

1-615-532-0

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT <u>October 10, 2022</u>		2. NAME OF COMMITTEE <u>Yes on 1 Committee</u>	
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)			
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>95 White Bridge Rd #207</u> <u>Nashville</u> <u>TN</u> <u>37205</u> <u>615-668-5659</u>			
4. MEASURES SUPPORTED OR OPPOSED <u>Support Amendment 1 to Tennessee Constitution - Right to Work Amendment</u>			
5.A. NAME OF POLITICAL TREASURER <u>Bill Haslam</u>		5.B. DATE APPOINTED <u>July 6, 2021</u>	
6. CATEGORY OF REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input 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 <u>July 26, 2022</u>		7.B. ENDING DATE OF REPORTING PERIOD <u>September 30, 2022</u>	
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.			
		<u>Bill Haslam</u> signature of political treasurer	
		_____ date	
9. WITNESS SIGNATURE			
		<u>Ty Pinn</u> signature of witness	
		_____ date	
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>34,718.44</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>112,350.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>9,526.58</u>	
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)		\$ <u>137,541.86</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>-0-</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>-0-</u>	



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SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)

Yes on 1 Committee

12. REPORT COVERING THE PERIOD

FROM: *7-26-22* TO: *9-30-22*

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 350.00
- b. Itemized Contributions (over \$100 from each source this period) \$ 112,000.00
- c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ 112,350.00

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.) \$ 112,350.00

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)

- Website / Domain \$ 21.88
- Technical Support \$ 82.50
- Shipping \$ 47.85
- Office Supplies \$ 50.63
- Email / Communications \$ 95.05

Total of Expenditures (\$100 or less each payee) \$ 352.91

b. Itemized Expenditures (Over \$100 each payee this period) \$ 9,173.67

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.,) \$ 9,526.58

18. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) \$ 9,526.58

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 1 Committee</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>7-26-22</i>	TO: <i>9-30-22</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 totaling more than \$100 from any contributor during the period)				
First Name <i>Everett</i>	M.I.	Last Name/Organization Name <i>Sinor</i>		Amount of Contribution <i>250.00</i>
Address <i>2521 White Ave</i>				
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37204</i>		
Occupation <i>President</i>				
Employer <i>Tennessee Automotive Assoc.</i>				
First Name <i>Richard</i>	M.I.	Last Name/Organization Name <i>Katten</i>		Amount of Contribution <i>250.00</i>
Address <i>4400 Harding Rke #503</i>				
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37205</i>		
Occupation <i>CIO</i>				
Employer <i>Courage Capital</i>				
First Name <i>Joe</i>	M.I.	Last Name/Organization Name <i>Scarlett</i>		Amount of Contribution <i>1,000.00</i>
Address <i>3 Strawberry Hill</i>				
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37205</i>		
Occupation <i>Retired</i>				
Employer <i>Retired</i>				
First Name <i>Phillip</i>	M.I.	Last Name/Organization Name <i>Kurzner</i>		Amount of Contribution <i>250.00</i>
Address <i>23 Northumberland</i>				
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37215</i>		
Occupation <i>Surgeon</i>				
Employer <i>Self-Employed</i>				
First Name <i>CASIN</i>	M.I.	Last Name/Organization Name <i>Swann</i>		Amount of Contribution <i>250.00</i>
Address <i>10162 Stinson St.</i>				
City <i>Milan</i>	State <i>TN</i>	Zip Code <i>38358</i>		
Occupation <i>Director</i>				
Employer <i>Pavement Restorations</i>				
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.)				Amount <i>2,000.00</i>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 1 Committee</i>		2. REPORT COVERING THE PERIOD FROM: <i>7-26-22</i> TO: <i>9-30-22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>2,000.00</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <i>JAMES</i>	M.I.	Last Name/Organization Name <i>Thein</i>	
Address <i>4117 Hillsboro Pike #103</i>			
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37215</i>	
Occupation <i>Owner</i>			
Employer <i>UPS Store</i>			
			Amount of Contribution <i>750.00</i>
First Name <i>John</i>	M.I.	Last Name/Organization Name <i>Boike</i>	
Address <i>600 Reliability Circle</i>			
City <i>Knoxville</i>	State <i>TN</i>	Zip Code <i>37932</i>	
Occupation <i>Franchise Development</i>			
Employer <i>Subway Inc.</i>			
			Amount of Contribution <i>1,000.00</i>
First Name	M.I.	Last Name/Organization Name <i>Bruce Carr For State Senate</i>	
Address <i>2150 Murphy's Chapel Rd</i>			
City <i>Sevierville</i>	State <i>TN</i>	Zip Code <i>37864</i>	
Occupation			
Employer			
			Amount of Contribution <i>1,000.00</i>
First Name	M.I.	Last Name/Organization Name <i>Charles Blaback + Sons Inc.</i>	
Address <i>P.O. Box 4750</i>			
City <i>Sevierville</i>	State <i>TN</i>	Zip Code <i>37876</i>	
Occupation			
Employer			
			Amount of Contribution <i>2,500.00</i>
First Name	M.I.	Last Name/Organization Name <i>Lowell Russell For State House</i>	
Address <i>104 Comtassel Shores</i>			
City <i>Vonore</i>	State <i>TN</i>	Zip Code <i>37885</i>	
Occupation			
Employer			
			Amount of Contribution <i>500.00</i>
5. TOTAL ITEMIZED CONTRIBUTIONS			<i>7,250.00</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 CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 9 Committee</i>		2. REPORT COVERING THE PERIOD FROM: <i>7-26-22</i> TO: <i>9-30-22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>7,250.00</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <i>Stephen</i>	M.I.	Last Name/Organization Name <i>Wright</i>	
Address <i>PO. Box 437</i>		Amount of Contribution	
City <i>Charleston</i>	State <i>TN</i>	Zip Code <i>38310</i>	
Occupation <i>Owner</i>		<i>250.00</i>	
Employer <i>Wright Brothers Construction Inc.</i>			
First Name	M.I.	Last Name/Organization Name <i>Todd for a Better Tennessee PAC</i>	
Address <i>95 White Bridge Rd #202</i>		Amount of Contribution	
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37205</i>	
Occupation		<i>500.00</i>	
Employer			
First Name <i>JAMES</i>	M.I.	Last Name/Organization Name <i>Rhodes</i>	
Address <i>821 Woodland Court</i>		Amount of Contribution	
City <i>Knoxville</i>	State <i>TN</i>	Zip Code <i>37919</i>	
Occupation <i>Retired</i>		<i>1,000.00</i>	
Employer <i>Retired</i>			
First Name <i>JUSTIN</i>	M.I.	Last Name/Organization Name <i>Latterby</i>	
Address <i>1509 Meeting House Rd</i>		Amount of Contribution	
City <i>Knoxville</i>	State <i>TN</i>	Zip Code <i>37931</i>	
Occupation <i>Representative</i>		<i>300.00</i>	
Employer <i>State of Tennessee</i>			
First Name <i>Jerome</i>	M.I.	Last Name/Organization Name <i>Moon</i>	
Address <i>1804 Murphy Myers Rd</i>		Amount of Contribution	
City <i>Maryville</i>	State <i>TN</i>	Zip Code <i>37803</i>	
Occupation <i>Representative</i>		<i>250.00</i>	
Employer <i>State of Tennessee</i>			
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.)			<i>9,550.00</i>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 1 Committee</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>7-26-22</i>	TO: <i>9-30-22</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 9,550.00
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 <i>Whaley Construction LLC</i>		Amount of Contribution 250.00
Address <i>PO. Box 10</i>				
City <i>Rodak</i>	State <i>TN</i>	Zip Code <i>37764</i>		
Occupation				
Employer				
First Name <i>Eric</i>	M.I.	Last Name/Organization Name <i>Ryk</i>		Amount of Contribution 250.00
Address <i>442 Courfield Dr.</i>				
City <i>Franklin</i>	State <i>TN</i>	Zip Code <i>37064</i>		
Occupation <i>Operations</i>				
Employer <i>Bell Construction</i>				
First Name	M.I.	Last Name/Organization Name <i>Southern Constructors Inc.</i>		Amount of Contribution 250.00
Address <i>PO Box 9476</i>				
City <i>Knoxville</i>	State <i>TN</i>	Zip Code <i>37940</i>		
Occupation				
Employer				
First Name <i>Harry</i>	M.I.	Last Name/Organization Name <i>Stowers Jr.</i>		Amount of Contribution 5,000.00
Address <i>8733 Inlet Dr.</i>				
City <i>Knoxville</i>	State <i>TN</i>	Zip Code <i>37922</i>		
Occupation <i>Chairman</i>				
Employer <i>Stowers Machinery</i>				
First Name	M.I.	Last Name/Organization Name <i>Highway Markings Inc.</i>		Amount of Contribution 250.00
Address <i>PO. Box 76966</i>				
City <i>Knoxville</i>	State <i>TN</i>	Zip Code <i>37938</i>		
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.)				15,550.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 2 Committee</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>7-26-22</i>	TO: <i>9-30-22</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>15,550.00</i>
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 <i>BRIGGS PAC</i>	Amount of Contribution <i>1,000.00</i>	
Address <i>PO. Box 331983</i>				
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37203</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>Committee to Elect Clark Boyd</i>	Amount of Contribution <i>1,000.00</i>	
Address <i>104 Mockingbird Lane</i>				
City <i>Lebanon</i>	State <i>TN</i>	Zip Code <i>37087</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>JCB PAC</i>	Amount of Contribution <i>1,000.00</i>	
Address <i>76. Box 2177</i>				
City <i>Lebanon</i>	State <i>TN</i>	Zip Code <i>37088</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>SAM 4 TN State House</i>	Amount of Contribution <i>1,000.00</i>	
Address <i>PO. Box 203</i>				
City <i>Franklin</i>	State <i>TN</i>	Zip Code <i>37065</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>Eddie Mann's For State Representative</i>	Amount of Contribution <i>5,000.00</i>	
Address <i>7347 Bellingham Dr.</i>				
City <i>Knoxville</i>	State <i>TN</i>	Zip Code <i>37919</i>		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				<i>24,550.00</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 CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 7 Committee</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>7-26-22</i>	TO: <i>8-30-22</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>24,550.00</i>
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>3583 Louisville Rd</i>				
City <i>Louisville</i>	State <i>TN</i>	Zip Code <i>37227</i>		
Occupation				
Employer				
			<i>2500.00</i>	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address <i>1837 Memorial Blvd</i>				
City <i>Murfreesboro</i>	State <i>TN</i>	Zip Code <i>37129</i>		
Occupation				
Employer				
			<i>2,500.00</i>	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address <i>2532 Whisper Creek</i>				
City <i>Friendsville</i>	State <i>TN</i>	Zip Code <i>37737</i>		
Occupation <i>Self Employed</i>				
Employer <i>Estimator</i>				
			<i>250.00</i>	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address <i>25 Wyndhurst Dr.</i>				
City <i>Jackson</i>	State <i>TN</i>	Zip Code <i>38305</i>		
Occupation				
Employer				
			<i>2,500.00</i>	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address <i>812 River Run</i>				
City <i>Clarksville</i>	State <i>TN</i>	Zip Code <i>37043</i>		
Occupation				
Employer				
			<i>500.00</i>	
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount
(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.)				<i>33,050.00</i>

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 1 Committee</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>7-26-22</i>	TO: <i>9-30-22</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 33,050.00
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
Address		<i>LT. Governor Randy McNally Committee</i>		
<i>PO. Box 331983</i>				
City	State	Zip Code		
<i>Nashville</i>	<i>TN</i>	<i>37203</i>		
Occupation				
Employer				10,000.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address		<i>PAT Marsh For State House</i>		
<i>190 Hawkins Dr.</i>				
City	State	Zip Code		
<i>Shelbyville</i>	<i>TN</i>	<i>37160</i>		
Occupation				
Employer				1,000.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address		<i>Bricken</i>		
<i>1205 Sycamore Dr.</i>				
City	State	Zip Code		
<i>Manchester</i>	<i>TN</i>	<i>37355</i>		
Occupation				
Employer				500.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address		<i>Zachary</i>		
<i>11329 Gates Mill Dr.</i>				
City	State	Zip Code		
<i>Knoxville</i>	<i>TN</i>	<i>37934</i>		
Occupation				
Employer				500.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address		<i>Bill Lee For Tennessee</i>		
<i>95 White Bridge Rd #207</i>				
City	State	Zip Code		
<i>Nashville</i>	<i>TN</i>	<i>37205</i>		
Occupation				
Employer				25,000.00
5. TOTAL ITEMIZED CONTRIBUTIONS				70,050.00
(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 <i>Yes on 1 Committee</i>			2. REPORT COVERING THE PERIOD FROM: <i>7-26-22</i> TO: <i>9-30-22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 70,050.00
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 <i>Citizens for Real Leadership</i>	Amount of Contribution 500.00	
Address <i>3 Dove Tree Lane</i>				
City <i>Jonesborough</i>	State <i>TN</i>	Zip Code <i>37659</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>JACK PAC</i>	Amount of Contribution 2,500.00	
Address <i>915 Lewisburg Pike</i>				
City <i>Franklin</i>	State <i>TN</i>	Zip Code <i>37064</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>Citizens for a Fresh Start</i>	Amount of Contribution 500.00	
Address <i>194 Ripple Falls Dr.</i>				
City <i>Gray</i>	State <i>TN</i>	Zip Code <i>37615</i>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <i>Touching Hearts at Home</i>	Amount of Contribution 250.00	
Address <i>1043 East Van Hook St.</i>				
City <i>Milan</i>	State <i>TN</i>	Zip Code <i>38358</i>		
Occupation				
Employer				
First Name <i>Holt</i>	M.I.	Last Name/Organization Name <i>Shoat</i>	Amount of Contribution 1,000.00	
Address <i>134 Browning St.</i>				
City <i>Milan</i>	State <i>TN</i>	Zip Code <i>38358</i>		
Occupation <i>Farmer</i>				
Employer <i>Self-Employed</i>				
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.)				74,800.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 1 Committee</i>		2. REPORT COVERING THE PERIOD FROM: <i>1-26-22</i> TO: <i>9-30-22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 74,800.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <i>William</i>	M.I.	Last Name/Organization Name <i>MARTIN</i>	Amount of Contribution 200.00
Address <i>419 Bronning Dr</i>			
City <i>Huntingdon</i>	State <i>TN</i>	Zip Code <i>38334</i>	
Occupation <i>Chiropractor</i>			
Employer <i>Self-Employed</i>			
First Name	M.I.	Last Name/Organization Name <i>Rose Construction Inc.</i>	Amount of Contribution 1,000.00
Address <i>126 Hwy 51 South</i>			
City <i>Covington</i>	State <i>TN</i>	Zip Code <i>38019</i>	
Occupation			
Employer			
First Name	M.I.	Last Name/Organization Name <i>FORD Construction Co.</i>	Amount of Contribution 1,000.00
Address <i>1311 E. Curt St.</i>			
City <i>Dyersburg</i>	State <i>TN</i>	Zip Code <i>38025</i>	
Occupation			
Employer			
First Name <i>William</i>	M.I.	Last Name/Organization Name <i>Haslam</i>	Amount of Contribution 25,000.00
Address <i>PO. Box 1831</i>			
City <i>Knoxville</i>	State <i>TN</i>	Zip Code <i>37409</i>	
Occupation <i>CEO</i>			
Employer <i>PILOT Inc.</i>			
First Name	M.I.	Last Name/Organization Name <i>John Stevens for State Senate</i>	Amount of Contribution 2,500.00
Address <i>PO. Box 399</i>			
City <i>Huntingdon</i>	State <i>TN</i>	Zip Code <i>38344</i>	
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.)			104,500.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 1 Committee</i>		2. REPORT COVERING THE PERIOD	
		FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount <i>104,500.00</i>	
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
<i>Van</i>			
Address <i>10162 Stinson St.</i>			
City <i>Milan</i>	State <i>TN</i>	Zip Code <i>38358</i>	
Occupation			
Employer			
			<i>1,000.00</i>
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
<i>Jan</i>			
Address <i>8205 Maryland Lane</i>			
City <i>Brentwood</i>	State <i>TN</i>	Zip Code <i>37027</i>	
Occupation <i>Owner</i>			
Employer <i>Compacs Partners</i>			
			<i>1,000.00</i>
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
<i>Gary</i>			
Address <i>70. Box 149</i>			
City <i>Shelbyville</i>	State <i>TN</i>	Zip Code <i>37162</i>	
Occupation <i>CEO</i>			
Employer <i>Cooper Steel</i>			
			<i>5,000.00</i>
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
<i>JUSTIN</i>			
Address <i>112 E.L. Morgan Dr.</i>			
City <i>Jackson</i>	State <i>TN</i>	Zip Code <i>38305</i>	
Occupation <i>Dealer</i>			
Employer <i>JAG Truck Center</i>			
			<i>500.00</i>
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			
City	State	Zip Code	
Occupation			
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount
(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.)			
			<i>112,000.00</i>



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Yes on 1 Committee			FROM: 7-26-22	TO: 9-30-22
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 totalling 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 Dyce Communications		Video Editings		4200.00
Address 15105-D John Delaney #120				
City Charlotte	State NC			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Apple Spice		Catering		568.19
Address 3656 Trousdale Dr. #101				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Troy Brewer CPA Inc		Accounting/Compliance		500.00
Address 95 White Bridge Rd #207				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Direct Edge Campaigns		Palm Cards		2616.60
Address 2000 Glen Echo Rd #207A				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name United Parcel Service		Postage/Delivery		448.28
Address 705 Massman Dr.				
City Nashville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Troy Brewer CPA Inc		Accounting/Compliance		500.00
Address 95 White Bridge Rd #207				
City Nashville	State TN			
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.)				8,833.07

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Yes on 2 Committee</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>7-26-22</i>	TO: <i>9-30-22</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 8833.07	
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>Stripe Inc.</i>		<i>Credit Card Fees</i>	<i>340.60</i>	
Address <i>354 Oyster Point Blvd</i>				
City <i>South San Francisco</i>	State <i>CA</i>			Zip Code <i>94080</i>
First Name	Middle Name			
Last Name/Business Name		Purpose of Expenditure	Amount of Expenditure	
Address				
City	State	Zip Code		
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	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State	Zip Code		
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	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES			9,173.67	
(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.)				

