## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Single-Measure Committees (SMC)

j-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
1. DATE OF REPORT	2. NAME OF COMMITTEE		
2. SHORT NAME OF COMMITTEE (IF APPLICA	ABLE)		
3. ADDRESS AND PHONE Street or Rural Route  OO Box 293068	Neshville	State Zip Code TN 37229	Phone
4. MEASURES SUPPORTED OR OPPOSED  Opposition to	. Constitutional Ame	advict 1	
Al Wilkins			STEAPPOINTED
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	QUARTER PRIMARY GE	TX	YEAR-END SUPPLEMENTAL
7.A. BEGINNING DATE OF REPORTING PERIOD	1	TE OF REPORTING PERIOD	
expenditures total \$1,000 or less for is true and that the committee has conditioned and 10f must also be completed.)  B. [X] This committee is required to file a condition of the statement of the statement is true and the statement is statement in the statement is statement in the statement is statement in the statement in the statement in the statement is statement in the stateme	itled disclosures because contributions (in this reporting period. I do solemnly switch the provisions of compiled with all applicable provisions of detailed financial disclosure because corner than \$1,000 for this reporting period, that the following page(s) are a complete discal campaign committees by the Campaign committees by the Campaign alignature of political campaign committees by the Cam	ear or affirm that the information of the Campaign Financial Disclosu intributions (including In-kind) recell t do solemnly swear or affirm that a and accurate accounting of all co paign Financial Disclosure Act.	contained in this statement re Act. (Items 10d., 10e. ved total more than at the information con-
9. WITNESS SIGNATURE	alui Tuttekau signature of w	d	12/20/23
10. SUMMARY	19-20-00-00-00-00-00-00-00-00-00-00-00-00-	, 92,609.81	
a. BALANCE ON HAND LAST REPORT	***************************************		- 7
total receipts this period      total disbursements this period	***************************************	67,719.2	3
d. BALANCE ON HAND (10.s. plus 10.b.			
			20
I. TOTAL OBLIGATIONS OUTSTANDING	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 8

#### SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVI	ERING THE PERIOD
Vota No On 1		TO: 10/24/22
RECEIPTS  13. CONTRIBUTIONS (other than loans and interest)	TROM. 10 11 CM	10: 19/21/22
a. Unitemized Contributions (\$100 or less from each source this period)	1417	
b. Itemized Contributions (over \$100 from each source this period)		<del></del>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)		- Un 294 17
14. LOANS RECEIVED THIS REPORTING PERIOD		
15. INTEREST RECEIVED THIS REPORTING PERIOD		
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		
DISBURSEMENTS		.\$ _ [0, 27], [ /
17. EXPENDITURES (other than loan payments)		
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by a gasoline)	category = e.g., printir	ng, postage.
	· · · · · · · · · · · · · · · · · · ·	0
\$ 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		
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)\$	S	
b. Itemized in-kind contributions (over \$100 from each source this period)\$		ŀ
c TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$	19,135.83
1.LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)	\$	6
2.OBLIGATIONS		
Unitemized Obligations Outstanding (\$100 or less each)\$	<u>&amp;</u>	
Itemized Obligations Outstanding (Over \$100 each)\$	_2	
TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10	.f.)\$	&

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Page 2 of 6 RDA 1159

### ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	۸			RING THE PERIOD
Vote	No	On \	FROM: 1/1/22	TO: 10/29/22
		TO US TO SEE THE PROPERTY OF T	220	Amount
3. TOTAL ITEMIZED CAMPAIGN CON	1 KIBU I	IONS FROM PRECEDING PAGE (enter \$0 if first itemized page of ITEMIZED CONTRIBUTION (contributions totaling more than \$100)	from any contributor	during the period)
	MJ.	the contract of the contract o	mornally sommerce	Amount of Contribution
First Name	IVId.	Temesse State Council - SETU		
Address 521 Central Ave	_			ř
City Nashuill	State	37211		\$25,000
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Williams County Pomountic Porty		Amount of Contribution
Address PU Box 122				
City Franklin	State TN	37065-0122		J250.00
Occupation				
Employer	,			
First Name	M.i.	Last Name/Organization Name Davidson County Pomocratic Winey		Amount of Contribution
Address PO Box 330	>154			
City Nushalle	State T/V	772 0 3		\$500
Occupation				
Employer				
First Name	M.L.	Last Name/Organization Name TN Democratic CHairs Association		Amount of Contribution
700 12+ Av	. (.)			
City	State	竹 #513 Zip Code 37203		#2,500
	TN	37203		1 41 2/3 00
Occupation				
Employer				
First Name	M.L	Shelly County Dinverste Pesty		Amount of Contribution
Address Och An Hotel	u	7		ĺ
City Memphis	State	Zip Code		le s
Monphis	TN	78 174		\$ 1,000
Occupation				
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS				rac a ==
(Carry forward to item 3. of next page it				129,250
(If this is the last page of contributions, t	his amount	t must be shown in item 13b. of summary.)		l

### ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

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 due first Name    M.I.   Last Name/Organization Name	Amount 29,250
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 due.)  First Name  M.I. Lest Name/Organization Name.  Address  8 4155 Cole will elso. d  Croupation  First Name  M.I. Lest Name/Organization Name.  Address  8 4155 Cole will elso. d  Croupation  Employer  First Name  M.I. Lest Name/Organization Name  Address  Jy State  Zip Code  Croupation  M.I. Lest Name/Organization Name  Address  Am  Address  Jy State  Zip Code  Croupation  MLL Last Name/Organization Name  Address  Am  Address  Croupation  MLL Last Name/Organization Name  Address  Jy State  Zip Code  Croupation  MLL Last Name/Organization Name  Address  Croupation	29, 250  uring the period)  Amount of Contribution  if i, UVD
A. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the property of the process of the pr	uring the period) Amount of Contribution
First Name  M.I. Last NameOrganization Name Tenerity Content Council C	Amount of Contribution
Address PO Pox 3121  City Memphils State Txp Code 38173  Coupation  Employer  First Name M.I. Last Name/Organization Name Actional Nurses United Art State Typ Code  City Silver Sprinss May Zip Code  Employer  First Name M.I. Last Name/Organization Name Am Address  Lity State Zip Code  Coccupation  M.I. Last Name/Organization Name Am Address  Lity State Zip Code  Coccupation  M.I. Last Name/Organization Name Am Am Address  Lity State Zip Code	TI, UUTO
City Memph is State 7	unount of Contribution
Cocupation  Employer  First Name  M.I. Last Name/Organization Name  Address  8 455 Cole sville Docad  City Silv Grinss May Zopcode  20910  Employer  First Name  M.I. Last Name/Organization Name  Am  Address  Jy Stale Zop Code  Cocupation  First Name  M.I. Last Name/Organization Name  Am  Address  Stale Zop Code  Cocupation  First Name  M.I. Last Name/Organization Name  Am  Address  Stale Zop Code  Cocupation  Stale Zop Code  Cocupation  Stale Zop Code	unount of Contribution
Cocupation  Employer  First Name  M.I. Last Name/Organization Name  National Nurses United  Armadices  8 4155 Cole suite Docub  City Silver Grinss State  20 910  Cocupation  Employer  M.I. Last Name/Organization Name  Am  Address  Jy State Zip Code  Cocupation  First Name  M.I. Last Name/Organization Name  Am  Address  Jy State Zip Code  Cocupation  M.I. Last Name/Organization Name  Am  Accupation  State Zip Code  Cocupation  M.I. Last Name/Organization Name  Am  Accupation  Am  Accupation  Am  Accupation  M.I. Last Name/Organization Name  Am  Accupation  Accupati	
First Name  M.I. Last Name/Organization Name  Address  8455 Coles ville Local  City Silve Grinss State Zip Code  Cocupation  Employer  First Name  M.I. Last Name/Organization Name  Am  Address  Jy State Zip Code  Cocupation  First Name  M.I. Last Name/Organization Name  Am  Am  Address  Jy State Zip Code  Cocupation  First Name  M.I. Last Name/Organization Name  Am  Am  Am  Am  Am  Am  Am  Am  Am	
City Silv Grinss State Zip Code 20910  Cocupation  Employer  First Name M.I. Last Name/Organization Name Am  Address  Iny State Zip Code  Cocupation  Employer  First Name M.I. Last Name/Organization Name Am  Am  Address  City State Zip Code	
City Silv Sprinss My Zip Code  Cocupation  Employer  First Name M.I. Last Name/Organization Name Am  Address  Jy State Zip Code  Cocupation  Employer  First Name M.I. Last Name/Organization Name Am  Address  City State Zip Code	\$10,000
Cocupation  Employer  First Name  M.I. Last Name/Organization Name  Am Address  .iy  State Zip Code  Employer  Einst Name  M.I. Last Name/Organization Name  Am Active Signature State  Einst Name  M.I. Last Name/Organization Name  Am Active Signature State  Zip Code	¥10,000
Coccupation  Employer  First Name M.I. Last Name/Organization Name Amaddress  Jy State Zip Code  Employer  Employer  Employer  Einst Name M.I. Last Name/Organization Name Amaddress  Zity Code  State Zip Code  Amaddress  Zity Code  Amaddress  Zity Code	
First Name M.I. Last Name/Organization Name Am Address  Lay State Zip Code  Cocupation M.I. Last Name/Organization Name Am Address  Sity State Zip Code  Amount of the component	
Address  Last Name M.I. Last Name/Organization Name  Amodeless  State Zip Code  Amodeless  State Zip Code	
State Zip Code  Occupation  Employer  First Name M.I. Last Name/Organization Name Anddress  Sity State Zip Code	mount of Contribution
Occupation  Employer  First Name M.I. Last Name/Organization Name And Address  City State Zip Code	
Employer  First Name M.I. Last Name/Organization Name Amount Address  City State Zip Code	
First Name M.I. Last Name/Organization Name Amount Address City State Zip Code	
Address City State Zip Code Decupation	
City State Zip Code  Decupation	nount of Contribution
Occupation Company of the Company of	
imployer	
irst Name M.I. Last Name/Organization Name Amor	ount of Contribution
ddress	
State Zip Code	
ccupation	
mployer	
TOTAL ITEMIZED CONTRIBUTIONS	
SS-1141 (Rev. 2/06)  Page	40,250

# ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE	N N 1 1		2. REPORT COVERING THE PERIOD
V <sub>3</sub>	te No On		FROM: 10/1/22 TO: 10/29/22
2 TOTAL ITEMIZED EVDENDITU	SEO EDOM PRECEDINO DACE		Amount
	RES FROM PRECEDING PAGE (	enter \$0 if first itemized page) PENDITURE (any expenditures totaling more than \$	100 to a sigle payor during the period
must be itemized.)	TIEMOTOR ENORTHERMIZED EX	ENDITIONE (any experiolities totaling more trains	Too to a sigle payee during the period,
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
	This could be a second of the	Tarpeso of Experience	Amount of Experiorate
Last Name/Business Name McAic	Prints	SIGNS	10000000
Address		320143	JE8,248. 38
7141 Clinton			
City Powell	State Zip Code TN 37849		
First Name · Vond a	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Reinbrought for PO	Box
McDaniel			1312.00
Address 190) Lindell F	h., #1		\$ 3,4.00
Ciby	Ioc -		
Akshuille	State Zip Code 37203		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	1 1 2 2 1 1 1		
I Address	trategies, LLL	- Pigital Adr	549,999.99
121 South Brown	d Street		, ,
City Philadelphia	State Zip Code PA 19107		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Printing Etc			147 570 40
Address		516NS	Jr8,578.42
1100 Mazler A			
City Nashville	State Zip Code 77210		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Carpaign V	cif.		tra er
Address 1215 3157 St.		Textins	195.00
2"	State Zip Code	-	
First Name	DC 2007 4998		
CHOCKYONIC	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Hilton Kros	vuile		DE DE LUI
A		Lodgins	¥185.44
501 W Churc'		_	
city Waxiville	State Zip Code 779 02		
5. TOTAL ITEMIZED EXPENDITURES			
	if additional pages of this form are use		x67,419.23
to une is the last page of campaign ex	penditures, this amount must be show	n in item 17b, of summary.)	

### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	e I v		2. REPORT COVERIN	IG PERIOD
Vot	c No On 1		FROM: 101/22 TO	
		With the first war and the first will be the wife	Ar	mount
TOTAL ITEMIZED IN-KIND CONTRIB     COMPLETE THE APPROPRIATE ITE	UTIONS FROM PRECEDING PAGE MS FOR EACH ITEMIZED IN-KIND (	(enter \$0 if first itemized page) CONTRIBLITION (in-kind contributions	totaling more than \$100 from any co	ontribular during the period)
First Name	Middle Name	NAME OF TAXABLE PARTY.	THE RESERVE AND A SERVE	
T HACTAGING	Micule Natifie	Description of In-Kind Contribution	Va Va	alue of In-Kind Contribution
Last Name/Organization Name	1 10.5			
Addison	Loca 205	(acobav)	11:00	
CZI CP	Hal Ar	J 0017 0/X	Claco	\$1,00
City Nachville	Hal Az Siale Zip Code TN 37211	Soaphoxx Service		# 17 5 " 0
Occupation NAY VILL	TN 37211	30,000	ا د	
Company				
Employer		-		
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First Marie	Middle Name	Description of In-Kind Contribution	Val	lue of In-Kind Contribution
Last Name/Organization Name	1 10 4			
Address	Luci 205			9
521 (est	al Ave	(Fell time	<u> </u>	T1110.83
521 Centre Nashvilla	State Zip Code			
Occupation Nashvilla	TN 37211		1	
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Employer				
FirstName	Middle Name	Description of In-Kind Contribution	Valu	ue of In-Kind Contribution
	Middle Name	Description of In-Kind Contribution	Valu	ue of In-Kind Contribution
Last Name/Organization Name		Description of In-Kind Contribution	Valt	ue of In-Kind Contribution
Last Name/Organization Name  SETU  Address	Love 1 205			
Last Name/Organization Name SETU Address 521 (CATG)	Love 205			
Last Name/Organization Name  SETU  Address	Local 205  Ave  State Zip Code			ue of In-Kind Contribution
Last Name/Organization Name  SETU  Address  521 Contra	Local 205  Arc  State Zip Code	Description of In-Kind Contribution  Staff AM  (in MSSUS		
Last Name/Organization Name  SETU  Address  521 Cotta  City  Nashulla  Occupation	Local 205  Ave  State Zip Code			
Last Name/Organization Name  SEIU  Address  521 (CATC)  City  Nashull	Local 205  Ave  State Zip Code			
Last Name/Organization Name  SETU  Address  521 Cotta  City  Nashulla  Occupation	Local 205  Ave  State Zip Code		*	
Last Name/Organization Name  SETU  Address  S21 Contra  City  Nashall  Occupation  Employer  First Name  Last Name/Organization Name	LOLE 1 205  AC  State TN Zip Code 77211  Middle Name	Staff time/	*	13,815
Last Name/Organization Name  SETU  Address  521 (CATC)  City  Occupation  Employer  First Name  Last Name/Organization Name  Manual F	LOLE 1 205  AC  State TN Zip Code 77211  Middle Name	Staff time/	*	13,815
Last Name/Organization Name  SETU  Address  521 Contra  City  Nashalla  Occupation  Employer  First Name  Last Name/Organization Name  Margus F	LOLE 1 205  AVC  State TN 37211  Middle Name	Staff time (  Can Us 1505)  Description of In-Kind Contribution	Valu	ue of In-Kind Contribution
Last Name/Organization Name  SETU  Address  521 Contra  City  Nashulla  Occupation  Employer  First Name  Last Name/Organization Name  Marghs F  Address  485 Dea	LOLE   205  AVE  State TN   Zip Code 37211  Middle Name  or A1  State   Zip Code	Staff time/	Valu	13,815 ue of In-Kind Contribution
Last Name/Organization Name  SETU  Address  521 Contra  City  Occupation  Employer  First Name  Last Name/Organization Name  Murphs F  Address  485 Dca  City  Mc. phis	Love 205  Ave State TN 37211  Middle Name  Jr All	Staff time (  Can Us 1505)  Description of In-Kind Contribution	Valu	13,815
Last Name/Organization Name  SETU  Address  521 Contra  City  Nashulla  Occupation  Employer  First Name  Last Name/Organization Name  Marghs F  Address  485 Dea	LOLE   205  AVE  State TN   Zip Code 37211  Middle Name  or A1  State   Zip Code	Staff time (  Can Us 1505)  Description of In-Kind Contribution	Valu	ue of In-Kind Contribution
Last Name/Organization Name  SETU  Address  521 Contra  City  Occupation  Employer  First Name  Last Name/Organization Name  Murphs F  Address  485 Dca  City  Mc. phis	LOLE   205  AVE  State TN   Zip Code 37211  Middle Name  or A1  State   Zip Code	Staff time (  Can Us 1505)  Description of In-Kind Contribution	Valu	ue of In-Kind Contribution
Last Name/Organization Name  SETU  Address  521 Contra  City  Nashalla  Occupation  Employer  First Name  Last Name/Organization Name  Marphs F  Address  485 Dea  City  Marphi S  Occupation  Employer	LOLE 1 205  AVC  State Zip Code 37211  Middle Name  State Zip Code TN 38103	Staff time (  Can Us 1505)  Description of In-Kind Contribution	Valu	ue of In-Kind Contribution
Last Name/Organization Name  SETU  Address  521 Contra  City  Nashalla  Occupation  Employer  First Name  Last Name/Organization Name  Marghs F  Address  485 Dea  City  Marghi S  Occupation  Employer  5. TOTAL ITEMIZED IN-KIND CONTRI	LOLE 1 205  AVC  State Zip Code 37211  Middle Name  State Zip Code 78103	Staff time Canvassors  Description of In-Kind Contribution  Authorized  Time	Valu	13,815  Le of In-Kind Contribution  3,210.00
Last Name/Organization Name  SETU  Address  521 Contra  City  Nashalla  Occupation  Employer  First Name  Last Name/Organization Name  Marphs F  Address  485 Dea  City  Marphi S  Occupation  Employer  5. TOTAL ITEMIZED IN-KIND CONTRI  (Carry forward to item 3 of next pa	LOLE 1 205  AVC  State Zip Code 37211  Middle Name  State Zip Code TN 38103	Staff time (in Misself Staff time)  Description of In-Kind Contribution  Authorized.)	Valu	ue of In-Kind Contribution