

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; font-weight: bold;">UNITED TENNESSEE YES ON 3</p>	12. REPORT COVERING THE PERIOD FROM: <u>7/26/22</u> TO: <u>9/30/2022</u>
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>1979.21</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>98750.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>100729.21</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>100729.21</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>TN STATE FEES</u>	\$ <u>20.00</u>
<u>ADVERTISING</u>	\$ <u>69.91</u>
<u>DONATION</u>	\$ <u>29.30</u>
<u>SUPPLIES</u>	\$ <u>381.29</u>
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>500.50</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>\$28925.86</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$ _____
18. LOAN REPAYMENTS MADE THIS PERIOD	
\$	
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	
\$	<u>29426.36</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.)	
\$	
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 UNITED TENNESSEE YES ON 3			2. REPORT COVERING THE PERIOD FROM: 07/26/22 TO: 09/30/2022	
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 SAM 4 TN STATE REPRESENTATIVE		Amount of Contribution 1000.00
Address PO BOX 203				
City FRANKLIN	State TN	Zip Code 37065		
Occupation CAMPAIGN				
Employer SAM 4 TN STATE REPRESENTATIVE				
First Name JOE	M.I. E	Last Name/Organization Name TOWNS		Amount of Contribution 500.00
Address 4528 SAINT HONORE DR				
City MEMPHIS	State TN	Zip Code 38116		
Occupation POLITICIAN				
Employer TN STATE HOUSE				
First Name	M.I.	Last Name/Organization Name FRIENDS OF BO MITCHELL		Amount of Contribution 250.00
Address 6421 RIVERPLACE DR				
City NASHVILLE	State TN	Zip Code 37221		
Occupation POLITICIAN				
Employer TN STATE HOUSE				
First Name	M.I.	Last Name/Organization Name YELLOW ROSE POLITICAL ACTION COMMITTEE		Amount of Contribution 250.00
Address PO BOX 190141				
City NASHVILLE	State TN	Zip Code 37219-0141		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name PRESERVING OUR COMMUNITY'S FUTURE		Amount of Contribution 10000.00
Address 500 11TH AVE. NORTH, SUITE 200				
City NASHVILLE	State TN	Zip Code 37203		
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.)				\$12000.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

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3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$12000
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	
		JACK DANIEL'S PAC	
Address C/O 228 S. WASHINGTON ST, STE 115			
City	State	Zip Code	
ALEXANDRIA	VA	22314	
Occupation			
Employer			
			Amount of Contribution 50000.00
First Name	M.I.	Last Name/Organization Name	
		BBS GOOD GOVERNMENT ACCOUNT	
Address 150 THIRD AVENUE SOUTH SUITE 2800			
City	State	Zip Code	
NASHVILLE	TN	37201	
Occupation			
Employer			
			Amount of Contribution 15000.00
First Name	M.I.	Last Name/Organization Name	
MICHAEL	D	SCHMERLING	
Address 2049 FRANSWORTH DRIVE			
City	State	Zip Code	
NASHVILLE	TN	37205	
Occupation BOARD CHAIR NONPROFIT ABE'S GARDEN			
Employer UNEMPLOYED			
			Amount of Contribution 1000.00
First Name	M.I.	Last Name/Organization Name	
MIKE		STEWART	
Address 223 ROSA L. PARKS AVE. SUITE 20			
City	State	Zip Code	
NASHVILLE	TN	37203	
Occupation ATTORNEY			
Employer BRANSTETTER LAW FIRM			
			Amount of Contribution \$500.00
First Name	M.I.	Last Name/Organization Name	
DALE		ALLEN	
Address 208 LYNNWOOD TERRACE			
City	State	Zip Code	
NASHVILLE	TN	37205	
Occupation ATTORNEY			
Employer ADAMS AND REESE			
			Amount of Contribution \$1000.00
5. TOTAL ITEMIZED CONTRIBUTIONS			\$79500.00
(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 UNITED TENNESSEE YES ON 3		2. REPORT COVERING THE PERIOD FROM 07/26/22 TO: 09/30/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$79500.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name PHILLIP	M.I. 	Last Name/Organization Name LAWSON	Amount of Contribution \$1000.00
Address 755 KENESAW AVENUE			
City KNOXVILLE	State TN	Zip Code 37919	
Occupation REAL ESTATE DEVELOPER			
Employer LHP CAPITAL, LLC			
First Name LYNDA	M.I. F	Last Name/Organization Name JONES	Amount of Contribution \$250.00
Address 535 SKYVIEW			
City NASHVILLE	State TN	Zip Code 37206	
Occupation JUDGE			
Employer METRO			
First Name BOB	M.I. 	Last Name/Organization Name FREEMAN	Amount of Contribution \$250.00
Address 1109B LIPSCOMB SRIVE			
City NASHVILLE	State TN	Zip Code 38551	
Occupation REAL ESTATE			
Employer FREEMAN WEBB			
First Name KAREN	M.I. 	Last Name/Organization Name CAMPER	Amount of Contribution \$250.00
Address 3545 HAZELHEDGE DRIVE			
City MEMPHIS	State TN	Zip Code 38116	
Occupation LEGISLATOR			
Employer STATE OF TENNESSEE			
First Name VINCENT	M.I. 	Last Name/Organization Name DIXIE	Amount of Contribution \$500.00
Address 4020 DRAKES BRANCH RD			
City NASHVILLE	State TN	Zip Code 37218	
Occupation BONDSMAN			
Employer BAIL U OUT BONDING			
5. TOTAL ITEMIZED CONTRIBUTIONS			\$81750.00
<p>(Carry forward to item 3. of next page if additional pages of this form are used.)</p> <p>(If this is the last page of contributions, this amount must be shown in item 13b. of summary.)</p>			

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE UNITED TENNESSEE YES ON 3		2. REPORT COVERING THE PERIOD FROM: 7/26/22 TO: 9/30/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$81750.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name DARREN	M.I.	Last Name/Organization Name JERNIGAN	Amount of Contribution \$500.00
Address 4837 RAINER DR			
City OLD HICKORY	State TN	Zip Code 37138	
Occupation REPRESENTATIVE			
Employer STATE OF TENNESSEE			
First Name HEIDI	M.I.	Last Name/Organization Name CAMPBELL	Amount of Contribution \$500.00
Address 926 OTTER ROAD			
City NASHVILLE	State TN	Zip Code 37220	
Occupation WRITER			
Employer SELF EMPLOYED			
First Name CRAIG	M.I.	Last Name/Organization Name FITZHUGH	Amount of Contribution \$1000.00
Address 135 SOUTH ALPINE STREET			
City RIPLEY	State TN	Zip Code 38063	
Occupation BANKER			
Employer BANK OF RIPLEY			
First Name	M.I.	Last Name/Organization Name TENNESSEE DEMOCRATIC CHAIR'S ASSOCIATION	Amount of Contribution \$2500.00
Address 700 12TH AVE S			
City NASHVILLE	State TN	Zip Code 37203	
Occupation POLITICAL COMMITTEE			
Employer			
First Name FRANK	M.I.	Last Name/Organization Name GARRISON	Amount of Contribution \$5000.00
Address 802 GLEN LEVEN DR			
City NASHVILLE	State TN	Zip Code 37204	
Occupation UNEMPLOYED			
Employer N/A			
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)			\$91250.00

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		FROM: 7/26/22	TO: 09/30/2022
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$91250.00
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	Amount of Contribution
		WALLER LANSDEN DORTCH & DAVIS, LLP	\$5000.00
Address 511 UNION STREET, SUITE 2700			
City	State	Zip Code	
NASHVILLE	TN	37219	
Occupation ATTORNEYS			
Employer N/A			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
EDDIE		MANNIS	\$2500.00
Address 425 REP. JOHN LEWIS WAY N.			
City	State	Zip Code	
NASHVILLE	TN	37243	
Occupation REPRESENTATIVE			
Employer STATE OF TENNESSEE			
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			\$98750.00
(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 EXPENDITURES - SMC

1. NAME OF COMMITTEE UNITED TENNESSEE YES ON 3		2. REPORT COVERING THE PERIOD FROM: 07/26/22 TO: 09/30/22	
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 single payee during the period, must be itemized.)			
First Name ERIC	Middle Name	Purpose of Expenditure SOCIAL MEDIA CONSULTANT	Amount of Expenditure \$4000.00
Last Name Business Name PATTON			
Address 1109 ELLISTON ST			
City OLD HICKORY	State TN	Zip Code 37138	
First Name KATHY	Middle Name	Purpose of Expenditure CAMPAIGN MANAGEMENT FEE	Amount of Expenditure \$9750.00
Last Name Business Name CHAMBERS			
Address 1427C MCGAVOCK PIKE			
City NASHVILLE	State TN	Zip Code 37216	
First Name SHELBY	Middle Name	Purpose of Expenditure COMMUNICATIONS AND MEDIA CONSULTANT	Amount of Expenditure \$9000.00
Last Name Business Name WHITE			
Address 8135 CLOVERLAND DR			
City NASHVILLE	State TN	Zip Code 37211	
First Name	Middle Name	Purpose of Expenditure DIGITAL ADVERTISING	Amount of Expenditure \$2000.00
Last Name Business Name 31A COMMUNICATION STRATEGIES LLC			
Address 6733 CURRYWOOD DR			
City NASHVILLE	State TN	Zip Code 37205	
First Name	Middle Name	Purpose of Expenditure PAYMENT PROCESSING	Amount of Expenditure \$621.32
Last Name Business Name STRIPE			
Address 185 BERRY STREET, SUITE 550			
City SAN FRANCISCO	State CA	Zip Code 94107	
First Name	Middle Name	Purpose of Expenditure FOLDERS, BUSINESS CARD BLANKS	Amount of Expenditure \$155.96
Last Name Business Name OFFICE DEPOT			
Address 2304 WEST END			
City NASHVILLE	State TN	Zip Code 37203	
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.)			\$25527.28

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3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$25527.28	
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 BLUEBONNET DATA		VOLUNTEER MATCHING SERVICE	\$500.00	
Address 50 KENT ST APT 3				
City SOMERVILLE	State MA			Zip Code 02143
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name Business Name CONSTANT CONTACT		CONTACT DATA	\$103.79	
Address 1601 TRAPELO RD				
City WALTHAM	State MA			Zip Code 02451
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name Business Name FEDEX		SHIPPING	\$279.99	
Address 7900 LEGACY DRIVE				
City PLANO	State TN			Zip Code 75074
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name Business Name CUSTOM INK LLC		PRINTING	\$1809.80	
Address 2910 DISTRIC AVENUE				
City FAIRFAX	State VA			Zip Code 92722
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name Business Name FACEBOOK		DIGITAL ADVERTISING	\$705.00	
Address 1601 WILLOW RD				
City MENLO PARK	State CA			Zip Code 91122
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.)			\$28925.86	