



## SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; font-weight: bold;">Yes on 1 Ballot Committee</p>	12. REPORT COVERING THE PERIOD FROM: <u>07/01/15</u> TO: <u>01/15/16</u>
<b>RECEIPTS</b>	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ <u>325.00</u>
b. Itemized Contributions (over \$100 from each source this period).....	\$ <u>12,945.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.).....	\$ <u>13,270.00</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>13,270.00</u>	
<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) .....	
\$ _____	
b. Itemized Expenditures (Over \$100 each payee this period) .....	
\$ <u>18,483.00</u>	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) .....	
\$ <u>18,483.00</u>	
18. LOAN REPAYMENTS MADE THIS PERIOD .....	
\$ <u>0</u>	
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) .....	
\$ <u>18,483.00</u>	
<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.) .....	
\$ _____	
<b>21. LOANS</b>	
LOANS OUTSTANDING (must be shown in item 10.e.) .....	
\$ <u>100,000.00</u>	
<b>22. OBLIGATIONS</b>	
a. Unitemized Obligations Outstanding (\$100 or less each) .....	
\$ <u>0</u>	
b. Itemized Obligations Outstanding (Over \$100 each) .....	
\$ <u>10,624.80</u>	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.) .....	
\$ <u>10,624.80</u>	



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <b>Yes on 1 Ballot Committee</b>		2. REPORT COVERING THE PERIOD		
		FROM: 07/01/15	TO: 01/15/16	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$0</b>	
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 <b>Dickson County Right to Life</b>		Amount of Contribution  <b>\$495.00</b>
Address <b>PO Box 1184</b>				
City <b>Dickson</b>	State <b>TN</b>	Zip Code <b>37056</b>		
Occupation				
Employer				
First Name <b>Tom</b>	M.I.	Last Name/Organization Name <b>Boles</b>		Amount of Contribution  <b>\$500.00</b>
Address <b>8111 Patrice Ave</b>				
City <b>Brentwood</b>	State <b>TN</b>	Zip Code <b>37027</b>		
Occupation <b>Retired</b>				
Employer				
First Name <b>Curtiss</b>	M.I.	Last Name/Organization Name <b>Sheldon</b>		Amount of Contribution  <b>\$10,950.00</b>
Address <b>144 Dudala Way</b>				
City <b>Loudon</b>	State <b>TN</b>	Zip Code <b>37774-6806</b>		
Occupation <b>Retired</b>				
Employer				
First Name	M.I.	Last Name/Organization Name <b>Humphreys County Right to Life</b>		Amount of Contribution  <b>\$1,000.00</b>
Address <b>3609 Hwy 13 N</b>				
City <b>Waverly</b>	State <b>TN</b>	Zip Code <b>37185</b>		
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.)				<b>\$12,945.00</b>



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <b>Yes on 1 Ballot Committee</b>		2. REPORT COVERING THE PERIOD	
		FROM:07/01/15	TO: 01/15/16
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$0</b>
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 <b>Karen</b>	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>Brukardt</b>		<b>Interest</b>	<b>\$1,500</b>
Address <b>2288 County Rd ZZ</b>			
City <b>DePere</b>	State <b>WI</b>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>Kelly Scott Madison</b>		<b>Advertising Invoice</b>	<b>\$12,500</b>
Address <b>303 E Wacker Dr 8th Fl</b>			
City <b>Chicago, IL 60601</b>	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>The Bopp Law Firm, PC</b>		<b>Legal Fees</b>	<b>\$4,000</b>
Address <b>1 South Sixth St</b>			
City <b>Terre Haute, IN 47807-3510</b>	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>Nationbuilder</b>		<b>Database/Website</b>	<b>\$483</b>
Address <b>448 S Hill St #200</b>			
City <b>Los Angeles</b>	State <b>CA</b>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
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.)			<b>\$18,483.00</b>



## ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Yes on 1 Ballot Committee				FROM: 07/01/15 TO: 01/15/16			
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		\$0	\$8,477.10	\$4,000.00	\$4,477.10
Last Name/Business Name The Bopp Law Firm, PC							
Address 1 South Sixth St							
City	State	Zip Code					
Terre Haute, IN 47807-3510							
Description of Obligation							
First Name		Middle Name		\$0	\$18,647.70	\$12,500.00	\$6,147.70
Last Name/Business Name Kelly Scott Madison							
Address 303 E Wacker Dr 8th Fl							
City	State	Zip Code					
Chicago, IL 60601							
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>				\$0	\$27,124.80	\$16,500.00	\$10,624.80
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)							

