

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For Single-Measure Committees (SMC)

1. DATE OF REPORT <u>July 28, 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
<u>95 White Bridge Rd #207</u>		<u>Nashville</u>	<u>TN</u>
		Zip Code	Phone
		<u>37221</u>	<u>615-668-5659</u>
4. MEASURES SUPPORTED OR OPPOSED <u>Support Amendment 1 to TN 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 checked="" 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 1, 2022</u>		7.B. ENDING DATE OF REPORTING PERIOD <u>July 25, 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 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	
		<u>7-28-22</u> date	
9. WITNESS SIGNATURE			
		<u>[Signature]</u> signature of witness	
		<u>7-28-22</u> date	
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT .....	\$	<u>29,579.09</u>	
b. TOTAL RECEIPTS THIS PERIOD .....	\$	<u>13,750.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$	<u>8,610.65</u>	
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$	<u>34,218.44</u>	
e. TOTAL LOANS OUTSTANDING .....	\$		
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$		



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**SUMMARY PAGE - SMC**

11. NAME OF COMMITTEE (In Full) <u>Yes on 1 Committee</u>	12. REPORT COVERING THE PERIOD	
	FROM: <u>1-1-22</u>	TO: <u>7-25-22</u>

**RECEIPTS**

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ -0-

b. Itemized Contributions (over \$100 from each source this period) ..... \$ 13,750.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... \$ 13,750.00

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.) ..... \$ 13,750.00

**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)

<u>Credit Card Fees</u>	\$	<u>22.65</u>
<u>Shipping</u>	\$	<u>37.40</u>
<u>Email Communications</u>	\$	<u>95.05</u>
<u>Parking</u>	\$	<u>30.00</u>
_____	\$	_____
_____	\$	_____

Total of Expenditures (\$100 or less each payee) ..... \$ 185.10

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 8,425.55

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) ..... \$ 8,610.65

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

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) ..... \$ 8,610.65

**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 <b>Yes on 1 Committee</b>		2. REPORT COVERING THE PERIOD FROM: <b>7-1-22</b> TO: <b>7-25-22</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>- 0 -</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <b>DAVID</b>	M.I.	Last Name/Organization Name <b>Hanson</b>	
Address <b>4015 Hillsboro Pike</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37215</b>	
Occupation <b>Investments - Financial</b>			
Employer <b>SELF Employed</b>			
			Amount of Contribution <b>256.00</b>
First Name <b>G.D.</b>	M.I.	Last Name/Organization Name <b>Craig</b>	
Address <b>PO. Box 1191</b>			
City <b>Springfield</b>	State <b>TN</b>	Zip Code <b>37172</b>	
Occupation <b>Retired</b>			
Employer <b>Retired</b>			
			Amount of Contribution <b>1,000.00</b>
First Name	M.I.	Last Name/Organization Name <b>Committee to Elect Esther Helton</b>	
Address <b>PO. Box 9132</b>			
City <b>Chattanooga</b>	State <b>TN</b>	Zip Code <b>37412</b>	
Occupation			
Employer			
			Amount of Contribution <b>1,000.00</b>
First Name <b>SAUL</b>	M.I.	Last Name/Organization Name <b>Wagoner</b>	
Address <b>2971 Kraft Dr.</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37204</b>	
Occupation <b>Director</b>			
Employer <b>T.W. Frierson</b>			
			Amount of Contribution <b>256.00</b>
First Name <b>BOB</b>	M.I.	Last Name/Organization Name <b>Upton</b>	
Address <b>2971 Kraft Dr.</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37204</b>	
Occupation <b>Construction Mgr.</b>			
Employer <b>T.W. Frierson</b>			
			Amount of Contribution <b>250.00</b>
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.)			<b>2,756.00</b>

# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <b>Yes on 1 Committee</b>		2. REPORT COVERING THE PERIOD	
		FROM: 1-1-22	TO: 2-25-22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>2,750.00</b>
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		Tennessee Business Roundtable	
City	State	Zip Code	
Nashville	TN	37217	
Occupation			
Employer			
			Amount of Contribution <b>5,000.00</b>
First Name	M.I.	Last Name/Organization Name	
Address		Art Swann Campaign	
City	State	Zip Code	
Alcoa	TN	37701	
Occupation			
Employer			
			Amount of Contribution <b>500.00</b>
First Name	M.I.	Last Name/Organization Name	
Address		Spalding	
City	State	Zip Code	
Nashville	TN	37205	
Occupation	Physician		
Employer	Self Employed		
			Amount of Contribution <b>250.00</b>
First Name	M.I.	Last Name/Organization Name	
Address		LHA	
City	State	Zip Code	
Nashville	TN	37204	
Occupation	Financial Advisor		
Employer	UBS		
			Amount of Contribution <b>250.00</b>
First Name	M.I.	Last Name/Organization Name	
Address		Morgan	
City	State	Zip Code	
Brentwood	TN	37027	
Occupation	Advisor		
Employer	LBMC		
			Amount of Contribution <b>250.00</b>
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount <b>9,000.00</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 Yes on 2 Committee		2. REPORT COVERING THE PERIOD FROM: 7-1-22 TO: 7-25-22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 9,000.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Sharon	M.I.	Last Name/Organization Name Picott	
Address 3713 Woodmont Blvd			Amount of Contribution 3,000.00
City Nashville	State TN	Zip Code 37215	
Occupation Owner			
Employer Picott Enterprises			
First Name Phillip	M.I.	Last Name/Organization Name Pfeffer	
Address 5262 62nd Ave S.			Amount of Contribution 1,000.00
City St. Petersburg	State FL	Zip Code 33715	
Occupation Owner			
Employer Treement Capital			
First Name	M.I.	Last Name/Organization Name Kelly Kestling Campaign	
Address PO. Box 577			Amount of Contribution 250.00
City Byrdstown	State TN	Zip Code 38549	
Occupation			
Employer			
First Name	M.I.	Last Name/Organization Name Tennessee Chamber of Commerce	
Address 414 Union St. #107			Amount of Contribution 2,500.00
City Nashville	State TN	Zip Code 37219	
Occupation			
Employer			
First Name	M.I.	Last Name/Organization Name	
Address			Amount of Contribution
City	State	Zip Code	
Occupation			
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS			13,750.00
(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 <i>Yes on 1 Committee</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>7-1-22</i>	TO: <i>7-25-22</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>Dyce Communications</i>		<i>TV Production</i>	<i>7,610.00</i>	
Address <i>15105-D John D. Delaney</i>				
City <i>Charlotte</i>	State <i>NC</i>			Zip Code <i>28277</i>
First Name	Middle Name			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 #207</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37205</i>
First Name	Middle Name			Amount of Expenditure
Last Name/Business Name <i>GoDaddy.com</i>		<i>Website / Domain</i>	<i>315.55</i>	
Address <i>2155 E. GoDaddy Way</i>				
City <i>Tempe</i>	State <i>AZ</i>			Zip Code <i>85284</i>
First Name	Middle Name			Amount of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Amount of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Amount of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Amount 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>8,425.55</i>	