

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMITTEE <i>Vote No On 1</i>		
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)			
3. ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <i>PO Box 293068      Nashville      TN      37229</i>			
4. MEASURES SUPPORTED OR OPPOSED <i>Opposition to Constitutional Amendment 1</i>			
5.A. NAME OF POLITICAL TREASURER <i>Al Wilkins</i>			5.B. DATE APPOINTED <i>5/20/22</i>
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 <i>10/30/22</i>		7.B. ENDING DATE OF REPORTING PERIOD <i>11/5/23</i>	
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.			
<i>Al Wilkins</i> signature of political treasurer			<i>23 Dec - 23</i> date
9. WITNESS SIGNATURE			
<i>Allie Trotterchoud</i> signature of witness			<i>12/20/23</i> date
10. SUMMARY			
a.	BALANCE ON HAND LAST REPORT .....	\$	<i>65,184.75</i>
b.	TOTAL RECEIPTS THIS PERIOD .....	\$	<i>6,200.62</i>
c.	TOTAL DISBURSEMENTS THIS PERIOD .....	\$	<i>33,287.43</i>
d.	BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$	<i>38,097.94</i>
e.	TOTAL LOANS OUTSTANDING .....	\$	<i>0</i>
f.	TOTAL OBLIGATIONS OUTSTANDING .....	\$	<i>0</i>



## SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD FROM: _____ TO: _____	
<b>RECEIPTS</b>		
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) .....	\$	6,200.62
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....	\$	6,200.62
14. LOANS RECEIVED THIS REPORTING PERIOD .....		
		\$ <u>0</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD .....		
		\$ <u>0</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) .....		
		\$ <u>6,200.62</u>
<b>DISBURSEMENTS</b>		
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)		
Media / Digital	\$	39.99
Media / Digital	\$	39.99
Media / Digital	\$	39.99
Bank Fee	\$	12.00
Total of Expenditures (\$100 or less each payee) .....		
		\$ <u>131.97</u>
b. Itemized Expenditures (Over \$100 each payee this period) .....		
		\$ <u>33,155.46</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) .....		
		\$ <u>33,287.43</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>33,287.43</u>
<b>20. IN-KIND CONTRIBUTIONS</b>		
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) .....		
		\$ <u>5,898.00</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) .....		
		\$ <u>5,898.00</u>
<b>21. LOANS</b>		
LOANS OUTSTANDING (must be shown in item 10.e.) .....		
		\$ <u>0</u>
<b>22. OBLIGATIONS</b>		
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 in item 10.f.) .....		
		\$ <u>0</u>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <span style="font-size: 1.5em; font-family: cursive;">Vote No On 1</span>			2. REPORT COVERING THE PERIOD	
			FROM: 10/30/22	TO: 11/15/23
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
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
<span style="font-size: 1.2em; font-family: cursive;">Janeita</span>				
Address <span style="font-size: 1.2em; font-family: cursive;">623 N. Willett St</span>				
City	State	Zip Code		
<span style="font-size: 1.2em; font-family: cursive;">Memphis</span>	<span style="font-size: 1.2em; font-family: cursive;">TN</span>	<span style="font-size: 1.2em; font-family: cursive;">38107</span>		
Occupation	<span style="font-size: 1.2em; font-family: cursive;">Attorney</span>			
Employer <span style="font-size: 1.2em; font-family: cursive;">Mendelson Law Firm</span>				<del>\$17000</del> <span style="font-size: 1.2em; font-family: cursive;">\$960.50</span>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
<span style="font-size: 1.2em; font-family: cursive;">Robert</span>				
Address <span style="font-size: 1.2em; font-family: cursive;">4125 Mirrasaw Court</span>				
City	State	Zip Code		
<span style="font-size: 1.2em; font-family: cursive;">Franklin</span>	<span style="font-size: 1.2em; font-family: cursive;">TN</span>	<span style="font-size: 1.2em; font-family: cursive;">37067</span>		
Occupation	<span style="font-size: 1.2em; font-family: cursive;">Not Employed</span>			
Employer				<span style="font-size: 1.2em; font-family: cursive;">\$240.12</span>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
<span style="font-size: 1.2em; font-family: cursive;">1870 Madison Ave</span>				
Address				
City	State	Zip Code		
<span style="font-size: 1.2em; font-family: cursive;">Memphis</span>	<span style="font-size: 1.2em; font-family: cursive;">TN</span>	<span style="font-size: 1.2em; font-family: cursive;">38104</span>		
Occupation				
Employer				<span style="font-size: 1.2em; font-family: cursive;">\$5,000</span>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				<span style="font-size: 1.2em; font-family: cursive;">\$6,200.62</span>
(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 <p style="text-align: center; font-size: 1.2em;">Vote No On 1</p>				2. REPORT COVERING THE PERIOD			
				FROM: 10/30/22	TO: 1/15/23		
				Amount			
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)							
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				Printing		\$2,425.35	
Address							
City	State	Zip Code					
Nashville	TN	37210					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name				Phone Calls		\$11,917.10	
Address							
City	State	Zip Code					
Chicago	IL	60654					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name				Yard Signs		\$3,621.75	
Address							
City	State	Zip Code					
Memphis	TN	38107					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name				Gift Cards for Staff		\$2,120.00	
Address							
City	State	Zip Code					
Nashville	TN	37204					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name				Texting		\$5,075.24	
Address							
City	State	Zip Code					
Santa Ana	CA	92703					
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name				Reimbursement for Gift Cards		\$350	
Address							
City	State	Zip Code					
Memphis	TN	38105					
5. TOTAL ITEMIZED EXPENDITURES						\$25,509.44	
(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.)							

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <p style="font-size: 1.2em; margin-left: 20px;">Vote No On 1</p>		2. REPORT COVERING THE PERIOD		
		FROM: 10/30/22	TO: 1/15/23	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$25,509.44	
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 <p style="font-size: 1.2em;">APRE - Memphis</p>		Reimbursement For Gift Cards	\$500	
Address <p style="font-size: 1.2em;">2138 Alcy Road</p>				
City <p style="font-size: 1.2em;">Memphis</p>	State <p style="font-size: 1.2em;">TN</p>			Zip Code <p style="font-size: 1.2em;">38114</p>
First Name <p style="font-size: 1.2em;">Jeffrey</p>	Middle Name			Purpose of Expenditure
Last Name/Business Name <p style="font-size: 1.2em;">Lichtenstein</p>		Consulting Services	\$2002.00	
Address				
City	State			Zip Code
First Name <p style="font-size: 1.2em;">Kathleen</p>	Middle Name			Purpose of Expenditure
Last Name/Business Name <p style="font-size: 1.2em;">Coffen</p>		Compliance Consulting	\$5,000	
Address <p style="font-size: 1.2em;">2063 Tollgate Blvd</p>				
City <p style="font-size: 1.2em;">Thompson's Station</p>	State <p style="font-size: 1.2em;">TN</p>			Zip Code <p style="font-size: 1.2em;">37179</p>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <p style="font-size: 1.2em;">Papa John's</p>		Food for debris Meeting	\$144.02	
Address <p style="font-size: 1.2em;">222 Thompson Lane</p>				
City <p style="font-size: 1.2em;">Nashville</p>	State <p style="font-size: 1.2em;">TN</p>			Zip Code <p style="font-size: 1.2em;">37211</p>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose 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.)				\$33,155.46

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <span style="font-size: 1.2em;">Vote No On 1</span>			2. REPORT COVERING PERIOD		
			FROM: 10/20/22	TO: 1/15/23	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount		
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					
Address					
City	State				Zip Code
Occupation					
Employer					
		<span style="font-size: 1.2em;">Soapbox Video services</span>		<span style="font-size: 1.2em;">\$200</span>	
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					
		<span style="font-size: 1.2em;">Campaign/ Poll workers</span>		<span style="font-size: 1.2em;">\$2,438.00</span>	
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					
		<span style="font-size: 1.2em;">Staff Time</span>		<span style="font-size: 1.2em;">\$1,460.00</span>	
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 pgs 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.)				\$5,898.00	

