	\$11,917.10
		I MUNIC CALLS	1917
Address LIJO N Well	5 #340		
Chicaso	State Zip Code 60654		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		-	
Last Name/Business Name	inthe Conocas	I Yourd Signs	#3,621.75
Address 611 N 31	3 - 1 - 1	1000.00	4 270
	Stale Zip Code	-	
City Memphis	TN 38107		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		6. Ft Cools	
Last Name/Business Name Region 5	Bank	- Gift Cards Fur Staff	#2,120.00
		Fur Staff	
Address 729 Thomps	State Zip Code	_	
City Nashville	TN 37204		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
		_	
Last Name/Business Name Scale to W	in	Toxting	\$5,075.24
Address 13742 Harper	(101.19	
	State Zip Code		
city Senta Ana	CA 92703		
First Name Sweet rica	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	Harre	- Reimbursement For	
Daher		- Gift Cards	¥350
Address 975 Faxon A	10	Pita Com?	
	State Zip Code		
Memphis	IN 38105		and the second s
5. TOTAL ITEMIZED EXPENDITURES	additional pages of this faces are su	and l	#25,509.44
(Carry forward to item 3. of next page if (If this is the last page of campaign expe	additional pages of this form are us inditures, this amount must be sho	wn In item 17b. of summary.)	11275

ITEMIZED STATEMENT OF EXPENDITURES - SMC

. 1	2 1			RING THE PERIOD
No	On 1		FROM: 10/30/22	TO: //c/23
ROM PR	ECEDING PAGE (ente	er \$0 if first itemized page)		825,509.44
IS FOR EA	ACH ITEMIZED EXPEN	DITURE (any expenditures totaling more than	\$100 to a sigle payee of	luring the period,
Middle Nom		Purrose of Evnandibure		Amount of Expenditure
Willulo Wall	<u> </u>	Linux outstone - Louise Authorities		
uphis		14cinsuscent For	`	\$500
Loud		(sift cards		Ho -
State	Zip Code 3 8 11 4			
\$1.00 MI		Purpose of Expenditure		Amount of Expenditure
10		1 (or other Granice		
		The true	J	H2002.00
State	Zip Code			
Middle Nan	9	Purpose of Expenditure	weekle	Amount of Expenditure
				Jr5,000
Luk	·	Consulting		, ,
State	37179			
Middle Nan	ne .	18 20		Amount of Expenditure
		Food for de	brict	W-11111 AQ
15	0.4	Mactina		#144.02
State	Zip Code	-		
		Purpose of Expenditure		Amount of Expenditure
	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
State	Zip Code			
Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
		1		
		†		
State	Zip Code	+		
			- The sett Arm	A Signa of the state of the
additional p	ages of this form are used	d.)		\$ 33,155.46
	State Middle Nam State Middle Nam State Middle Nam State Middle Nam State Middle Nam State Middle Nam State TW Middle Nam State Middle Nam State	Middle Name Middle Name State Zip Code Middle Name	ROM PRECEDING PAGE (enter \$0 if first itemized page) S FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than Middle Name Purpose of Expenditure (LC in Sursun of Fundamental State Zip Code Middle Name Purpose of Expenditure (LC in Sursun of Fundamental State Zip Code Middle Name Purpose of Expenditure (LC in Sursun of Fundamental State Zip Code Middle Name Purpose of Expenditure (LC in Sursun of Fundamental State Zip Code Middle Name Purpose of Expenditure Food for de Middle Name Purpose of Expenditure	FROM: N/30/22 FROM PRECEDING PAGE (enter \$0 if first itemized page) SFOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a sigle payer of the state o

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	ote No On 1		2. REPORT COVER	
V	BIC 100 ON 1		FROM: 10/ 70 /22	TO: 1/15/23 Amount
TOTAL ITEMIZED IN-KIND CONTRIBUTE COMPLETE THE APPROPRIATE ITEM			14.1.	
	Middle Name		s totaling more than \$100 from an	
First Name	Middle Martie	Description of In-KInd Contribution		Value of In-Kind Contribution
Lasl Name/Organization Name SEIU Local	200	(a shows	Video	
Address 521 Central		Service S	~ O 104 O	15000
City Nashville	State Zip Code 77211	Service S	•	F2,00
Occupation	177			
Employer				
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	1200			
Address 521 Cotal	Nue	(anxisus/		12.60
90	State Zip Code	Consisers/	-57	12,438,00
Nashull Occupation	TN 37211	1/3/100		,
Employer				
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name Mcylias Fo	A)	·	Me	
Last Name/Organization Name May Na Fo Address V85 Ocalc	State Zip Code	Description of In-Kind Contribution	Me	Value of In-Kind Contribution
Last Name/Organization Name Menplas Fo	· All	·	ne	
Last Name/Organization Name Morphis For Address 485 Ocalc City Morphis	State Zip Code	·	ne	
Last Name/Organization Name Marphys Fo Address City Marphys Occupation	State Zip Code	·	ne.	
Last Name/Organization Name Morphas For Address Address City Morphas Occupation Employer	State Zip Code 78 103	SASTI	ne	X1,460.00
Last Name/Organization Name Morphas For Address Address City Morphas Cocupation Employer First Name	State Zip Code 78 103	SASTI	ne	X1,460.00
Last Name/Organization Name Address V85 DCALL City Mary Mary Occupation Employer First Name Last Name/Organization Name	State Zip Code 78 103	SASTI	ne	X1,460.00
Last Name/Organization Name Address V85 BCALC City Maybus Occupation Employer First Name Last Name/Organization Name Address	State Zip Code 38 103	SASTI	ne	X1,460.00
Last Name/Organization Name Address V85 Deale City Maybus Occupation Employer First Name Last Name/Organization Name Address City	State Zip Code 38 103	SASTI	ne	X1,460.00
Last Name/Organization Name Address City May May Call City May May Call City May May Call City Cocupation Employer First Name Last Name/Organization Name Address City Occupation	State Zip Code Niddle Name Slate Zip Code	SASTI	ne	X1,460.00

SS-1143 (Rev. 2/06)

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