

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 01/25/2017	2. NAME OF COMMITTEE Yes on 1 Ballot Committee
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone PO Box 111696 Nashville TN 37222 615.298.5433	
4. MEASURES SUPPORTED OR OPPOSED Amendment 1, November 2014	
5.A. NAME OF POLITICAL TREASURER Joseph E Albin	5.B. DATE APPOINTED 11/05/2013
6. CATEGORY OR REPORT (Check one) <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><input type="checkbox"/> FIRST QUARTER</div> <div style="text-align: center;"><input type="checkbox"/> SECOND QUARTER</div> <div style="text-align: center;"><input type="checkbox"/> THIRD QUARTER</div> <div style="text-align: center;"><input type="checkbox"/> FOURTH QUARTER</div> <div style="text-align: center;"><input type="checkbox"/> PRE-REFERENDUM</div> <div style="text-align: center;"><input checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL</div> <div style="text-align: center;"><input type="checkbox"/> YEAR-END SUPPLEMENTAL</div> </div>	
7.A. BEGINNING DATE OF REPORTING PERIOD 07/01/2016	7.B. ENDING DATE OF REPORTING PERIOD 01/15/2017
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.	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> _____ signature of political treasurer </div> <div style="text-align: center;"> <u>1/25/17</u> date </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> _____ signature of witness </div> <div style="text-align: center;"> <u>1/25/17</u> date </div> </div>	
9. WITNESS SIGNATURE	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>4,642.47</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>6,165.75</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>9,510.24</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>1,297.98</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>100,000.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



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SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; margin-left: 40px;">Yes on 1 Ballot Comittee</p>	12. REPORT COVERING THE PERIOD FROM: <u>07/01/16</u> TO: <u>01/15/17</u>
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>150.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>6,015.75</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>6,165.75</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>6,165.75</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>Postage</u>	\$ <u>67.60</u>
<u>Bank Fees</u>	\$ <u>5.71</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>73.31</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>9,436.93</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..)	\$ <u>9,510.24</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>9,510.24</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)	\$ _____
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ _____
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>100,000.00</u>
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Yes on 1 Ballot Committee			2. REPORT COVERING THE PERIOD	
			FROM: 07/01/16	TO: 01/15/17
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0
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
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name: Hartsville Pike Church of Christ Address: 744 Hartsville Pike City: Gallatin State: TN Zip Code: 37066				
				\$2,000.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name: Lisa Address: 284 Beulah Church Dr City: Kingsport State: TN Zip Code: 37663 Occupation: Community Volunteer				
				\$115.75
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name: Curtiss Address: 144 Dudala Way City: Loudon State: TN Zip Code: 37774-6806 Occupation: Retired				
				\$3,900.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount of Contribution
(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.)				\$ 6,015.75



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Yes on 1 Ballot Committee	2. REPORT COVERING THE PERIOD FROM: 07/01/16 TO: 01/15/17
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3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)	Amount \$0
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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 Karen	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Brukardt		Interest	\$1,500
Address 2288 County Rd ZZ			
City DePere	State WI		

First Name Daniel	Middle Name A	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Horwitz		Legal Fees	\$3,833.17
Address 1803 Broadway Ste 531			
City Nashville, TN 37203	State		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name The Bopp Law Firm, PC		Legal Fees	\$3,397.10
Address 1 South Sixth St			
City Terre Haute, IN 47807-3510	State		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Nationbuilder		Database/Website	\$706.66
Address			
City Los Angeles	State CA		

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.)	\$9,436.93
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ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Yes on 1 Ballot Committee				FROM: 07/01/16		TO: 01/15/17	
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		\$100,000	\$0	\$0	\$100,000
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							
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)				\$100,000	\$0	\$0	\$100,000



ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
Yes on 1 Ballot Committee				FROM: 07/01/16		TO: 01/15/17	
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		\$3,397.10	\$0.00	\$3,397.10	\$0
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					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation				Description of Obligation			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation				Description of Obligation			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation				Description of Obligation			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation				Description of Obligation			
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)				\$3,397.10	\$0.00	\$3,397.10	\$0

