



615-532-8905

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT JAN 24, 2023	2. NAME OF COMMITTEE Yes on 1 Committee
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 95 white Bridge Rd #207 Nashville TN 37205 615-668-5659	
4. MEASURES SUPPORTED OR OPPOSED Support Amendment 9 to Tennessee Constitution - Right to Work Amendment	
5.A. NAME OF POLITICAL TREASURER Bill Haslam	5.B. DATE APPOINTED
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" 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 OCT 30, 2022	7.B. ENDING DATE OF REPORTING PERIOD JAN 15, 2023
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.	
 _____ signature of political treasurer	
1-24-23 date	
9. WITNESS SIGNATURE	
 _____ signature of witness	
1-24-23 date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>22,036.17</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>12,450.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>36,918.88</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>2567.29</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>-0-</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>-0-</u>

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RECEIVED



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)

Yes on 1 Committee

12. REPORT COVERING THE PERIOD

FROM: *11-30-22* TO: *1-15-23*

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

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

b. Itemized Contributions (over \$100 from each source this period) \$ 12,450.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ 12,450.00

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.) \$ 12,450.00

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)

Meals \$ 40.76

Shipping \$ 14.57

Emails \$ 95.05

..... \$ _____

..... \$ _____

..... \$ _____

Total of Expenditures (\$100 or less each payee) \$ 150.48

b. Itemized Expenditures (Over \$100 each payee this period) \$ 36,768.40

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) \$ 36,918.88

18. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) \$ 36,918.88

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) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) \$ -0-

21. LOANS

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

22. OBLIGATIONS

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

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

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



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Yes or No Committee			FROM: 10-20-22	TO: 1-15-23
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Brian	M.I.	Last Name/Organization Name HUNT		Amount of Contribution 1,000.00
Address 6444 Deep Canyon Rd				
City Hixson	State TN	Zip Code 37343		
Occupation Manager				
Employer Southern Champion				
First Name Brian	M.I.	Last Name/Organization Name HUNT		Amount of Contribution 5,000.00
Address 6444 Deep Canyon Rd				
City Hixson	State TN	Zip Code 37343		
Occupation Manager				
Employer Southern Champion				
First Name Jeffrey	M.I.	Last Name/Organization Name Mathis		Amount of Contribution 1,000.00
Address 111 Hazel Path				
City Hendersonville	State TN	Zip Code 37075		
Occupation CFO				
Employer Next Generations				
First Name Garrett	M.I.	Last Name/Organization Name Decosimo		Amount of Contribution 200.00
Address 506 E. Brown Rd				
City Lockport Mountain	State TN	Zip Code 37350		
Occupation Finance				
Employer Decosimo Corporate				
First Name Josh	M.I.	Last Name/Organization Name Boyd		Amount of Contribution 1,000.00
Address 6780 Autumnwood Dr.				
City Nashville	State TN	Zip Code 37221		
Occupation Investments				
Employer Self-Employed				
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount
(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.)				8,200.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 1 Committee</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>10-30-24</i>	TO: <i>1-15-23</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 8,200.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <i>Robert</i>	M.I.	Last Name/Organization Name <i>Decosimo</i>	
Address <i>629 Market St.</i>			
City <i>Chattanooga</i>	State <i>TN</i>	Zip Code <i>37402</i>	
Occupation <i>Investor</i>			
Employer <i>DFOS</i>			
			Amount of Contribution 1,000.00
First Name <i>Joe</i>	M.I.	Last Name/Organization Name <i>Scarlett</i>	
Address <i>3 Strawberry Hill</i>			
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37215</i>	
Occupation <i>Retired</i>			
Employer <i>Retired</i>			
			Amount of Contribution 1,000.00
First Name <i>Shane</i>	M.I.	Last Name/Organization Name <i>Reeves</i>	
Address <i>135 Blackberry Lane</i>			
City <i>Murfreesboro</i>	State <i>TN</i>	Zip Code <i>37130</i>	
Occupation <i>Pharmacist</i>			
Employer <i>Twelve Stone</i>			
			Amount of Contribution 500.00
First Name <i>Chris</i>	M.I.	Last Name/Organization Name <i>Todd</i>	
Address <i>421 Scarbrough Loop</i>			
City <i>Humboldt</i>	State <i>TN</i>	Zip Code <i>38343</i>	
Occupation <i>Owner</i>			
Employer <i>Evergreen</i>			
			Amount of Contribution 500.00
First Name <i>Jerry</i>	M.I.	Last Name/Organization Name <i>Baxley</i>	
Address <i>503 Airways Blvd</i>			
City <i>Jackson</i>	State <i>TN</i>	Zip Code <i>38301</i>	
Occupation <i>Owner</i>			
Employer <i>Wade Electric</i>			
			Amount of Contribution 250.00
5. TOTAL ITEMIZED CONTRIBUTIONS			11,450.00
(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 <i>Yes on 9 Committee</i>		2. REPORT COVERING THE PERIOD FROM: <i>10-30-22</i> TO: <i>1-15-23</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>11,450.00</i>
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 <i>1,000.00</i>
Address <i>4100 Coca Cola Plaza</i>			
City <i>Charlotte</i>	State <i>NC</i>	Zip Code <i>28211</i>	
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			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			
City	State	Zip Code	
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.)			<i>12,450.00</i>



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Yes on E Committee</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>10-30-22</i>	TO: <i>1-15-23</i>	
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 <i>Tom Brewer CPA</i>		<i>Accounting</i>	<i>500.00</i>	
Address <i>95 White Bridge Rd #207</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37205</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Parthenon Strategies</i>		<i>Issue Admin Consulting</i>	<i>18,000.00</i>	
Address <i>2314 Brihamy Dr.</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37206</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Southland Advantage</i>		<i>Fundraising Fee</i>	<i>3,387.50</i>	
Address <i>174 Saundersville Rd #1404</i>				
City <i>Saundersville</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Majority Strategies</i>		<i>Issue Strategy</i>	<i>4,265.60</i>	
Address <i>20. Bus 679219</i>				
City <i>Dallas Tx 75267</i>	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Chick-FI-A</i>		<i>Catering</i>	<i>231.67</i>	
Address <i>1800 Galleria Blvd</i>				
City <i>Franklin</i>	State <i>TN</i>			Zip Code <i>37067</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Hilton Cool Springs</i>		<i>Space - Rental</i>	<i>468.63</i>	
Address <i>601 Corporate Centre Dr.</i>				
City <i>Franklin</i>	State <i>TN</i>			Zip Code <i>37067</i>
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.)			<i>26,853.40</i>	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Yes on 2 Committee</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>10-30-22</i>	TO: <i>1-15-23</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 26,853.40	
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 <i>Kill Switch Collective</i>		<i>Tech Support</i>	<i>87.50</i>	
Address <i>1605 Lipson Trail</i>				
City <i>Austin</i>	State <i>TX</i>			Zip Code <i>78733</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Troy Brewer CPA</i>		<i>Accounting</i>	<i>500.00</i>	
Address <i>95 White Bridge Rd</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37205</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Thomas</i>		<i>Contract - Work</i>	<i>1,000.00</i>	
Address <i>2314 Briarcliff Dr.</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37206</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>CoE</i>		<i>Contract - Work</i>	<i>500.00</i>	
Address <i>1900 Richard Jones Rd</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37205</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Ferrell</i>		<i>Fundraising Fee</i>	<i>1,000.00</i>	
Address <i>P.O. Box 171</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37071</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Welch</i>		<i>Contract - Work</i>	<i>500.00</i>	
Address <i>P.O. Box 171</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37077</i>
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.)			30,440.90	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Yes on 2 Committee</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>10-30-22</i>	TO: <i>1-15-23</i>
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 30,440.90
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 <i>Men of Valor</i>		<i>Charitable Contribution</i>	<i>2,000.00</i>
Address <i>504 Valor Way</i>			
City <i>Antioch</i>	State <i>TN</i> Zip Code <i>37013</i>		
First Name	Middle Name		
Last Name/Business Name <i>Project Return</i>		<i>Charitable Contribution</i>	<i>2,000.00</i>
Address <i>109 Lafayette St</i>			
City <i>Nashville</i>	State <i>TN</i> Zip Code <i>37210</i>		
First Name	Middle Name		
Last Name/Business Name <i>Room in the Inn</i>		<i>Charitable Contribution</i>	<i>2,000.00</i>
Address <i>705 Drexel St.</i>			
City <i>Nashville</i>	State <i>TN</i> Zip Code <i>37203</i>		
First Name	Middle Name		
Last Name/Business Name <i>Stripe Inc.</i>		<i>Credit Card Fees</i>	<i>327.50</i>
Address <i>920 5th Ave</i>			
City <i>Seattle</i>	State <i>WA</i> Zip Code <i>98101</i>		
First Name	Middle Name		
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name		
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name		

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.)

36,768.40

