

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT <u>10-31-22</u>		2. NAME OF COMMITTEE <u>Yes on 4 Committee</u>	
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)			
3. ADDRESS AND PHONE Street or Rural Route <u>95 White Bridge Rd #207</u>		City <u>Nashville</u>	State <u>TN</u>
		Zip Code <u>37205</u>	Phone <u>615-668-5659</u>
4. MEASURES SUPPORTED OR OPPOSED <u>Support Amendment 4 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 OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input 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>October 1, 2022</u>		7.B. ENDING DATE OF REPORTING PERIOD <u>October 29, 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>			<u>10-31-22</u>
signature of political treasurer			date
9. WITNESS SIGNATURE			
<u>Ty Pinn</u>			<u>10-31-22</u>
signature of witness			date
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT	\$	<u>137,541.86</u>	
b. TOTAL RECEIPTS THIS PERIOD	\$	<u>32,425.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD	\$	<u>142,930.69</u>	
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$	<u>27,036.17</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: *10-1-22* TO: *10-29-22*

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 1,025.00
- b. Itemized Contributions (over \$100 from each source this period) \$ 31,400.00
- c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ 32,425.00

14. LOANS RECEIVED THIS REPORTING PERIOD \$ -0-

15. INTEREST RECEIVED THIS REPORTING PERIOD \$ -0-

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) \$ 32,425.00

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)

- Shipping \$ 21.18
- \$ _____
- \$ _____
- \$ _____
- \$ _____
- \$ _____

Total of Expenditures (\$100 or less each payee) \$ 21.18

b. Itemized Expenditures (Over \$100 each payee this period) \$ 142,859.51

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) \$ 142,930.69

18. LOAN REPAYMENTS MADE THIS PERIOD \$ -0-

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) \$ 142,930.69

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) \$ 270.00

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) \$ 270.00

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 2 Committee</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>10-1-22</i>	TO: <i>10-25-22</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	M.I.	Last Name/Organization Name		Amount of Contribution
<i>John</i>				
Address <i>600 Reliability Circle</i>				
City	State	Zip Code		
<i>Portland</i>	<i>TN</i>	<i>37148</i>		
Occupation				<i>2500.00</i>
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
<i>John</i>				
Address <i>600 Reliability Circle</i>				
City	State	Zip Code		
<i>Knoxville</i>	<i>TN</i>	<i>37932</i>		
Occupation <i>Franchise Development</i>				<i>1,000.00</i>
Employer <i>Subway</i>				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
<i>Kevin</i>				
Address <i>201 Halberton Dr.</i>				
City	State	Zip Code		
<i>Franklin</i>	<i>TN</i>	<i>37069</i>		
Occupation <i>CPA</i>				<i>250.00</i>
Employer <i>Elliot Davis</i>				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
<i>Johnny</i>				
Address <i>PO. Box 941</i>				
City	State	Zip Code		
<i>Goodlettsville</i>	<i>TN</i>	<i>37070</i>		
Occupation				<i>2,000.00</i>
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
<i>Eldridge</i>				
Address <i>1303 Valley Home Rd</i>				
City	State	Zip Code		
<i>Memphis</i>	<i>TN</i>	<i>37813</i>		
Occupation				<i>400.00</i>
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>6,150.00</i>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 1 Committee</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>10-1-22</i>	TO: <i>10-29-22</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
			<i>6,150.00</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	
Address		<i>Committee to Elect Michele Carringer</i>	
<i>5329 Beverly Oaks Dr.</i>			
City	State	Zip Code	
<i>Knoxville</i>	<i>TN</i>	<i>37918</i>	
Occupation			
Employer			
			Amount of Contribution <i>500.00</i>
First Name	M.I.	Last Name/Organization Name	
Address		<i>Friends of Patsy Hazelwood</i>	
<i>P.O. Box 324</i>			
City	State	Zip Code	
<i>Signal Mountain</i>	<i>TN</i>	<i>37377</i>	
Occupation			
Employer			
			Amount of Contribution <i>2,500.00</i>
First Name	M.I.	Last Name/Organization Name	
Address		<i>Beacon Center of Tennessee</i>	
<i>P.O. Box 198646</i>			
City	State	Zip Code	
<i>Nashville</i>	<i>TN</i>	<i>37219</i>	
Occupation			
Employer			
			Amount of Contribution <i>10,000.00</i>
First Name	M.I.	Last Name/Organization Name	
Address		<i>Dales Recycling</i>	
<i>176 Bradford Hwy</i>			
City	State	Zip Code	
<i>Milan</i>	<i>TN</i>	<i>38358</i>	
Occupation			
Employer			
			Amount of Contribution <i>500.00</i>
First Name	M.I.	Last Name/Organization Name	
Address		<i>Stanley</i>	
<i>988 Oak Ridge Turnpike</i>			
City	State	Zip Code	
<i>Oak Ridge</i>	<i>TN</i>	<i>37830</i>	
Occupation	<i>IT/Web</i>		
Employer	<i>Self Employed</i>		
			Amount of Contribution <i>250.00</i>
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount
			<i>19,900.00</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 1 Committee</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>10-1-22</i>	TO: <i>10-29-22</i>
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)			<i>19,900.00</i>	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address <i>PO. Box 2988</i>				
City <i>Cookeville</i>	State <i>TN</i>	Zip Code <i>38502</i>		
Occupation				
Employer				
First Name Address City State Zip Code Occupation Employer				
			<i>1,000.00</i>	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address <i>6301 Old Rutledge Pike</i>				
City <i>Knoxville</i>	State <i>TN</i>	Zip Code <i>37924</i>		
Occupation				
Employer				
First Name Address City State Zip Code Occupation Employer				
			<i>5,000.00</i>	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address <i>1422 Preston Dr.</i>				
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37206</i>		
Occupation <i>Construction</i>				
Employer <i>Skanska Inc.</i>				
First Name Address City State Zip Code Occupation Employer				
			<i>250.00</i>	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address <i>5668 S. Rex Rd</i>				
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38119</i>		
Occupation <i>Owner</i>				
Employer <i>Comfort Keepers</i>				
First Name Address City State Zip Code Occupation Employer				
			<i>500.00</i>	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address <i>517 Hagan St</i>				
City <i>Nashville</i>	State <i>TN</i>	Zip Code <i>37203</i>		
Occupation <i>Manager</i>				
Employer <i>Carter Group</i>				
First Name Address City State Zip Code Occupation Employer				
			<i>500.00</i>	
5. TOTAL ITEMIZED CONTRIBUTIONS			<i>27,150.00</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 Yes on 1 Committee		2. REPORT COVERING THE PERIOD	
		FROM: 10-1-22	TO: 10-29-22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
			27,150.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Michael	M.I.	Last Name/Organization Name Walker	
Address 761 Brook Hollow Rd			Amount of Contribution 500.00
City Nashville	State TN	Zip Code 37205	
Occupation Contractor			
Employer Joseph Construction			
First Name Steven			
Address 6333 Sweetgum Lane			Amount of Contribution 200.00
City Nashville	State TN	Zip Code 37221	
Occupation Preconstruction			
Employer Brasfield + Gorrie			
First Name Brent			
Address 1464 Willowbrooke Circle			Amount of Contribution 1000.00
City Franklin	State TN	Zip Code 37069	
Occupation Insurance			
Employer Neal Insurance			
First Name John			
Address 407 Spence Lane			Amount of Contribution 250.00
City Nashville	State TN	Zip Code 37210	
Occupation Owner			
Employer ABEC Electric			
First Name Casin			
Address 83 Friendship Hollow Rd S.			Amount of Contribution 500.00
City Pleasant Shade	State TN	Zip Code 37145	
Occupation Director			
Employer Pavement Restorations			
First Name Casin			
5. TOTAL ITEMIZED CONTRIBUTIONS			29,600.00
(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 2 Committee</i>			2. REPORT COVERING THE PERIOD FROM: <i>10-1-22</i> TO: <i>10-29-22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>29,600.00</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <i>Chris</i>	M.I.	Last Name/Organization Name <i>Bird</i>	Amount of Contribution <i>1000.00</i>	
Address <i>788 East St.</i>				
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38104</i>		
Occupation <i>Executive</i>				
Employer <i>Dillard Inc.</i>				
First Name <i>Mark</i>	M.I.	Last Name/Organization Name <i>Faulkner</i>	Amount of Contribution <i>500.00</i>	
Address <i>305 Williams Ave</i>				
City <i>Madison</i>	State <i>TN</i>	Zip Code <i>37115</i>		
Occupation <i>Owner</i>				
Employer <i>Vireo</i>				
First Name <i>Susan</i>	M.I.	Last Name/Organization Name <i>Mealer</i>	Amount of Contribution <i>300.00</i>	
Address <i>5729 Buxbriar Ave</i>				
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38116</i>		
Occupation <i>Owner</i>				
Employer <i>Answering Advantage</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				
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>31,400.00</i>

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Yes on 4 Committee</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>10-1-22</i>	TO: <i>10-29-22</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>500.00</i>	
Address <i>95 White Bridge Rd #07</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>Direct Edge Campaigns</i>		<i>Palm CARDS</i>	<i>2,267.00</i>	
Address <i>200 Glen Echo Rd #207A</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37215</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Majority Strategies</i>		<i>Internet Marketing Video Production</i>	<i>53,950.00</i>	
Address <i>PO. Box 679219</i>				
City <i>Dallas</i>	State <i>TX</i>			Zip Code <i>75267</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Mauchamp</i>		<i>Email / Communications</i>	<i>190.10</i>	
Address <i>675 Ponce de Leon</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>Majority Strategies</i>		<i>Programming Ads</i>	<i>13,000.00</i>	
Address <i>PO Box 679219</i>				
City <i>Dallas</i>	State <i>TX</i>			Zip Code <i>75267</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Cysnael</i>		<i>Poll / Survey</i>	<i>10,000.00</i>	
Address <i>900 17th St. NW #950</i>				
City <i>Washington</i>	State <i>DC</i>			Zip Code <i>20006</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.)			<i>79,907.10</i>	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Yes on 4 Committee</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>10-6-22</i>	TO: <i>10-29-22</i>
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 79,907.10	
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>Majority Strategies</i>		<i>Advertising / Marketing</i>		<i>6,000.00</i>
Address <i>PO Box 679219</i>				
City <i>Dallas</i>	State <i>TX</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Southland Advantage</i>		<i>Fundraising Fees</i>		<i>11,715.00</i>
Address <i>174 Saundersville Rd</i>				
City <i>Hendersonville</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>BOLD Face Signs</i>		<i>SIGNS</i>		<i>4916.38</i>
Address <i>PO Box 150881</i>				
City <i>Nashville</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Majority Strategies</i>		<i>Programming Ads</i>		<i>40,100.00</i>
Address <i>PO. Box 679219</i>				
City <i>Dallas</i>	State <i>TX</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Stripe.com</i>		<i>Credit Card Fees</i>		<i>221.03</i>
Address <i>920 5th Ave</i>				
City <i>Seattle</i>	State <i>WA</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES			Amount	
(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.)			142,859.51	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Yes on 3 Committee</i>			2. REPORT COVERING PERIOD FROM: <i>10-1-22</i> TO: <i>10-29-22</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>- 0 -</i>	
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 <i>CAMPAC</i>		<i>Radio Ads</i>		<i>270.00</i>	
Address <i>PO Box 58824</i>					
City <i>Nashville</i>	State <i>TN</i>				Zip Code <i>37205</i>
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					
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 pages 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.)				<i>270.00</i>	