
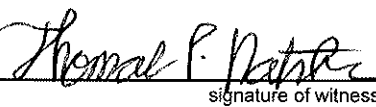


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

| | |
|---|---|
| 1. DATE OF REPORT 03/31/2014 | 2. NAME OF COMMITTEE Yes on 1 Ballot Committee |
| 2. SHORT NAME OF COMMITTEE (IF APPLICABLE) Yes on 1 | |
| 3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone PO Box 111696 Nashville TN 37222 615.298.5433 | |
| 4. MEASURES SUPPORTED OR OPPOSED Amendment 1, November 2014 | |
| 5.A. NAME OF POLITICAL TREASURER Joseph E. Albin | 5.B. DATE APPOINTED 11/05/2013 |
| 6. CATEGORY OF REPORT (Check one) <input checked="" 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 type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL | |
| 7.A. BEGINNING DATE OF REPORTING PERIOD 01/16/2014 | 7.B. ENDING DATE OF REPORTING PERIOD 03/31/2014 |
| 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. | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  _____ signature of political treasurer </div> <div style="text-align: center;"> <u>4/10/14</u> date </div> </div> | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  _____ signature of witness </div> <div style="text-align: center;"> <u>4/10/14</u> date </div> </div> | |
| 9. WITNESS SIGNATURE | |
| 10. SUMMARY | |
| a. BALANCE ON HAND LAST REPORT | \$ 1,299.30 |
| b. TOTAL RECEIPTS THIS PERIOD | \$ 58,160.40 |
| c. TOTAL DISBURSEMENTS THIS PERIOD | \$ 39,609.74 |
| d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) | \$ 19,849.96 |
| e. TOTAL LOANS OUTSTANDING | \$ 0.00 |
| f. TOTAL OBLIGATIONS OUTSTANDING | \$ 0.00 |



SUMMARY PAGE - SMC

| | |
|--|---|
| 11. NAME OF COMMITTEE (In Full) Yes on 1 Ballot Committee | 12. REPORT COVERING THE PERIOD FROM: 01/16/14 TO: 03/31/14 |
| RECEIPTS 13. CONTRIBUTIONS (other than loans and interest) | |
| a. Unitemized Contributions (\$100 or less from each source this period) | \$ <u>12,210.40</u> |
| b. Itemized Contributions (over \$100 from each source this period) | \$ <u>45,950.00</u> |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) | \$ <u>58,160.40</u> |
| 14. LOANS RECEIVED THIS REPORTING PERIOD | \$ <u>0.00</u> |
| 15. INTEREST RECEIVED THIS REPORTING PERIOD | \$ <u>0.00</u> |
| 16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) | \$ <u>58,160.40</u> |
| 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) | |
| <u>Database</u> | \$ <u>29.00</u> |
| <u>Fundraising</u> | \$ <u>75.00</u> |
| <u>Bank Charges</u> | \$ <u>6.90</u> |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| Total of Expenditures (\$100 or less each payee) | \$ <u>110.90</u> |
| b. Itemized Expenditures (Over \$100 each payee this period) | \$ <u>39,498.84</u> |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) | \$ <u>39,609.74</u> |
| 18. LOAN REPAYMENTS MADE THIS PERIOD | \$ <u>0.00</u> |
| 19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) | \$ <u>39,609.74</u> |
| 20. IN-KIND CONTRIBUTIONS | |
| a. Unitemized in-kind contributions (\$100 or less from each source this period) | \$ <u>80.00</u> |
| b. Itemized in-kind contributions (over \$100 from each source this period) | \$ <u>16,337.17</u> |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) | \$ <u>16,417.17</u> |
| 21. LOANS | |
| LOANS OUTSTANDING (must be shown in item 10.e.) | \$ <u>0.00</u> |
| 22. OBLIGATIONS | |
| a. Unitemized Obligations Outstanding (\$100 or less each) | \$ <u>0.00</u> |
| b. Itemized Obligations Outstanding (Over \$100 each) | \$ <u>0.00</u> |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) | \$ <u>0.00</u> |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | |
|---|-----------|--|---|
| 1. NAME OF COMMITTEE Yes on 1 Ballott Committee | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount \$0 |
| 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 | |
| Kevin | | Armistead | |
| Address 1782 Shagbark Way | | | |
| City | State | Zip Code | |
| Gallatin | TN | 37066 | |
| Occupation Grounds Operations VP | | | |
| Employer A Family Legacy | | | |
| | | | Amount of Contribution 120.00 |
| First Name | M.I. | Last Name/Organization Name | |
| | | Grace Bible Church | |
| Address 255 Franklin Rd | | | |
| City | State | Zip Code | |
| Lebanon | TN | 37087 | |
| Occupation | | | |
| Employer Grace Bible Church | | | |
| | | | Amount of Contribution 120.00 |
| First Name | M.I. | Last Name/Organization Name | |
| Leslie | | Hunse | |
| Address 9215 Halls Gap Rd | | | |
| City | State | Zip Code | |
| Knoxville | TN | 37938 | |
| Occupation Education Director | | | |
| Employer Tennessee Right to Life | | | |
| | | | Amount of Contribution 120.00 |
| First Name | M.I. | Last Name/Organization Name | |
| William | | Lamberth | |
| Address 1002 Angus Ct | | | |
| City | State | Zip Code | |
| Cottontown | TN | 37048 | |
| Occupation Lawyer | | | |
| Employer Self employed | | | |
| | | | Amount of Contribution 120.00 |
| First Name | M.I. | Last Name/Organization Name | |
| Gregg | | Sandlin | |
| Address 112 Thomaswood Chase | | | |
| City | State | Zip Code | |
| Tullahoma | TN | 37388 | |
| Occupation Environment Engineer | | | |
| Employer ATA | | | |
| | | | Amount of Contribution 120.00 |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | Amount of Contribution |
| (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.) | | | 600.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|-----------|-----------------------------|--|---------------------------|
| 1. NAME OF COMMITTEE Yes on 1 Ballott Committee | | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$600.00 |
| 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 |
| James | | Cherry | | |
| Address 109 Wyncrest Ct | | | | |
| City | State | Zip Code | | |
| Hendersonville | TN | 37075 | | |
| Occupation Retired | | | | 125.00 |
| Employer | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Lois | | Irby | | |
| Address 4022 Elwin Dr | | | | |
| City | State | Zip Code | | |
| Cookeville | TN | 38506 | | |
| Occupation Secretary | | | | 125.00 |
| Employer Tennessee Bible College | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Rich | | Shockley | | |
| Address 103 Elise Ln | | | | |
| City | State | Zip Code | | |
| Portland | TN | 37148 | | |
| Occupation Technology Manager | | | | 125.00 |
| Employer Catalog Music | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Shelby | | Ray | | |
| Address 1113 Woodvale Dr | | | | |
| City | State | Zip Code | | |
| Gallatin | TN | 37066 | | |
| Occupation Homemaker | | | | 130.00 |
| Employer | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Marilyn | | Cox | | |
| Address 603 Ellen Dr | | | | |
| City | State | Zip Code | | |
| Goodlettsville | TN | 37072 | | |
| Occupation Retired | | | | 140.00 |
| Employer | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (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.) | | | | \$1,245.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|--------------------|--|--|---|
| 1. NAME OF COMMITTEE Yes on 1 Ballott Committee | | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$1,245.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) | | | | |
| First Name Debbie | M.I. | Last Name/Organization Name Deaver | | Amount of Contribution 150.00 |
| Address 1800 Grey Pointe Dr | | | | |
| City Brentwood | State TN | Zip Code 37027 | | |
| Occupation Best Effort Made | | | | |
| Employer Best Effort Made | | | | |
| First Name Richard | M.I. | Last Name/Organization Name Jung | | Amount of Contribution 150.00 |
| Address 924 Caldwell Ln | | | | |
| City Nashville | State TN | Zip Code 37204 | | |
| Occupation Best Effort Made | | | | |
| Employer Best Effort Made | | | | |
| First Name Susan | M.I. | Last Name/Organization Name Kimmerly | | Amount of Contribution 150.00 |
| Address 7217 Wellsley Manor Way | | | | |
| City Knoxville | State TN | Zip Code 37919 | | |
| Occupation QA Manager | | | | |
| Employer University of the Cumberlands | | | | |
| First Name John | M.I. | Last Name/Organization Name Sharp | | Amount of Contribution 150.00 |
| Address 7508 Mayes Chapel Rd | | | | |
| City Knoxville | State TN | Zip Code 37938 | | |
| Occupation Unemployed | | | | |
| Employer | | | | |
| First Name David | M.I. | Last Name/Organization Name Crane | | Amount of Contribution 200.00 |
| Address 195 Riverwood Dr | | | | |
| City Franklin | State TN | Zip Code 37069 | | |
| Occupation Builder | | | | |
| Employer Crane Builders | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (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.) | | | | \$2,045.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|-----------|-----------------------------|--|-----------------------------|
| 1. NAME OF COMMITTEE Yes on 1 Ballot Committee | | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$2,045.00 |
| 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 |
| Helen | | Freeh | | |
| Address 205 Meadow View Dr | | | | |
| City | State | Zip Code | | |
| Maynardville | TN | 37807 | | |
| Occupation Retired | | | | 200.00 |
| Employer | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Robert | | Luttrell | | |
| Address 111 Vienna Rd | | | | |
| City | State | Zip Code | | |
| Oak Ridge | TN | 37830 | | |
| Occupation Retired | | | | 200.00 |
| Employer | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Roberta | | Stephens | | |
| Address 681 Cumberland Hills Dr | | | | |
| City | State | Zip Code | | |
| Hendersonville | TN | 37075 | | |
| Occupation Best Effort Made | | | | 200.00 |
| Employer Best Effort Made | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Marlene | | Tidwell | | |
| Address 9026 Brentmeade Blvd | | | | |
| City | State | Zip Code | | |
| Brentwood | TN | 37027 | | |
| Occupation Director | | | | 200.00 |
| Employer TN Governmental Prayer Alliance | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Pat | | McGrath | | |
| Address 138 White Cloud Trl | | | | |
| City | State | Zip Code | | |
| Murfreesboro | TN | 37127 | | |
| Occupation Salesman | | | | 200.00 |
| Employer Hardwood | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (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.) | | | | \$3,045.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|-----------|-----------------------------|--|-----------------------------|
| 1. NAME OF COMMITTEE Yes on 1 Ballott Committee | | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$3,045.00 |
| 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 |
| Knights of Columbus Council #4972 | | | | |
| Address 192 Graylynn Dr | | | | |
| City | State | Zip Code | | |
| Nashville | TN | 37214 | | |
| Occupation | | | | 250.00 |
| Employer | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Williams | | | | |
| Address 610 Carolyn Ln | | | | |
| City | State | Zip Code | | |
| Gallatin | TN | 37066 | | |
| Occupation Minister | | | | 250.00 |
| Employer Nashville Road Church of Christ | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Davis | | | | |
| Address 10529 Blakewood Dr | | | | |
| City | State | Zip Code | | |
| Knoxville | TN | 37922 | | |
| Occupation Professor | | | | 280.00 |
| Employer University of the Cumberlands | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Anderson | | | | |
| Address 178 Mitchell Rd | | | | |
| City | State | Zip Code | | |
| Portland | TN | 37148 | | |
| Occupation Educator | | | | 295.00 |
| Employer TCAT Hartsville | | | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Burchett | | | | |
| Address 400 W Main St | | | | |
| City | State | Zip Code | | |
| Knoxville | TN | 37902 | | |
| Occupation Mayor | | | | 300.00 |
| Employer Knox County Tennessee | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (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.) | | | | \$4,420.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|--------------------|---|--|---|
| 1. NAME OF COMMITTEE Yes on 1 Ballot Committee | | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$4,420.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) | | | | |
| First Name David | M.I. | Last Name/Organization Name Hulme | | Amount of Contribution 300.00 |
| Address 165 Rock Bridge Rd | | | | |
| City Gallatin | State TN | Zip Code 37066 | | |
| Occupation Senior Manager | | | | |
| Employer Deloitte | | | | |
| First Name Sharon | M.I. | Last Name/Organization Name Midgett | | Amount of Contribution 300.00 |
| Address 4138 Andrew Jackson Pkwy | | | | |
| City Hermitage | State TN | Zip Code 37076 | | |
| Occupation Artist | | | | |
| Employer Self Employed | | | | |
| First Name Jeff | M.I. | Last Name/Organization Name Carnes | | Amount of Contribution 330.00 |
| Address 138 Woodlake Dr | | | | |
| City Gallatin | State TN | Zip Code 37066 | | |
| Occupation Accountant | | | | |
| Employer Garrott Brothers | | | | |
| First Name Leonard | M.I. | Last Name/Organization Name Brown | | Amount of Contribution 500.00 |
| Address 12929 Long Ridge Rd | | | | |
| City Knoxville | State TN | Zip Code 37934 | | |
| Occupation Physician | | | | |
| Employer Self Employed | | | | |
| First Name C. Brian | M.I. | Last Name/Organization Name Cratz | | Amount of Contribution 500.00 |
| Address 1516 Sugarwood Dr | | | | |
| City Brentwood | State TN | Zip Code 37027 | | |
| Occupation Best Effort Made | | | | |
| Employer Self Employed | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (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.) | | | | \$6,350.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|-----------|--|--|-----------------------------|
| 1. NAME OF COMMITTEE Yes on 1 Ballott Committee | | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$6,350.00 |
| 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 |
| Ladies Auxillary | | Knights of Columbus Council #9282 | | |
| Address 1033 Oak Hall Dr | | | | |
| City | State | Zip Code | | |
| Mount Juliet | TN | 37122 | | |
| Occupation | | | | |
| Employer | | | | 500.00 |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| | | Putnam County Right to Life | | |
| Address PO Box 2181 | | | | |
| City | State | Zip Code | | |
| Cookeville | TN | 38506 | | |
| Occupation | | | | |
| Employer | | | | 500.00 |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Richard | | Varner | | |
| Address 9473 Highwood Hill Rd | | | | |
| City | State | Zip Code | | |
| Brentwood | TN | 37027 | | |
| Occupation Retired | | | | |
| Employer | | | | 500.00 |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Thomas | D | Boles | | |
| Address 8111 Patrice Ave | | | | |
| City | State | Zip Code | | |
| Brentwood | TN | 37027 | | |
| Occupation Retired | | | | |
| Employer | | | | 1,000.00 |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| | | Keystone Financial Resources, LLC | | |
| Address 7112 Crossroads Blvd | | | | |
| City | State | Zip Code | | |
| Brentwood | TN | 37027 | | |
| Occupation | | | | |
| Employer | | | | 1,000.00 |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (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.) | | | | \$9,850.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|--------------------|--|--|---|
| 1. NAME OF COMMITTEE Yes on 1 Ballott Committee | | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$9,850.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) | | | | |
| First Name Tom | M.I. | Last Name/Organization Name Perdue | | Amount of Contribution 1,000.00 |
| Address 1824 Mount Paran Rd NW | | | | |
| City Atlanta | State GA | Zip Code 30327 | | |
| Occupation Consultant | | | | |
| Employer Perdue Group | | | | |
| First Name Helen | M.I. | Last Name/Organization Name Rodgers | | Amount of Contribution 1,000.00 |
| Address 2411 Crestmoor Rd | | | | |
| City Nashville | State TN | Zip Code 37215 | | |
| Occupation Retired | | | | |
| Employer | | | | |
| First Name David | M.I. | Last Name/Organization Name Watts | | Amount of Contribution 1,000.00 |
| Address 5029 Franklin Rd | | | | |
| City Nashville | State TN | Zip Code 37220 | | |
| Occupation Radiologist | | | | |
| Employer Advanced Diagnostic Imaging | | | | |
| First Name Stacy | M.I. | Last Name/Organization Name Dunn | | Amount of Contribution 1,150.00 |
| Address 5309 La Vesta Rd | | | | |
| City Knoxville | State TN | Zip Code 37918 | | |
| Occupation Director | | | | |
| Employer Tennessee Right to Life Knox County | | | | |
| First Name | M.I. | Last Name/Organization Name TN Right to Life Knox County | | Amount of Contribution 2,500.00 |
| Address PO Box 5218 | | | | |
| City Knoxville | State TN | Zip Code 37928 | | |
| Occupation | | | | |
| Employer | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (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.) | | | | \$16,500.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|--------------------|---|--|--|
| 1. NAME OF COMMITTEE Yes on 1 Ballott Committee | | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$16,500.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) | | | | |
| First Name Anna | M.I. | Last Name/Organization Name Anderson | | Amount of Contribution 2,500.00 |
| Address 325 Old Douglas Ln | | | | |
| City Gallatin | State TN | Zip Code 37066 | | |
| Occupation Homemaker | | | | |
| Employer | | | | |
| First Name | M.I. | Last Name/Organization Name Birth Choice, Inc. | | Amount of Contribution 5,000.00 |
| Address 391 Wallace Rd | | | | |
| City Jackson | State TN | Zip Code 38305 | | |
| Occupation | | | | |
| Employer | | | | |
| First Name | M.I. | Last Name/Organization Name Charles Curtiss Campaign Fund | | Amount of Contribution 10,000.00 |
| Address 120 General Jones Rd | | | | |
| City Sparta | State TN | Zip Code 38583 | | |
| Occupation | | | | |
| Employer | | | | |
| First Name | M.I. | Last Name/Organization Name Yes on 1, Inc. | | Amount of Contribution 7,500.00 |
| Address PO Box 111696 | | | | |
| City Nashville | State TN | Zip Code 37222 | | |
| Occupation | | | | |
| Employer | | | | |
| First Name Owan | M.I. | Last Name/Organization Name Hughes | | Amount of Contribution 150.00 |
| Address 9233 Cameron Rd | | | | |
| City Mascot | State TN | Zip Code 37806 | | |
| Occupation Best Effort Made | | | | |
| Employer Best Effort Made | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (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.) | | | | \$41,650.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | |
|---|--------------------|--|------------------------------|
| 1. NAME OF COMMITTEE Yes on 1 Ballott Committee | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount \$41,650.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) | | | |
| First Name Pam | M.I. | Last Name/Organization Name Prevost | |
| Address 6216 Belle Rive Dr | | | |
| City Brentwood | State TN | Zip Code 37027 | |
| Occupation Best Effort Made | | | |
| Employer Best Effort Made | | | |
| | | | 150.00 |
| First Name Rita | M.I. | Last Name/Organization Name Cook | |
| Address 4012 Longwood Dr | | | |
| City Knoxville | State TN | Zip Code 37918 | |
| Occupation Best Effort Made | | | |
| Employer Best Effort Made | | | |
| | | | 150.00 |
| First Name Wanda | M.I. | Last Name/Organization Name Whitaker | |
| Address 115 Ben Albert Rd | | | |
| City Cottontown | State TN | Zip Code 37048 | |
| Occupation Best Effort Made | | | |
| Employer Best Effort Made | | | |
| | | | 200.00 |
| First Name Joe | M.I. | Last Name/Organization Name Hills | |
| Address 1112 Country Club Dr | | | |
| City Tullahoma | State TN | Zip Code 37388 | |
| Occupation Best Effort Made | | | |
| Employer Best Effort Made | | | |
| | | | 250.00 |
| First Name Stephen | M.I. | Last Name/Organization Name Ward | |
| Address 1 Blackberry Rd | | | |
| City Nashville | State TN | Zip Code 37215 | |
| Occupation Best Effort Made | | | |
| Employer Best Effort Made | | | |
| | | | 250.00 |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | \$42,650.00 |
| (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 Yes on 1 Ballot Committee | | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$42,650.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) | | | | |
| First Name Diane | M.I. | Last Name/Organization Name Parker | | Amount of Contribution 300.00 |
| Address 305 Oktana Ln | | | | |
| City Loudon | State TN | Zip Code 37774 | | |
| Occupation Best Effort Made | | | | |
| Employer Best Effort Made | | | | |
| First Name Francis | M.I. | Last Name/Organization Name Dunn | | Amount of Contribution 500.00 |
| Address 204 Burningtrees Trace | | | | |
| City Madison | State AL | Zip Code 35757 | | |
| Occupation Best Effort Made | | | | |
| Employer Best Effort Made | | | | |
| First Name Rosemary | M.I. | Last Name/Organization Name Jackson | | Amount of Contribution 500.00 |
| Address 5510 Scarlet Ridge Dr | | | | |
| City Arlington | State TN | Zip Code 38002 | | |
| Occupation Best Effort Made | | | | |
| Employer Best Effort Made | | | | |
| First Name John | M.I. | Last Name/Organization Name Declue | | Amount of Contribution 1,000.00 |
| Address 106 N Seneca Rd | | | | |
| City Oak Ridge | State TN | Zip Code 37830 | | |
| Occupation Best Effort Made | | | | |
| Employer Best Effort Made | | | | |
| First Name Christine | M.I. | Last Name/Organization Name Flautt | | Amount of Contribution 1,000.00 |
| Address 4650 Long Ln | | | | |
| City Franklin | State TN | Zip Code 37064 | | |
| Occupation Best Effort Made | | | | |
| Employer Best Effort Made | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (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.) | | | | \$45,950.00 |



ITEMIZED STATEMENT OF EXPENDITURES - SMC

| | | | |
|---|--|--|----------------------|
| 1. NAME OF COMMITTEE Yes on 1 Ballot Committee | | 2. REPORT COVERING THE PERIOD FROM: 1/16/14 TO: 3/31/14 | |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount \$0 |
| 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 | |
| Last Name/Business Name | | Purpose of Expenditure | |
| Address | | Amount of Expenditure | |
| City | | State | Zip Code |
| Campaign consultant | | | |
| Perdue Group, Inc. | | | \$15,000.00 |
| 1824 Mount Paran Rd NW | | | |
| Atlanta | | GA | 30327 |
| First Name | | Middle Name | |
| Last Name/Business Name | | Purpose of Expenditure | |
| Address | | Amount of Expenditure | |
| City | | State | Zip Code |
| Fundraising-Travel | | | |
| Myra | | | \$598.84 |
| Simons | | | |
| 431 Conquest Rd | | | |
| Murfreesboro | | TN | 37128 |
| First Name | | Middle Name | |
| Last Name/Business Name | | Purpose of Expenditure | |
| Address | | Amount of Expenditure | |
| City | | State | Zip Code |
| Website design | | | |
| Design4 Advertising | | | \$3,250.00 |
| 106 N Collins St | | | |
| Plant City | | FL | 33563 |
| First Name | | Middle Name | |
| Last Name/Business Name | | Purpose of Expenditure | |
| Address | | Amount of Expenditure | |
| City | | State | Zip Code |
| Fundraiser catering | | | |
| Judy | | | \$1,650.00 |
| Hutt | | | |
| 337 Lake Forest Dr | | | |
| Lavergne | | TN | 37086 |
| First Name | | Middle Name | |
| Last Name/Business Name | | Purpose of Expenditure | |
| Address | | Amount of Expenditure | |
| City | | State | Zip Code |
| Fundraiser Honorarium | | | |
| Gary | | | \$1,000.00 |
| Bauer | | | |
| PO Box 1223 | | | |
| Merrifield | | VA | 22116 |
| First Name | | Middle Name | |
| Last Name/Business Name | | Purpose of Expenditure | |
| Address | | Amount of Expenditure | |
| City | | State | Zip Code |
| Media Production | | | |
| Minus Red | | | \$18,000.00 |
| 26 Casey Dr | | | |
| Bristol | | RI | 02809 |
| 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.) | | | \$39,498.84 |



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

| | | | | | |
|---|--------------------|-------------------------------------|---------------------------|-------------------------------|--------------------------|
| 1. NAME OF COMMITTEE Yes on 1 Ballot Committee | | | 2. REPORT COVERING PERIOD | | |
| | | | FROM: 1/16/14 | TO: 3/31/14 | |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$0 | |
| 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 Tim | Middle Name | Description of In-Kind Contribution | | Value of In-Kind Contribution | |
| Last Name/Organization Name McCorkle | | Reception Food | | \$1,012.16 | |
| Address 3225 Boyd Mill Park | | | | | |
| City Franklin | State TN | | | | Zip Code 37064 |
| Occupation Retired | | | | | |
| Employer | | | | | |
| First Name Anna | Middle Name | Reception Food | | \$410.00 | |
| Last Name/Organization Name Anderson | | Reception Food | | \$410.00 | |
| Address 325 Old Douglas Ln | | | | | |
| City Gallatin | State TN | | | | Zip Code 37066 |
| Occupation Homemaker | | | | | |
| Employer | | | | | |
| First Name | Middle Name | Salaries and Wages | | \$13,658.51 | |
| Last Name/Organization Name Tennessee Right to Life | | Salaries and Wages | | \$13,658.51 | |
| Address PO Box 110765 | | | | | |
| City Nashville | State TN | | | | Zip Code 37222 |
| Occupation | | | | | |
| Employer | | | | | |
| First Name Paul | Middle Name | Reception Food | | \$125.00 | |
| Last Name/Organization Name Dunn | | Reception Food | | \$125.00 | |
| Address 2849 Edonia Dr | | | | | |
| City Knoxville | State TN | | | | Zip Code 37918 |
| Occupation | | | | | |
| Employer | | | | | |
| 5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS | | | | \$15,205.67 | |
| (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 IN-KIND CONTRIBUTIONS - SMC

| | | | | | |
|---|--------------------|-------------------------------------|---------------------------|-------------------------------|--------------------------|
| 1. NAME OF COMMITTEE Yes on 1 Ballot Committee | | | 2. REPORT COVERING PERIOD | | |
| | | | FROM: 1/16/14 | TO: 3/31/14 | |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount \$15,205.67 | |
| 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 All Star Screen Designs | | Printing | | \$1,131.50 | |
| Address 210 Space Park N | | | | | |
| City Goodlettsville | State TN | | | | Zip Code 37072 |
| 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 | | | | \$16,337.17 | |
| (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.) | | | | | |

