

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT 7/27/23		2. NAME OF COMMITTEE Yes on 1 Committee	
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)			
3. ADDRESS AND PHONE Street or Rural Route 95 White Bridge Rd #207		City Nashville	State TN
		Zip Code 37205	Phone 615-298-6559
4. MEASURES SUPPORTED OR OPPOSED Support amendment 1 to Tennessee Constitution Right to Work			
5.A. NAME OF POLITICAL TREASURER Bill Haslam		5.B. DATE APPOINTED	
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 type="checkbox"/> PRE-PRIMARY	<input type="checkbox"/> PRE-GENERAL	<input checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL
7.A. BEGINNING DATE OF REPORTING PERIOD Jan 1, 2023		7.B. ENDING DATE OF REPORTING PERIOD Jul 30, 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 <i>Bill Haslam</i>	
		Date 7/27/23	
9. WITNESS SIGNATURE			
		Signature of witness <i>[Signature]</i>	
		Date 7/27/23	
10. SUMMARY			
a. BALANCE ON HAND AND LAST REPORT		\$ 2,507.29	
b. TOTAL RECEIPTS THIS PERIOD		\$ 590.25	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 3,157.50	
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)		\$ 0.00	
e. TOTAL LOANS OUTSTANDING		\$ 0	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0	



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### SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)		12. REPORT COVERING THE PERIOD	
		FROM: 1/16/23	TO: 6/30/23
<b>RECEIPTS</b>			
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) .....	\$	590.21	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....	\$	590.21	
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.) .....	\$	590.21	
<b>DISBURSEMENTS</b>			
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) .....	\$	0	
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$	3,157.50	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) .....	\$	3,157.50	
18. LOAN REPAYMENTS MADE THIS PERIOD .....	\$	0	
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) .....	\$	3,157.50	
<b>20. IN-KIND CONTRIBUTIONS</b>			
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	
<b>21. LOANS</b>			
LOANS OUTSTANDING (must be shown in item 10.e.) .....			
_____	\$	0	
<b>22. OBLIGATIONS</b>			
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 in item 10.f.) .....	\$	0	



### ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 1 committee</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>1/10/23</i>	TO: <i>6/30/23</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <i>Justin</i>	M.I.	Last Name/Organization Name <i>awen</i>	
Address <i>1403 Huffine st</i>			
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37214</i>	
Occupation <i>President</i>			
Employer <i>Beacon center of Tennessee</i>			
			Amount of Contribution <i>\$ 590.21</i>
First Name	M.I.	Last Name/Organization Name	
Address			
City	State	Zip Code	
Occupation			
Employer			
			Amount of Contribution
First Name	M.I.	Last Name/Organization Name	
Address			
City	State	Zip Code	
Occupation			
Employer			
			Amount of Contribution
First Name	M.I.	Last Name/Organization Name	
Address			
City	State	Zip Code	
Occupation			
Employer			
			Amount of Contribution
5. TOTAL ITEMIZED CONTRIBUTIONS			<i>\$ 590.21</i>
<small>(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.)</small>			



**ITEMIZED STATEMENT OF EXPENDITURES - SMC**

1. NAME OF COMMITTEE <i>Yes on a committee</i>		2. REPORT COVERING THE PERIOD FROM: <i>1/16/23</i> TO: <i>6/30/23</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>
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>Troy Brewer CAA, Inc.</i>		<i>Compliance/Accounting</i>	<i>\$500.00</i>
Address <i>95 White Bridge Rd Ste. 207</i>			
City <i>Nashville</i>	State <i>TN</i> Zip Code <i>37205</i>		
First Name	Middle Name		
Last Name/Business Name <i>Southern Trophy House</i>		<i>Flowers/gifts</i>	<i>\$27.50</i>
Address <i>2705 Nolensville Pike</i>			
City <i>Nashville</i>	State <i>TN</i> Zip Code <i>37211</i>		
First Name	Middle Name		
Last Name/Business Name <i>Pinnacle Financial Partners</i>		<i>Bank Fees</i>	<i>\$30.00</i>
Address			
City	State Zip Code		
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		
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.)			<i>\$3157.50</i>

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

1. NAME OF COMMITTEE

*Yes on 1 committee*

2. REPORT COVERING PERIOD

FROM: *4/10/23*

TO: *6/30/23*

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	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 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.)

*0*



### ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Yes on 1 committee				FROM: 11/16/23		TO: 10/30/23	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totalling 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			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
<b>4. TOTALS</b>							
(Total from "Outstanding Balance - (End of Period)" column must also be shown in Item 21 on summary page.)							60

### ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>Yes on 1 committee</i>				FROM: <i>1/1/23</i>		TO: <i>6/30/23</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>							
<small>(Total from "Outstanding Balance - (End of Period)" column must also be shown in Item 22.b on summary page.)</small>							