

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) Yes on 1 Ballot Committee	12. REPORT COVERING THE PERIOD FROM: 01/16/19 TO: 06/30/19
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>14.99</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ _____
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>14.99</u>
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.)	\$ <u>14.99</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>Flowers Expense</u>	\$ <u>96.10</u>
<u>Administrative Expense</u>	\$ <u>100.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ _____
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>4,678.17</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$ <u>4,874.27</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ _____
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ <u>4,874.27</u>
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)	\$ <u>1,000.00</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>1,000.00</u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>0</u>
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 in item 10.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Yes on 1 Ballot Committee			2. REPORT COVERING THE PERIOD		
			FROM: 01/16/19	TO: 06/30/19	
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	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Nationbuilder		Database/Website		\$595.00	
Address					
City Los Angeles	State CA				Zip Code 90013
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name U.S. Postmaster		Postage		\$500.00	
Address					
City Nashville	State TN				Zip Code 37211
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Emma's Flowers and Gifts, Inc.		Flowers Expense		\$343.60	
Address 2410 West End Ave					
City Nashville	State TN				Zip Code 37203
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Tennessee Right to Life PAC				\$3,239.57	
Address PO Box 110765					
City Nashville	State TN				Zip Code 37222-0765
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES					Amount of Expenditure
(Carry forward to item 3. of next page if additional pages of this form are used.)				\$4,678.17	
(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)					



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Yes on 1 Ballot Committee			2. REPORT COVERING PERIOD		
			FROM: 01/16/19	TO: 06/30/19	
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 Karen		Middle Name		Description of In-Kind Contribution Loan Payment	Value of In-Kind Contribution \$1,000.00
Last Name/Organization Name Brukardt					
Address 2288 County Rd ZZ					
City De Pere		State WI	Zip Code 54115		
Occupation Retired					
Employer					
First Name		Middle Name			
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			
Last Name/Organization Name					
Address					
City		State	Zip Code		
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS				\$1,000.00	
(Carry forward to item 3 of next page if additional pges 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			
Yes on 1 Ballot Committee				FROM: 01/16/19		TO: 06/30/19	
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		\$1,000	\$0	\$1,000	\$0
Karen							
Last Name/Business Name							
Brukardt							
Address							
2288 County Rd ZZ							
City		State	Zip Code	Date of Loan			
DePere		WI	54115	10/31/2014			
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				\$1,000	\$0	\$1,000	\$0
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							

