



### SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)

*Yes on I Comm Hcp*

12. REPORT COVERING THE PERIOD

FROM: *4-1-22*

TO: *6-30-22*

#### 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) ..... \$ *17,500.00*

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... \$ \_\_\_\_\_

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.) ..... \$ *17,500.00*

#### 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)

*Graphic Design* ..... \$ *25<sup>00</sup>*

\_\_\_\_\_ ..... \$ \_\_\_\_\_

\_\_\_\_\_ ..... \$ \_\_\_\_\_

\_\_\_\_\_ ..... \$ \_\_\_\_\_

\_\_\_\_\_ ..... \$ \_\_\_\_\_

\_\_\_\_\_ ..... \$ \_\_\_\_\_

Total of Expenditures (\$100 or less each payee) ..... \$ *25<sup>00</sup>*

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ *6294.10*

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) ..... \$ *6319.10*

18. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ \_\_\_\_\_

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) ..... \$ *6319.10*

#### 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 in item 10.f.) ..... \$ *-0-*



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on E Committee</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>4-1-22</i>	TO: <i>6-30-22</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0-</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totalling more than \$100 from any contributor during the period)			
First Name <i>Douglas</i>	M.I.	Last Name/Organization Name <i>Thompson</i>	
Address <i>852 Waterthrush Lane</i>			
City <i>Chattanooga</i>	State <i>TN</i>	Zip Code <i>37419</i>	
Occupation <i>President</i>			
Employer <i>HFS Advisors</i>			
			Amount of Contribution  <b>250.00</b>
First Name <i>Garnett</i>	M.I.	Last Name/Organization Name <i>Decosimo</i>	
Address <i>510 Village Court</i>			
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37206</i>	
Occupation <i>Director</i>			
Employer <i>Decosimo Corporate</i>			
			Amount of Contribution  <b>250.00</b>
First Name	M.I.	Last Name/Organization Name <i>Mike Bell for State Senate</i>	
Address <i>261 County Rd 757</i>			
City <i>Riceville</i>	State <i>TN</i>	Zip Code <i>37370</i>	
Occupation			
Employer			
			Amount of Contribution  <b>1,000<sup>00</sup></b>
First Name	M.I.	Last Name/Organization Name <i>Shoppes on the Square</i>	
Address <i>612 Grove St.</i>			
City <i>Loudon</i>	State <i>TN</i>	Zip Code <i>37774</i>	
Occupation			
Employer			
			Amount of Contribution  <b>500.00</b>
First Name	M.I.	Last Name/Organization Name <i>NONODECS GP</i>	
Address <i>2 Union Square Ste 1100</i>			
City <i>Chattanooga</i>	State <i>TN</i>	Zip Code <i>37402</i>	
Occupation			
Employer			
			Amount of Contribution  <b>1000<sup>00</sup></b>
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount of Contribution  <b>3,000<sup>00</sup></b>
(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 <i>Yes on E Committee</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>4-1-22</i>	TO: <i>6-30-22</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>3,000</i> <sup>00</sup>	
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
Address		<i>DPOS LLC</i>		
<i>629 Market St. Ste. 120</i>				
City	State	Zip Code		
<i>Chattanooga</i>	<i>TN</i>	<i>37402</i>		
Occupation				
Employer				<i>1,000</i> <sup>00</sup>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address		<i>Ruby Falls LLC</i>		
<i>1720 South Scenic Hwy</i>				
City	State	Zip Code		
<i>Chattanooga</i>	<i>TN</i>	<i>37409</i>		
Occupation				
Employer				<i>250</i> <sup>00</sup>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address		<i>Ingram</i>		
<i>PO. Box 50058</i>				
City	State	Zip Code		
<i>Nashville</i>	<i>TN</i>	<i>37205</i>		
Occupation				
Employer				<i>2500</i> <sup>00</sup>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address		<i>Williamson</i>		
<i>1137 Travelers Ridge</i>				
City	State	Zip Code		
<i>Nashville</i>	<i>TN</i>	<i>37220</i>		
Occupation				
Employer				<i>250</i> <sup>00</sup>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address		<i>Hunt</i>		
<i>6444 Deep Canyon Rd</i>				
City	State	Zip Code		
<i>Hixson</i>	<i>TN</i>	<i>37343</i>		
Occupation				
Employer				<i>10,000</i> <sup>00</sup>
5. TOTAL ITEMIZED CONTRIBUTIONS				<i>11,000</i> <sup>00</sup>
(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 <i>Yes on 2 Committee</i>			2. REPORT COVERING THE PERIOD FROM: <i>4-1-22</i> TO: <i>6-30-22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>17,000<sup>00</sup></i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <i>Tim</i>	M.I.	Last Name/Organization Name <i>Downey</i>	Amount of Contribution  <i>500<sup>00</sup></i>	
Address <i>3990 Hillsboro Pike</i>				
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37215</i>		
Occupation <i>Owner</i>				
Employer <i>Southern Land Co.</i>				
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			Amount <i>17,500<sup>00</sup></i>	
(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 <i>Yes on 2 Committee</i>		2. REPORT COVERING THE PERIOD FROM: <i>4-1-22</i> TO: <i>6-30-22</i>		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>-0-</i>	
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 <i>Troy Brewer CPA Inc.</i>		<i>Accounting</i>	<i>500<sup>00</sup></i>	
Address <i>85 White Bridge Rd #207</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37205</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Marchimp</i>		<i>Communications</i>	<i>190<sup>00</sup></i>	
Address <i>675 Ponce de Leon NE</i>				
City <i>Atlanta</i>	State <i>GA</i>			Zip Code <i>30308</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>National Custom Insignia</i>		<i>Lapel Pins</i>	<i>318<sup>00</sup></i>	
Address <i>3094 Forsythia Dr.</i>				
City <i>Odessa</i>	State <i>FL</i>			Zip Code <i>33556</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Troy Brewer CPA Inc.</i>		<i>Accounting</i>	<i>500<sup>00</sup></i>	
Address <i>85 White Bridge Rd #207</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37205</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Marchimp</i>		<i>Communications</i>	<i>190<sup>00</sup></i>	
Address <i>675 Ponce de Leon NE</i>				
City <i>Atlanta</i>	State <i>GA</i>			Zip Code <i>30308</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>National Custom Insignia</i>		<i>Lapel Pins</i>	<i>508<sup>00</sup></i>	
Address <i>3094 Forsythia Dr.</i>				
City <i>Odessa</i>	State <i>FL</i>			Zip Code <i>33556</i>
First Name	Middle Name			Purpose of Expenditure
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.)			2,206.20	

# ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <span style="font-size: 1.2em;">Yes on 2 Committee</span>	2. REPORT COVERING THE PERIOD FROM: <span style="font-size: 1.2em;">4-1-22</span> TO: <span style="font-size: 1.2em;">6-30-22</span>
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3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)	Amount <span style="font-size: 1.2em;">2,206.20</span>
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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 <span style="font-size: 1.2em;">Killswitch Collective</span>		<span style="font-size: 1.5em;">Web / Technical</span>	<span style="font-size: 1.5em;">428<sup>75</sup></span>	
Address <span style="font-size: 1.2em;">1605 Lipan Trail</span>				
City <span style="font-size: 1.2em;">Austin</span>	State <span style="font-size: 1.2em;">TX</span>			Zip Code <span style="font-size: 1.2em;">78733</span>
First Name	Middle Name			Purpose of Expenditure

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <span style="font-size: 1.2em;">Troy Brewer CPA INC.</span>		<span style="font-size: 1.5em;">Accounting</span>	<span style="font-size: 1.5em;">500<sup>00</sup></span>	
Address <span style="font-size: 1.2em;">95 white Bridge Rd #207</span>				
City <span style="font-size: 1.2em;">Nashville</span>	State <span style="font-size: 1.2em;">TN</span>			Zip Code <span style="font-size: 1.2em;">37205</span>
First Name	Middle Name			Purpose of Expenditure

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <span style="font-size: 1.2em;">Killswitch Collective</span>		<span style="font-size: 1.5em;">Web / Technical</span>	<span style="font-size: 1.5em;">442<sup>50</sup></span>	
Address <span style="font-size: 1.2em;">1605 Lipan Trail</span>				
City <span style="font-size: 1.2em;">Austin</span>	State <span style="font-size: 1.2em;">TX</span>			Zip Code <span style="font-size: 1.2em;">78733</span>
First Name	Middle Name			Purpose of Expenditure

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <span style="font-size: 1.2em;">Bold Face Signs</span>		<span style="font-size: 1.5em;">Decals / stickers</span>	<span style="font-size: 1.5em;">1815<sup>60</sup></span>	
Address <span style="font-size: 1.2em;">PO. Box 150881</span>				
City <span style="font-size: 1.2em;">Nashville</span>	State <span style="font-size: 1.2em;">TN</span>			Zip Code <span style="font-size: 1.2em;">37205</span>
First Name	Middle Name			Purpose of Expenditure

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <span style="font-size: 1.2em;">Stripe.com</span>		<span style="font-size: 1.5em;">Credit Card Fees</span>	<span style="font-size: 1.5em;">501.05</span>	
Address <span style="font-size: 1.2em;">185 Berry St.</span>				
City <span style="font-size: 1.2em;">San Francisco</span>	State <span style="font-size: 1.2em;">CA</span>			Zip Code <span style="font-size: 1.2em;">94107</span>
First Name	Middle Name			Purpose of Expenditure

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

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.)	<span style="font-size: 1.5em;">6294.10</span>
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