CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT: JAN 30, 2022

2. NAME OF COMMITTEE: Yes on 1 Committee

2. SHORT NAME OF COMMITTEE (IF APPLICABLE):

3. ADDRESS AND PHONE

Street or Rural Route	City	State	Zip Code	Phone
95 White Bridge Rd Suite 207	Nashville	TN	37205	615-668-5659

4. MEASURES SUPPORTED OR OPPOSED: Support Amendment 1 to TN Constitution (Right To Work Amendment)

5.A. NAME OF POLITICAL TREASURER: Bill Harlan

5.B. DATE APPOINTED: July 6, 2021

6. CATEGORY OR REPORT (Check one)

- ☐ FIRST QUARTER
- ☐ SECOND QUARTER
- ☐ THIRD QUARTER
- ☐ FOURTH QUARTER
- ☐ PRE-PRIMARY
- ☐ PRE-GENERAL
- ☐ MID-YEAR SUPPLEMENTAL
- ☒ YEAR-END SUPPLEMENTAL

7.A. BEGINNING DATE OF REPORTING PERIOD: July 1, 2021

7.B. ENDING DATE OF REPORTING PERIOD: January 15, 2022

8. (Check one)

A. ☐ 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. ☒ 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 — date: 1-31-22

9. WITNESS SIGNATURE

signature of witness — date: 1-30-22

10. SUMMARY

a.	BALANCE ON HAND LAST REPORT	$ -0-
b.	TOTAL RECEIPTS THIS PERIOD	$ 54,500 α
c.	TOTAL DISBURSEMENTS THIS PERIOD	$ 8,281 SI
d.	BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	$ 46,218 49
e.	TOTAL LOANS OUTSTANDING	$ -0-
f.	TOTAL OBLIGATIONS OUTSTANDING	$ -0-

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SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full): Yes on 1 Committee

12. REPORT COVERING THE PERIOD FROM: July 1, 2021 TO: Jan 15, 2022

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 850

b. Itemized Contributions (over $100 from each source this period) ..... $ 53,650

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... $ 54,500

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.) ..... $ 54,500

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)

Office Supplies	$ 84.12
	$
	$
	$
	$
	$

Total of Expenditures ($100 or less each payee) ..... $ 84.12

b. Itemized Expenditures (Over $100 each payee this period) ..... $ 8,197.39

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) ..... $ 8281.51

18. LOAN REPAYMENTS MADE THIS PERIOD ..... $ -0-

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) ..... $ 8281.51

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.) ..... $ -0-

21.LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) ..... $ -0-

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 I item 10.f.) ..... $ -0-

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: Yes on 1 Committee

2. REPORT COVERING THE PERIOD FROM: 8-1-21 TO: 1-15-22

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	Address	City	State	Zip Code	Occupation	Employer	Amount of Contribution
JAMES		Thien	4117 Hillsboro Pike Suite 103	Nashville	TN	37215	Owner	The UPS Store	200.00
John		Boike	600 Reliability Circle	Knoxville	TN	37932	Franchise Owner	Subway	200.00
J.		Boyd	6780 Autumnwood Dr.	Nashville	TN	37221	Investor	Self Employed	1,000.00
Robert		Decosimo	5500 Summerfield Lane	Signal Mountain	TN	37377	CPA	DFOS	500.00
Joe		Scarlett	3 Strawberry Hill	Nashville	TN	37215	Retired	Retired	1000.00

5. TOTAL ITEMIZED CONTRIBUTIONS: 2900.00

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: Yes on 1 Committee

2. REPORT COVERING THE PERIOD FROM: 7-1-21 TO: 1-15-22

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page): Amount 2900.00

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	Address	City	State	Zip Code	Occupation	Employer	Amount of Contribution
Susan		Meaker	3181 Poplar Ave Ste. 224	Memphis	TN	38111	Owner	Answering Advantage	250.00
JAMES		Ethier	821 Woodland Court	Knoxville	TN	37919	Retired	Retired	1,000 cc
Jerry		Barrix	503 Airways Blvd	JACKSON	TN	38301	Executive	Wade Electric	1,000 cc
Bridget		Parkes	8205 Maryland Ave	Brentwood	TN	37027	Consultant	Con Pass	500 cc
Michael		Fielder	6313 Panorama Dr.	Brentwood	TN	37027	Real Estate	CH	250 cc

5. TOTAL ITEMIZED CONTRIBUTIONS: 5900 cc

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: Yes on 1 Committee

2. REPORT COVERING THE PERIOD FROM: 7-1-21 TO: 1-15-22

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page): Amount 5900.00

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	Address	City	State	Zip Code	Occupation	Employer	Amount of Contribution
Andrew		Everett	5307 Turtle Point	Knoxville	TN	37919	Chairman	Bush Brothers + Co.	1000.00
Kristina		Rasmussen	5000 Ellis Meadows Court	Glen Allen	VA	23059	President	ACP	500.00
		Executive Travel + Parking LLC	616 Royal Parkway	Nashville	TN	37214			250.00
		Stowers Machinery Inc.	6301 Old Rutledge Pike	Knoxville	TN	37924			2,000.00
JACK		McKee	9530 Glyan Downing Dr.	Ooltewah	TN	37363	Owner	McKee Foods	5000.00

5. TOTAL ITEMIZED CONTRIBUTIONS: 14,650.00

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: Yes on 1 Committee

2. REPORT COVERING THE PERIOD FROM: 7-1-21 TO: 1-15-22

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page): Amount 14,650 cc

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	Address	City	State	Zip Code	Occupation	Employer	Amount of Contribution
Betty		McKee	9530 Glynn Downing Dr.	Ooltewah	TN	37363	Owner	McKee Foods	5,000 cc
Allen		Carter	P.O. Box 809	Athens	TN	37371	President	Athens Insurance	250 cc
Lance		Carter	1720 Andrew Crockett Court	Brentwood	TN	37027	Retired	Retired	250 cc
John		Zeiser	220 Compress St.	Chattanooga	TN	37377	CEO	Southern Champion	10,000 cc
		National Health LLC	100 East Vine St.	Murfreesboro	TN	37133			5,000 cc

5. TOTAL ITEMIZED CONTRIBUTIONS: 35,150 cc

(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.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: Yes on 1 Committee

2. REPORT COVERING THE PERIOD FROM: 7-1-21 TO: 1-15-22

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page): Amount 35,150

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	Address	City	State	Zip Code	Occupation	Employer	Amount of Contribution
Brian		Hunt	6444 Deep Canyon Rd	Hixson	TN	37343	Chief Operating Officer	Southern Champion	500
		Tennessee Road Builders PAC	213 5th Ave N	Nashville	TN	37219			5,000
		Tennessee Fuel + Convenience PAC	P.O. Box 101334	Nashville	TN	37224			1,500
Bruce		Zeiser	1410 Taft Hwy	Signal Mountain	TN	37377	Vice President	ScTray Co.	1,500
		Tennessee Chamber of Commerce	414 Union St. Suite 107	Nashville	TN	37219			10,000

5. TOTAL ITEMIZED CONTRIBUTIONS: 53,650

(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.)

SS-1141 (Rev. 2/06)

RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE: Yes on 1 Committee

2. REPORT COVERING THE PERIOD FROM: 7-1-21 TO: 1-15-22

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 sigle payee during the period, must be itemized.)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
		Troy Brewer CPA	95 White Bridge Rd Suite 207	Nashville	TN	37205	Accounting	500 00
		Beacon Impact	PO. Box 198646	Nashville	TN	37203	website	130 45
		Killswitch Collective	1605 Lipan Trail	Austin	TX	78733	Tech Support	262 50
		Beacon Center of Tennessee	PO. Box 198646	Nashville	TN	37203	List Rental	1,000 00
		Killswitch Collective	Lipan Trail	Austin	TX	78733	Tech Support	520 00
Justin		Owen	1403 Huffine St.	Nashville	TN	37216	Pins, Logos	779 82

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.) 3242.77

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE: Yes on 1 Committee

2. REPORT COVERING THE PERIOD FROM: 7-1-21 TO: 1-15-22

3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page): Amount 3242.77

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than $100 to a sigle payee during the period, must be itemized.)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
		Crownover Creative	441 Jessie Dr.	Nashville	TN	37211	Graphics	240 cc
		Beacon Impact	1200 Clinton St. Suite 205	Nashville	TN	37203	Website Purchase	2,000 cc
		Troy Brewer CPA	95 White Bridge Rd Suite 207	Nashville	TN	37205	Accounting	500 cc
		MazeChimp	675 Ponce De Leon Ave	Atlanta	GA	30308	Email Processing	77 67
		Troy Brewer CPA	95 White Bridge Rd #207	Nashville	TN	37205	Accounting	500 cc
		Troy Brewer CPA	95 White Bridge Rd #207	Nashville	TN	37205	Accounting	500 cc

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.) 7060.44

SS-1142 (Rev. 4/02)

RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE: Yes on 2 Committee

2. REPORT COVERING THE PERIOD FROM: 7-1-21 TO: 1-15-22

3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page): Amount 7060.44

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than $100 to a sigle payee during the period, must be itemized.)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
		Mail Chimp	675 Ponce De Leon Ave	Atlanta	GA	30308	Email Processing	86.30
		Troy Brewer CPA	95 White Bridge Rd #207	Nashville	TN	37205	Accounting	500 00
		Ancdot	1340 Poydras St	New Orleans	LA	70112	Credit Card Fees	550.65

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.): 8,197.39

SS-1142 (Rev. 4/02)

RDA 1159