

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

| | | | | | |
|---|--|---------------|---|----------------------------------|--|
| 1. DATE OF REPORT 01/26/2015 | 2. NAME OF COMMITTEE Vote Yes on 2, LLC | | | | |
| 2. SHORT NAME OF COMMITTEE (IF APPLICABLE) Vote Yes on 2 | | | | | |
| 3. ADDRESS AND PHONE | | | | | |
| Street or Rural Route PO Box 120796 | City Nashville | State TN | Zip Code 37212 | Phone | |
| 4. MEASURES SUPPORTED OR OPPOSED Judicial Selection Amendment #2 to the State Constitution | | | | | |
| 5.A. NAME OF POLITICAL TREASURER Kimberly Kaegi | | | | 5.B. DATE APPOINTED 3/17/2014 | |
| 6. CATEGORY OR REPORT (Check one) | | | | | |
| <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL | | | | | |
| 7.A. BEGINNING DATE OF REPORTING PERIOD 10/26/2014 | | | 7.B. ENDING DATE OF REPORTING PERIOD 1/15/2015 | | |
| 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. | | | | | |
|  signature of political treasurer | | | | 1-23-15 date | |
| 9. WITNESS SIGNATURE | | | | | |
|  signature of witness | | | | 1/23/15 date | |
| 10. SUMMARY | | | | | |
| a. BALANCE ON HAND LAST REPORT | | \$ 41,260.89 | | | |
| b. TOTAL RECEIPTS THIS PERIOD | | \$ 291,200.00 | | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | \$ 332,460.89 | | | |
| d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) | | \$ 0.00 | | | |
| e. TOTAL LOANS OUTSTANDING | | \$ 0.00 | | | |
| f. TOTAL OBLIGATIONS OUTSTANDING | | \$ 0.00 | | | |

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ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | |
|--|-------------|--|--|
| 1. NAME OF COMMITTEE Vote Yes on 2, LLC | | 2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount 0.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) | | | |
| First Name John | M.I. C. | Last Name/Organization Name Hayworth | Amount of Contribution 250.00 |
| Address 4500 Wayland Drive | | | |
| City Nashville | State TN | Zip Code 37215 | |
| Occupation Attorney | | | |
| Employer Walker, Tipps & Malone PLC | | | |
| First Name | M.I. | Last Name/Organization Name Tennessee Business Partnership | Amount of Contribution 275,000.00 |
| Address PO Box 120965 | | | |
| City Nashville | State TN | Zip Code 37212 | |
| Occupation | | | |
| Employer | | | |
| First Name | M.I. | Last Name/Organization Name Campaign to Elect Judge Jeff Bivins | Amount of Contribution 500.00 |
| Address 604 West Main Street | | | |
| City Franklin | State TN | Zip Code 37064 | |
| Occupation | | | |
| Employer | | | |
| First Name Victor | M.I. | Last Name/Organization Name Johnson III | Amount of Contribution 500.00 |
| Address 804 Lynnwood Bvd | | | |
| City Nashville | State TN | Zip Code 37205 | |
| Occupation Attorney | | | |
| Employer Retired | | | |
| First Name Timothy | M.I. A. | Last Name/Organization Name Priest | Amount of Contribution 200.00 |
| Address 809 Andover Blvd | | | |
| City Knoxville | State TN | Zip Code 37934 | |
| Occupation Attorney | | | |
| Employer Prior, Flynn, Priest & Harber | | | |
| 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.) | | | 276,450.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | |
|---|-------------|---|--|
| 1. NAME OF COMMITTEE Vote Yes on 2, LLC | | 2. REPORT COVERING THE PERIOD | |
| | | FROM: 10/26/14 | TO: 1/15/15 |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount 276,450.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) | | | |
| First Name John | M.I. K | Last Name/Organization Name Harber | |
| Address 625 S Gay Street #600 | | | Amount of Contribution 200.00 |
| City Knoxville | State TN | Zip Code 37901 | |
| Occupation Attorney | | | |
| Employer Self Employed | | | |
| | | | |
| First Name | M.I. | Last Name/Organization Name Spears, Moore, Rebman & Williams | |
| Address PO Box 1749 | | | Amount of Contribution 2,500.00 |
| City Chattanooga | State TN | Zip Code 37401 | |
| Occupation | | | |
| Employer | | | |
| | | | |
| First Name Gregory | M.I. | Last Name/Organization Name Isaacs | |
| Address 618 S Gay Street, Suite 300 | | | Amount of Contribution 750.00 |
| City Knoxville | State TN | Zip Code 37901 | |
| Occupation Attorney | | | |
| Employer Isaacs Law Firm | | | |
| | | | |
| First Name John | M.I. R | Last Name/Organization Name Tarpley | |
| Address 6215 Ramsgate Ct | | | Amount of Contribution 250.00 |
| City Brentwood | State TN | Zip Code 37027 | |
| Occupation Attorney | | | |
| Employer Lewis, Thomason, King, Kreig & Waldrop P.C. | | | |
| | | | |
| First Name Michael | M.I. E | Last Name/Organization Name Keeney | |
| Address 120 S. Rose Rd | | | Amount of Contribution 1,500.00 |
| City Memphis | State TN | Zip Code 38817 | |
| Occupation Attorney | | | |
| Employer Lewis, Thomason, King, Kreig & Waldrop P.C. | | | |
| | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | 281,650.00 |
| (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 Vote Yes on 2, LLC | | 2. REPORT COVERING THE PERIOD | |
| | | FROM: 10/26/14 | TO: 1/15/15 |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount 281,650.00 |
| 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 Miller & Martin PLLC | Amount of Contribution 5,000.00 |
| Address 832 Georgia Ave, Suite 1000 | | | |
| City Chattanooga | State TN | Zip Code 37402 | |
| Occupation | | | |
| Employer | | | |
| First Name | M.I. | Last Name/Organization Name Bernstein, Stair & McAdams LLP | Amount of Contribution 2,500.00 |
| Address 116 Agnes Rd. | | | |
| City Knoxville | State TN | Zip Code 37919 | |
| Occupation | | | |
| Employer | | | |
| First Name | M.I. | Last Name/Organization Name Harris, Shelton, Hanover, Walsh PAC | Amount of Contribution 250.00 |
| Address 1 Commerce Square, Suite 2700 | | | |
| City Memphis | State TN | Zip Code 38103 | |
| Occupation | | | |
| Employer | | | |
| First Name John | M.I. | Last Name/Organization Name Ryder | Amount of Contribution 250.00 |
| Address 4770 Cole Rd | | | |
| City Memphis | State TN | Zip Code 38117 | |
| Occupation Attorney | | | |
| Employer Harris, Shelton, Hanover & Walsh | | | |
| First Name Edward | M.I. | Last Name/Organization Name White II | Amount of Contribution 200.00 |
| Address 539 Cherokee Blvd | | | |
| City Knoxville | State TN | Zip Code 37919 | |
| Occupation Attorney | | | |
| Employer Law Office of Edward White | | | |
| 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.) | | | 289,850.00 |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | |
|---|-------|-------------------------------|----------------------|
| 1. NAME OF COMMITTEE Vote Yes on 2, LLC | | 2. REPORT COVERING THE PERIOD | |
| | | FROM: 10/26/14 | TO: 1/15/15 |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount 289,850.00 |
| 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 | |
| Wayne | A | Kline | |
| Address 1226 Burch Cove Way | | | |
| City | State | Zip Code | |
| Knoxville | TN | 37922 | |
| Occupation Attorney | | | |
| Employer Hodges, Doughty & Carson | | | |
| Amount of Contribution 150.00 | | | |
| First Name | M.I. | Last Name/Organization Name | |
| T Kenan | | Smith | |
| Address 2230 Duncan Road | | | |
| City | State | Zip Code | |
| Knoxville | TN | 37919 | |
| Occupation Attorney | | | |
| Employer Hodges, Doughty & Carson | | | |
| Amount of Contribution 200.00 | | | |
| First Name | M.I. | Last Name/Organization Name | |
| Eleanor | | Yoakum | |
| Address 750 Mabetown Road | | | |
| City | State | Zip Code | |
| Tazewell | TN | 37879 | |
| Occupation Banker | | | |
| Employer First Century Bank | | | |
| Amount of Contribution 200.00 | | | |
| First Name | M.I. | Last Name/Organization Name | |
| | | Stanifer and Stanifer | |
| Address PO Box 217 | | | |
| City | State | Zip Code | |
| Tazewell | TN | 37879 | |
| Occupation | | | |
| Employer | | | |
| Amount of Contribution 200.00 | | | |
| First Name | M.I. | Last Name/Organization Name | |
| Albert | J | Harb | |
| Address 2313 Covefield | | | |
| City | State | Zip Code | |
| Knoxville | TN | 37919 | |
| Occupation Attorney | | | |
| Employer Hodges, Doughty & Carson | | | |
| Amount of Contribution 200.00 | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | 290,800.00 |
| (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 IN-KIND CONTRIBUTIONS - SMC

| | | | | |
|--|--------------------|-------------------------------------|-------------------------------|--------------------------|
| 1. NAME OF COMMITTEE Vote Yes on 2, LLC | | 2. REPORT COVERING PERIOD | | |
| | | FROM: 10/26/14 | TO: 1/15/15 | |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount 0.00 | |
| 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 | Middle Name | Description of In-Kind Contribution | Value of In-Kind Contribution | |
| Last Name/Organization Name Tennessee Business Partnership | | Professional Services | 7,953.40 | |
| Address PO Box 120965 | | | | |
| City Nashville | State TN | | | Zip Code 37212 |
| Occupation | | | | |
| Employer | | | | |
| First Name | Middle Name | Description of In-Kind Contribution | Value of In-Kind Contribution | |
| Last Name/Organization Name Baker, Donelson, Bearman, Caldwell & Berkowitz, PC | | Office Rent | 461.52 | |
| Address 211 Commerce Street, Suite 800 | | | | |
| City Nashville | State TN | | | Zip Code 37201 |
| 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 | Description of In-Kind Contribution | Value of In-Kind Contribution | |
| Last Name/Organization Name | | | | |
| Address | | | | |
| City | State | | | Zip Code |
| Occupation | | | | |
| Employer | | | | |
| 5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS | | | | |
| (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.) | | | 8,414.92 | |

ITEMIZED STATEMENT OF EXPENDITURES - SMC

| | | | | | | |
|---|-------------|---|-----------------------|----------------|--|-------------------|
| 1. NAME OF COMMITTEE Vote Yes on 2, LLC | | 2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 1/15/2015 | | | | |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount 0.00 | | |
| 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 Bass Berry Sims | | Legal Fees | 1,500.00 | | | |
| Address 150 Third Avenue South, Suite 2800 | | | | | | |
| City Nashville | State TN | | | | | Zip Code 37201 |
| First Name | | | | | | Middle Name |
| Last Name/Business Name Andrews Institute Lipscomb University | | Event Catering | 382.71 | | | |
| Address One University Park Drive | | | | | | |
| City Nashville | State TN | | | | | Zip Code 37204 |
| First Name | | | | | | Middle Name |
| Last Name/Business Name Anne Wallis | | Travel and Office Supplies | 416.01 | | | |
| Address 444 Elmington Ave #824 | | | | | | |
| City Nashville | State TN | | | | | Zip Code 37205 |
| First Name | | | | | | Middle Name |
| Last Name/Business Name CFC Strategies, Inc. | | Accounting Services | 5,795.00 | | | |
| Address 3724 Dunbarton Dr. | | | | | | |
| City Mountain Brook | State AL | | | | | Zip Code 35223 |
| First Name | | | | | | Middle Name |
| Last Name/Business Name Carter Malone Group LLC | | Consulting & Radio Production | 4,995.00 | | | |
| Address 1509 Madison Ave | | | | | | |
| City Memphis | State TN | | | | | Zip Code 38104 |
| First Name | | | | | | Middle Name |
| Last Name/Business Name Crisp Communications | | Consulting & Materials | 7,169.28 | | | |
| Address 278 Franklin Road, Suite 370 | | | | | | |
| City Brentwood | State TN | | | | | Zip Code 37027 |
| First Name | | | | | | Middle Name |
| 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.) | | | | 20,258.00 | | |



ITEMIZED STATEMENT OF EXPENDITURES - SMC

| | | | | | |
|---|-------------------------------|---|-------------------|------------------------|-----------------------|
| 1. NAME OF COMMITTEE Vote Yes on 2, LLC | | 2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15 | | | |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount 20,258.00 | |
| 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 | Christopher | Middle Name | | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | Smith | | | Travel | 105.28 |
| Address | 902 Montrose Ave | | | | |
| City | Nashville | State | TN Zip Code 37204 | | |
| City | Nashville | State | TN Zip Code 37204 | | |
| First Name | Erin | Middle Name | | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | Merrick | | | Travel | 158.59 |
| Address | 215 White Bridge Pike | | | | |
| City | Nashville | State | TN Zip Code 37209 | | |
| City | Nashville | State | TN Zip Code 37209 | | |
| First Name | | Middle Name | | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | JAC Consulting | | | Advertising | 14,726.56 |
| Address | 6102 Arbor Bend Dr | | | | |
| City | Smyrna | State | TN Zip Code 37167 | | |
| City | Smyrna | State | TN Zip Code 37167 | | |
| First Name | | Middle Name | | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | Kaegi Resources | | | Fundraising | 22,607.00 |
| Address | 1015 Stonebridge Park Drive | | | | |
| City | Franklin | State | TN Zip Code 37069 | | |
| City | Franklin | State | TN Zip Code 37069 | | |
| First Name | | Middle Name | | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | Premier Parking of TN, LLC | | | Parking | 540.00 |
| Address | 421 Church Street | | | | |
| City | Nashville | State | TN Zip Code 37219 | | |
| City | Nashville | State | TN Zip Code 37219 | | |
| First Name | | Middle Name | | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | Smart Media Group, LLC | | | Advertising | 260,116.95 |
| Address | 1427 Leslie Avenue, Suite 100 | | | | |
| City | Alexandria | State | VA Zip Code 22301 | | |
| City | Alexandria | State | VA Zip Code 22301 | | |
| 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.) | | | | | 318,512.38 |



ITEMIZED STATEMENT OF EXPENDITURES - SMC

| | | | | |
|---|--------------------|---|-----------------------------|--------------------------|
| 1. NAME OF COMMITTEE Vote Yes on 2, LLC | | 2. REPORT COVERING THE PERIOD FROM: 10/26/14 TO: 1/15/15 | | |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount 318,512.38 | |
| 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 Strategic Perception Inc. | | Radio Production | 1,767.00 | |
| Address 6158 Mulholland Highway | | | | |
| City Hollywood | State CA | | | Zip Code 90068 |
| First Name | | | | Middle Name |
| Last Name/Business Name Century II Staffing, Inc. | | Payroll | 11,631.04 | |
| Address 9020 Overlook Blvd, Suite 201 | | | | |
| City Brentwood | State TN | | | Zip Code 37207 |
| First Name | | | | Middle Name |
| Last Name/Business Name | | | | |
| Address | | | | |
| City | State | | | Zip Code |
| First Name | | | | Middle Name |
| Last Name/Business Name | | | | |
| Address | | | | |
| City | State | | | Zip Code |
| First Name | | | | Middle Name |
| Last Name/Business Name | | | | |
| Address | | | | |
| City | State | | | Zip Code |
| First Name | | | | Middle Name |
| Last Name/Business Name | | | | |
| Address | | | | |
| City | State | | | Zip Code |
| First Name | | | | Middle Name |
| Last Name/Business Name | | | | |
| Address | | | | |
| City | State | | | Zip Code |
| First Name | | | | Middle Name |
| 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.) | | | 331,910.42 | |