

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT <b>7/27/2022</b>	2. NAME OF COMMITTEE <b>Vote No On 1</b>
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <b>PO Box 293068      Nashville      TN      37229</b>	
4. MEASURES SUPPORTED OR OPPOSED <b>Opposition to Constitutional Amendment 1</b>	
5.A. NAME OF POLITICAL TREASURER <b>Al Wilkins</b>	5.B. DATE APPOINTED <b>5/20/2022</b>
6. CATEGORY OF REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" 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 <b>July 1st</b>	7.B. ENDING DATE OF REPORTING PERIOD <b>July 25th</b>
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.	
<b>Hillyard Al Wilkins</b> <b>27 July 22</b> signature of political treasurer      date	
9. WITNESS SIGNATURE  <b>June M. Rostan</b> <b>27 July 2022</b> signature of witness      date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>25,300</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>11,85</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <u>25,288.15</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>



RECEIVED  
 2022 JUL 28 AM 9:56  
 BUREAU OF ETHICS & CAMPAIGN FINANCE

## SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <span style="font-size: 1.2em; font-family: cursive;">Vote No On 1</span>	12. REPORT COVERING THE PERIOD FROM <span style="font-size: 1.2em; font-family: cursive;">July 1st</span> TO <span style="font-size: 1.2em; font-family: cursive;">July 25th</span>
--	--

### RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 300

b. Itemized Contributions (over \$100 from each source this period) ..... \$ 25,000

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... \$ 25,300

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.) ..... \$ 25,300

### 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)

Act Blue Fees ..... \$ 11.85

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

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

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

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

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

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

Total of Expenditures (\$100 or less each payee) ..... \$ 11.85

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 0

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) ..... \$ 11.85

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

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in Item 10.c.) ..... \$ 11.85

### 20. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) ..... \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) ..... \$ 4,450

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) ..... \$ 4,450

### 21. LOANS

LOANS OUTSTANDING (must be shown in Item 10.a.) ..... \$ 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 <b>Vote No On 1</b>		2 REPORT COVERING THE PERIOD FROM <b>July 1</b> TO <b>July 25</b>	
3 TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>0</b>
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 <b>Tennessee State Council - SEIU</b>	Amount of Contribution  <b>25,000</b>
Address <b>521 Central Avenue</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37211</b>	
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			
5 TOTAL ITEMIZED CONTRIBUTIONS			<b>25,000</b>
(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: 1.2em; margin-left: 50px;">Vote No on 1</span>		2 REPORT COVERING THE PERIOD FROM: <u>July 1</u> TO: <u>July 25</u>	
3 TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <span style="font-size: 1.5em; margin-left: 100px;">0</span>
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			
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 )			Amount <span style="font-size: 1.5em; margin-left: 100px;">0</span>

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1 NAME OF COMMITTEE <b>Vote No On 1</b>			2. REPORT COVERING PERIOD FROM: <b>July 1</b> TO: <b>July 25</b>		
3 TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>0</b>	
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 <b>Memphis For All</b>		<b>Staff</b>		<b>4,450</b>	
Address <b>485 Beale St</b>					
City <b>Memphis</b>	State <b>TN</b>				Zip Code <b>38103</b>
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					
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					
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				<b>4,450</b>	
(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.)					



## ITEMIZED STATEMENT OF LOANS - SMC

1 NAME OF COMMITTEE				2 REPORT COVERING THE PERIOD			
Vote No on 1				FROM July 1		TO: July 25	
3 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
<b>4. TOTALS</b>				0	0	0	0
(Total from 'Outstanding Balance - (End of Period)' column must also be shown in item 21 on summary page.)							

## ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1 NAME OF COMMITTEE <i>Vote No 071</i>				2 REPORT COVERING THE PERIOD		
				FROM <i>July</i>	TO <i>July 25</i>	
3 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
<b>4. TOTALS</b> (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22 b on summary page.)			<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>