

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMITTEE <i>Vote No On 1</i>		
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)			
3. ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <i>PO Box 293068      Nashville      TN      37229</i>			
4. MEASURES SUPPORTED OR OPPOSED <i>Opposition to Constitutional Amendment 1</i>			
5.A. NAME OF POLITICAL TREASURER <i>Al Wilkins</i>			5.B. DATE APPOINTED <i>5/20/22</i>
6. CATEGORY OR REPORT (Check one)			
<input 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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
7.A. BEGINNING DATE OF REPORTING PERIOD <i>10/1/22</i>		7.B. ENDING DATE OF REPORTING PERIOD <i>10/29/22</i>	
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.			
<i>Al Wilkins</i> signature of political treasurer			<i>20 Dec 23</i> date
9. WITNESS SIGNATURE			
<i>Allie Mottershead</i> signature of witness			<i>12/20/23</i> date
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT .....	\$ <i>92,609.81</i>		
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <i>40,294.17</i>		
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <i>67,719.23</i>		
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <i>65,184.75</i>		
e. TOTAL LOANS OUTSTANDING .....	\$ <i>0</i>		
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <i>0</i>		



## SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)

Vote No On 1

12. REPORT COVERING THE PERIOD

FROM: 10/1/22

TO: 10/29/22

### RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 44.17

b. Itemized Contributions (over \$100 from each source this period) ..... \$ 40,250

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... \$ 40,294.17

14. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ 0

15. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ 0

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) ..... \$ 40,294.17

### 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)

Gas Card ..... \$ 100

Gas Card ..... \$ 100

Gas Card ..... \$ 100

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

Total of Expenditures (\$100 or less each payee) ..... \$ 300

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 67,419.23

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) ..... \$ 67,719.23

18. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ 0

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) ..... \$ 67,719.23

### 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) ..... \$ 19,135.83

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) ..... \$ 19,135.83

### 21. LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) ..... \$ 0

### 22. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) ..... \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) ..... \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) ..... \$ 0

## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Vote No On 1			FROM: 11/22	TO: 10/29/22
				Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
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				
		Tennessee State Council - SEIU		\$25,000
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
		Williamson County Democratic Party		\$250.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
		Davidson County Democratic Women		\$500
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
		TN Democratic Chairs Association		\$2,500
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
		Shelby County Democratic Party		\$1,000
5. TOTAL ITEMIZED CONTRIBUTIONS				\$29,250
(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 <span style="font-size: 1.5em; margin-left: 100px;">Vote No On 1</span>			2. REPORT COVERING THE PERIOD	
			FROM: 10/1/22	TO: 10/29/22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 29,250
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 <span style="font-size: 1.2em;">Tennessee Federation of Democratic Women</span>		Amount of Contribution  <span style="font-size: 1.5em;">\$1,000</span>
Address <span style="font-size: 1.2em;">PO Box 3121</span>				
City <span style="font-size: 1.2em;">Memphis</span>	State <span style="font-size: 1.2em;">TN</span>	Zip Code <span style="font-size: 1.2em;">38173</span>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <span style="font-size: 1.2em;">National Nurses United</span>		Amount of Contribution  <span style="font-size: 1.5em;">\$10,000</span>
Address <span style="font-size: 1.2em;">8455 Coleville Road</span>				
City <span style="font-size: 1.2em;">Silver Springs</span>	State <span style="font-size: 1.2em;">MG</span>	Zip Code <span style="font-size: 1.2em;">20910</span>		
Occupation				
Employer				
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				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
TOTAL ITEMIZED CONTRIBUTIONS				Amount <span style="font-size: 1.5em;">\$40,250</span>
(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 <span style="font-size: 1.5em; margin-left: 100px;">Vote No 0n 1</span>		2. REPORT COVERING THE PERIOD		
		FROM: 10/1/22	TO: 10/29/22	
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 <span style="font-size: 1.2em;">Media Prints</span>		<span style="font-size: 1.5em;">SIGNS</span>	<span style="font-size: 1.2em;">\$8,248.38</span>	
Address <span style="font-size: 1.2em;">7141 Clinton Hwy</span>				
City <span style="font-size: 1.2em;">Powell</span>	State <span style="font-size: 1.2em;">TN</span>			Zip Code <span style="font-size: 1.2em;">37849</span>
First Name <span style="font-size: 1.2em;">Vonda</span>	Middle Name			Purpose of Expenditure <span style="font-size: 1.2em;">Reimbursement for PO box</span>
Last Name/Business Name <span style="font-size: 1.2em;">McDaniel</span>		<span style="font-size: 1.5em;">\$312.00</span>	<span style="font-size: 1.2em;">\$312.00</span>	
Address <span style="font-size: 1.2em;">1901 Lindell Ave #1</span>				
City <span style="font-size: 1.2em;">Nashville</span>	State <span style="font-size: 1.2em;">TN</span>			Zip Code <span style="font-size: 1.2em;">37203</span>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <span style="font-size: 1.2em;">Ampersand Strategies, LLC</span>		<span style="font-size: 1.5em;">Digital Ads</span>	<span style="font-size: 1.2em;">\$49,999.99</span>	
Address <span style="font-size: 1.2em;">121 South Broad Street</span>				
City <span style="font-size: 1.2em;">Philadelphia</span>	State <span style="font-size: 1.2em;">PA</span>			Zip Code <span style="font-size: 1.2em;">19107</span>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <span style="font-size: 1.2em;">Printing Etc</span>		<span style="font-size: 1.5em;">SIGNS</span>	<span style="font-size: 1.2em;">\$8,578.42</span>	
Address <span style="font-size: 1.2em;">1100 Mezler Road</span>				
City <span style="font-size: 1.2em;">Nashville</span>	State <span style="font-size: 1.2em;">TN</span>			Zip Code <span style="font-size: 1.2em;">37210</span>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <span style="font-size: 1.2em;">Campaign Verif.</span>		<span style="font-size: 1.5em;">TEXTING</span>	<span style="font-size: 1.2em;">\$195.00</span>	
Address <span style="font-size: 1.2em;">1215 31st St. NW</span>				
City <span style="font-size: 1.2em;">Washington</span>	State <span style="font-size: 1.2em;">DC</span>			Zip Code <span style="font-size: 1.2em;">20007-4998</span>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <span style="font-size: 1.2em;">Hilton Knoxville</span>		<span style="font-size: 1.5em;">Lodging</span>	<span style="font-size: 1.2em;">\$185.44</span>	
Address <span style="font-size: 1.2em;">501 W Church Ave</span>				
City <span style="font-size: 1.2em;">Knoxville</span>	State <span style="font-size: 1.2em;">TN</span>			Zip Code <span style="font-size: 1.2em;">37902</span>
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.)			<span style="font-size: 1.5em;">\$67,419.23</span>	

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <span style="font-size: 1.5em;">Vote No On 1</span>			2. REPORT COVERING PERIOD		
			FROM: 10/1/22	TO: 10/29/22	
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 <span style="font-size: 1.2em;">SEIU Local 205</span>					
Address <span style="font-size: 1.2em;">521 Central Ave</span>					
City <span style="font-size: 1.2em;">Nashville</span>	State <span style="font-size: 1.2em;">TN</span>	Zip Code <span style="font-size: 1.2em;">37211</span>			
Occupation					
Employer					
First Name		Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name <span style="font-size: 1.2em;">SEIU Local 205</span>					
Address <span style="font-size: 1.2em;">521 Central Ave</span>					
City <span style="font-size: 1.2em;">Nashville</span>	State <span style="font-size: 1.2em;">TN</span>	Zip Code <span style="font-size: 1.2em;">37211</span>			
Occupation					
Employer					
First Name		Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name <span style="font-size: 1.2em;">SEIU Local 205</span>					
Address <span style="font-size: 1.2em;">521 Central Ave</span>					
City <span style="font-size: 1.2em;">Nashville</span>	State <span style="font-size: 1.2em;">TN</span>	Zip Code <span style="font-size: 1.2em;">37211</span>			
Occupation					
Employer					
First Name		Middle Name		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Name <span style="font-size: 1.2em;">Memphis For All</span>					
Address <span style="font-size: 1.2em;">485 Beale St</span>					
City <span style="font-size: 1.2em;">Memphis</span>	State <span style="font-size: 1.2em;">TN</span>	Zip Code <span style="font-size: 1.2em;">38103</span>			
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.)				<span style="font-size: 1.5em;">\$14,135.83</span>	

