

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>07/01/17</u> TO: <u>01/15/18</u> |
| RECEIPTS | |
| 13. CONTRIBUTIONS (other than loans and interest) | |
| a. Unitemized Contributions (\$100 or less from each source this period) \$ _____ | |
| b. Itemized Contributions (over \$100 from each source this period) \$ <u>4,200.00</u> | |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ <u>4,200.00</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>4,200.00</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>Occupancy</u> \$ <u>66.00</u> | |
| <u>Postage</u> \$ <u>5.22</u> | |
| <u>Office Supplies</u> \$ <u>15.50</u> | |
| _____ \$ _____ | |
| _____ \$ _____ | |
| _____ \$ _____ | |
| Total of Expenditures (\$100 or less each payee) \$ <u>86.72</u> | |
| b. Itemized Expenditures (Over \$100 each payee this period) \$ <u>833.00</u> | |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) \$ <u>919.72</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>919.72</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>1,000.00</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.) \$ _____ | |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|--------------------|---|--|--|
| 1. NAME OF COMMITTEE Yes on 1 Ballot Committee | | | 2. REPORT COVERING THE PERIOD FROM: 07/01/17 TO: 01/15/18 | |
| 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 Curtiss | M.I. | Last Name/Organization Name Sheldon | Amount of Contribution \$4,200.00 | |
| Address 144 Dudala Way | | | | |
| City Loudon | State TN | Zip Code 37774-6806 | | |
| Occupation Retired | | | | |
| 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.) | | | \$4,200.00 | |



ITEMIZED STATEMENT OF EXPENDITURES - SMC

| | | | | | |
|---|--------------------|-------------------------|-------------------------------|-----------------------|--------------------------|
| 1. NAME OF COMMITTEE Yes on 1 Ballot Committee | | | 2. REPORT COVERING THE PERIOD | | |
| | | | FROM: 07/01/17 | TO: 01/15/18 | |
| 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 | | \$833.00 | |
| Address | | | | | |
| City Los Angeles | State CA | | | | Zip Code 90013 |
| | | | | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name | | | | | |
| Address | | | | | |
| City | State | | | | Zip Code |
| | | | | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name | | | | | |
| Address | | | | | |
| City | State | | | | Zip Code |
| | | | | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name | | | | | |
| Address | | | | | |
| City | State | | | | Zip Code |
| | | | | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name | | | | | |
| Address | | | | | |
| City | State | | | | Zip Code |
| | | | | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name | | | | | |
| Address | | | | | |
| City | State | | | | Zip Code |
| | | | | | |
| 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.) | | | | \$833.00 | |

ITEMIZED STATEMENT OF LOANS - SMC

| 1. NAME OF COMMITTEE | | | | 2. REPORT COVERING THE PERIOD | | | |
|--|-------|-------------------|--------------|--|-------------------------------|------------------------------|--|
| Yes on 1 Ballot Committee | | | | FROM: 07/01/17 | | TO: 01/15/18 | |
| 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 | \$0 | \$1,000 |
| 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.) | | | | \$1,000 | \$0 | \$0 | \$1,000 |

