

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) Yes on 2	12. REPORT COVERING THE PERIOD FROM: 1/16/2026 TO: 3/31/2026	
RECEIPTS		
13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period).....	\$	0.00
b. Itemized Contributions (over \$100 from each source this period)	\$	30,000.00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$	30,000.00
14. LOANS RECEIVED THIS REPORTING PERIOD	\$	0.00
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$	0.00
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.).....	\$	30,000.00
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)		
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total of Expenditures (\$100 or less each payee).....	\$	_____
b. Itemized Expenditures (Over \$100 each payee this period).....	\$	16,905.00
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.).....	\$	16,905.00
18. LOAN REPAYMENTS MADE THIS PERIOD	\$	0.00
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$	16,905.00
20. IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	0.00
b. Itemized in-kind contributions (over \$100 from each source this period).....	\$	_____
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.).....	\$	0.00
21. LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.).....	\$	0.00
22. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each).....	\$	0.00
b. Itemized Obligations Outstanding (Over \$100 each)	\$	_____
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$	0.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Yes on 2			FROM: 1/16/2026	TO: 3/31/2026
			Amount 0.00	
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 25,000.00
Address 511 Union St				
City Nashville	State TN	Zip Code 37219		
Occupation				
Employer				
Tennessee Chamber of Commerce				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution 5,000.00
Address 54 Music Square East, #125				
City Nashville	State TN	Zip Code 37203		
Occupation				
Employer				
Beacon Center of Tennessee				
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				30,000.00
(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 EXPENDITURES - SMC

1. NAME OF COMMITTEE Yes on 2			2. REPORT COVERING THE PERIOD FROM: 1/16/2026 TO: 3/31/2026	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00
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 Parthenon Strategies		Palm Cards		\$1,300.00
Address 60 Music Sq E				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Techne Media LLC		Digital Advertising / Media Buy		\$10,000.00
Address 221 N Hogan St #373				
City Jacksonville	State FL			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Parthenon Strategies		Political / Admin Consulting		\$4,000.00
Address 60 Music Sq E				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Techne Media LLC		Digital Advertising / Media Buy		\$1,500.00
Address 221 N Hogan St #373				
City Jacksonville	State FL			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Political Financial Management LLC		Compliance / Accounting		\$105.00
Address 95 White Bridge Rd Ste 207				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
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.)				16,905.00



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Yes on 2			2. REPORT COVERING PERIOD		
			FROM: 1/16/2026	TO: 3/31/2026	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00	
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					
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					
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					
(Carry forward to item 3 of next page if additional pgs 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.)				0.00	



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Yes on 2				FROM: 1/16/2026		TO: 3/31/2026	
				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)			
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				
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code	Date of Loan				
4. TOTALS (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				2. REPORT COVERING THE PERIOD			
Yes on 2				FROM: 1/16/2026		TO: 3/31/2026	
				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
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							
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)							

