

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT January 22, 2015	2. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) Vote NO on One	
3. ADDRESS AND PHONE Street or Rural Route 50 Vantage Way, Suite #102	
City Nashville	State TN
Zip Code 37228	Phone 615-345-0952
4. MEASURES SUPPORTED OR OPPOSED Amendment 1	
5.A. NAME OF POLITICAL TREASURER Barbara Lapidis	5.B. DATE APPOINTED February 01, 2014
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 October 26, 2014	7.B. ENDING DATE OF REPORTING PERIOD January 15, 2014
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.	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> <u>1/22/15</u> date </div> </div>	
9. WITNESS SIGNATURE	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>1/22/15</u> date </div> </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>246,204.83</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>397,423.53</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>608,604.66</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>35,023.70</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>00.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>00.00</u>



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SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; margin: 0;">Vote NO on One Tennessee, Inc.</p>	12. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>1,534.07</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>395,889.46</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>397,423.53</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>00.00</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>00.00</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>397,423.53</u>
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>Processing/fundraising fees</u>	\$ <u>374.24</u>
<u>Staff meals</u>	\$ <u>432.88</u>
<u>Office expenses</u>	\$ <u>124.98</u>
<u>Events/volunteer expenses</u>	\$ <u>453.85</u>
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>1,385.95</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>607,218.71</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$ <u>608,604.66</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>00.00</u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ <u>608,604.66</u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>00.00</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>55,477.78</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>55,477.78</u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>00.00</u>
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>00.00</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>00.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$ <u>00.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0
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				
125 Broad St				
City	State	Zip Code		
New York	NY	10004		
Occupation				
Employer				\$50,000
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
8 Elm Rock Rd				
City	State	Zip Code		
Bronxville	NY	10708		
Occupation				
Employer				\$1,000
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
1436 U St NW Suite 301				
City	State	Zip Code		
Washington	DC	20009		
Occupation				
Employer				\$10,000
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
2007 Vinton Ave				
City	State	Zip Code		
Memphis	TN	38104		
Occupation				
Employer				\$250
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
1600 Wilson Blvd Suite 801				
City	State	Zip Code		
Arlington	VA	22209		
Occupation				
Employer				\$20,000
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.)				\$81,250



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$81,250
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Amanda	M.I.	Last Name/Organization Name Harding	Amount of Contribution \$200	
Address 1990 S Bundy Dr Suite 2400				
City Los Angeles	State CA	Zip Code 90025		
Occupation Make-up Artist				
Employer Self-Employed				
Employer				
First Name Ashley	M.I.	Last Name/Organization Name American Civil Liberties Union Foundation	Amount of Contribution \$50,000	
Address 125 Broad St				
City New York	State NY	Zip Code 10004		
Occupation				
Employer				
Employer				
First Name Ashley	M.I.	Last Name/Organization Name Judd	Amount of Contribution \$3,000	
Address 10960 Wilshire Blvd Suite 1900				
City Los Angeles	State CA	Zip Code 90024		
Occupation Actress/Political Activist				
Employer Self-Employed				
Employer				
First Name Phyllis and Edward	M.I.	Last Name/Organization Name Kaplan	Amount of Contribution \$500	
Address 6486 Corsica Drive				
City Memphis	State TN	Zip Code 38120		
Occupation Retired				
Employer				
Employer				
First Name Paula	M.I.	Last Name/Organization Name Kholos	Amount of Contribution \$2,262.46	
Address 779 Greeley Dr				
City Nashville	State TN	Zip Code 37205		
Occupation Best Effort				
Employer Best Effort				
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.)				\$137,212.46



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$137,212.46
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Sunita	M.I.	Last Name/Organization Name Leeds		Amount of Contribution \$1,000
Address 3205 R St NW				
City Washington	State DC	Zip Code 20007		
Occupation Best Effort				
Employer Best Effort				
First Name Memphis	M.I.	Last Name/Organization Name Center for Reproductive Health		Amount of Contribution \$8,000
Address 1726 Poplar Ave				
City Memphis	State TN	Zip Code 38104		
Occupation Retired				
Employer				
First Name Margot	M.I.	Last Name/Organization Name Milliken		Amount of Contribution \$500
Address 70 Blanchard Rd				
City Cumberland	State ME	Zip Code 04021		
Occupation Community Volunteer				
Employer				
First Name	M.I.	Last Name/Organization Name National Family Planning and Reproductive Health Association		Amount of Contribution \$10,000
Address 1627 K St NW 12th Floor				
City Washington	State DC	Zip Code 20006		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name National Organization for Women		Amount of Contribution \$2,727.00
Address 1100 H St NW Suite 301				
City Washington	State DC	Zip Code 20005		
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.)				\$159,439.46



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$159,439.46
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 National Partnership for Women and Families		Amount of Contribution \$500
Address 1875 Connecticut Ave NW Suite 650				
City	State	Zip Code		
Washington	DC	20009		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Planned Parenthood Advocates Mid-South		Amount of Contribution \$40,000
Address 2430 Poplar Ave Suite 100				
City	State	Zip Code		
Memphis	TN	38115		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Physicians For Choice		Amount of Contribution \$1,000
Address 55 West 39th Street #1001				
City	State	Zip Code		
New York	NY	10018		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Richards		Amount of Contribution \$500
Address 434 West 33rd St				
City	State	Zip Code		
New York	NY	10001		
Occupation CEO				
Employer Planned Parenthood Federation of America				
First Name	M.I.	Last Name/Organization Name Ross		Amount of Contribution \$40,000
Address 1430 Woodland Hall Dr				
City	State	Zip Code		
Delaware	OH	43015		
Occupation Best Effort				
Employer Best Effort				
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.)				\$241,439.46



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$241,439.46
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	
		Service Employees International Union		
Address 1800 Massachusetts Ave NW				
City	State	Zip Code		
Washington	DC	20036		
Occupation				
Employer				
				\$20,000
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
		Shelby County Democrats for Change		
Address 212 Cherokee Dr				
City	State	Zip Code		
Memphis	TN	38111		
Occupation				
Employer				
				\$250
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
		Ultra Violet		
Address 2150 Allston Way Suite 360				
City	State	Zip Code		
Berkeley	CA	94704		
Occupation				
Employer				
				\$10,000
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Jeanie		Vanwinkle		
Address 865 Stonegate Way Box 9A				
City	State	Zip Code		
Townsend	TN	37882		
Occupation Retired				
Employer				
				\$200
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
		Planned Parenthood of Central and Greater Northern New Jersey, Inc.		
Address 196 Speedwell Ave				
City	State	Zip Code		
Morristown	NJ	07960-3889		
Occupation				
Employer				
				\$3,000
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount of Contribution
(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.)				\$274,889.46



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015	
			Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			\$274,889.46	
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	
Planned Parenthood of Illinois				
Address 18 South Michigan Avenue 6th Floor				
City	State	Zip Code		
Chicago	IL	60603		
Occupation				
Employer			\$20,000	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Americans United for Separation of Church and State				
Address 1301 K Street NW #850E				
City	State	Zip Code		
Washington	DC	20005		
Occupation				
Employer			\$1,000	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Lesbian Political Action Committee				
Address Information Requested				
City	State	Zip Code		
Occupation				
Employer			\$25,000	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Americans for Economic Growth				
Address 103 Alder Lane				
City	State	Zip Code		
Cary	NC	27518		
Occupation				
Employer			\$75,000	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount of Contribution	
(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.)				
			\$395,889.46	



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD	
			FROM:10/26/2014	TO:01/15/2015
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 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		Event expense—venue		\$2,400
Dragon Park, LLC d.b.a. Ruby				
Address				
2112 32nd Ave S				
City	State	Zip Code		
Nashville	TN	37212		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Event expense		\$923.60
Southern Events Party Rental Company				
Address				
PO Box 680428				
City	State	Zip Code		
Franklin	TN	37068		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Staff meals		\$106.87
Mellow Mushroom Nashville				
Address				
212 21st Ave S				
City	State	Zip Code		
Nashville	TN	38203		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Event expense—venue		\$500
Diane				
Last Name/Business Name				
Gayden				
Address				
PO Box 128469				
City	State	Zip Code		
Nashville	TN	37212		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Consulting—field		\$100,000
Chism Strategies				
Address				
2906 N State Street #302				
City	State	Zip Code		
Jackson	MS	39216		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Event expense		\$309
Associated Protective Service, Inc.				
Address				
PO Box 23712				
City	State	Zip Code		
Nashville	TN	37202		
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.)				\$104,239.47



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015		
			Amount	\$104,239.47	
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 J. Alexander's		Staff meals	\$114.61		
Address 2609 West End Ave					
City Nashville	State TN				Zip Code 37203
First Name					Middle Name
Last Name/Business Name Revolution Messaging		Consulting—digital	\$800		
Address 1730 Rhode Island Ave NW #310					
City Washington	State DC				Zip Code 20036
First Name					Middle Name
Last Name/Business Name Alexander's Catering		Event expense	\$1,379.70		
Address 511 Union St					
City Nashville	State TN				Zip Code 37219
First Name					Middle Name
Last Name/Business Name Associated Protective Service, Inc.		Event expense	\$927		
Address PO Box 23712					
City Nashville	State TN				Zip Code 37202
First Name					Middle Name
Last Name/Business Name 76 Words		Media production	\$20,000		
Address 1806 Vernon St NW #100					
City Washington	State DC				Zip Code 20009
First Name					Middle Name
Last Name/Business Name Chism Strategies		Consulting—digital	\$20,000		
Address 2906 N State St #302					
City Jackson	State MS				Zip Code 39216
First Name					Middle Name
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.)			\$147,460.78		

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$147,460.78	
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 Lake Research Partners				
Address 1726 M Street NW #1100				
City Washington	State DC	Zip Code 20036		
		Polling/research		\$24,552.50
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Public Policy Polling				
Address 3020 Highwoods Blvd				
City Raleigh	State NC	Zip Code 27604		
		Polling		\$2,000
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Chism Strategies				
Address 2906 N State St #302				
City Jackson	State MS	Zip Code 39216		
		Consulting—digital		\$30,000
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Joanna Belanger				
Address 1607 18th Ave S				
City Nashville	State TN	Zip Code 37228		
		Travel—mileage reimbursement		\$237.44
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Keri Adams				
Address 1716 Forrest Ave				
City Nashville	State TN	Zip Code 37206		
		Event expense		\$300
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Costco				
Address 6670 Charlotte Pike				
City Nashville	State TN	Zip Code 37209		
		Event expense		\$163.55
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.)				\$204,714.27



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$204,714.27		
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 Sandler, Reiff, Lamb, Rosenstein, & Birkenstock, P.C.		Legal		\$1,522.50	
Address 1025 Vermont Ave NW #300					
City Washington	State DC				Zip Code 20005
First Name					Middle Name
Last Name/Business Name Screen Strategies Media		Paid media		\$100,000	
Address 11150 Fairfax Blvd #505					
City Fairfax	State VA				Zip Code 22030
First Name					Middle Name
Last Name/Business Name Screen Strategies Media		Paid media		\$125,000	
Address 11150 Fairfax Blvd #505					
City Fairfax	State VA				Zip Code 22030
First Name					Middle Name
Last Name/Business Name Screen Strategies Media		Paid media		\$155,000	
Address 11150 Fairfax Blvd #505					
City Fairfax	State VA				Zip Code 22030
First Name					Middle Name
Last Name/Business Name BWE Insurance LLC		Event expense		\$315	
Address 900 Woodland St					
City Nashville	State TN				Zip Code 37206
First Name					Middle Name
Last Name/Business Name Thai Phooket		Event expense		\$127.82	
Address 207 Woodland St					
City Nashville	State TN				Zip Code 37213
First Name					Middle Name
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.)			\$586,679.59		

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$586,679.59	
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 Geiger				
Address PO Box 712144				
City Cincinnati	State OH	Zip Code 45271-2144		
		Print materials		\$6,625.26
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Panera Bread				
Address 3630 South Geyer Road #100				
City St. Louis	State MO	Zip Code 63127		
		Event/volunteer expense		\$506.94
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name US Postal Service				
Address 1 University Park Dr				
City Nashville	State TN	Zip Code 37204		
		Office Expense		\$1,127.00
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Oak Bar				
Address 231 6th Ave North				
City Nashville	State TN	Zip Code 37219		
		Staff meals		\$111.81
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Sinema				
Address 2600 Franklin Pike				
City Nashville	State TN	Zip Code 37204		
		Staff meals		\$199.53
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Teague				
Address 4400 Belmont Park Terrace #215				
City Nashville	State TN	Zip Code 37215		
		Travel — mileage reimbursement		\$235.20
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.)				\$595,485.33

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/26/2014 TO: 01/15/2015	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$595,485.33	
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		Polling/research		\$8,960.35
Lake Research Partners				
Address				
1726 M Street NW, Suite 1100				
City	State	Zip Code		
Washington	DC	20036		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Travel reimbursement		\$768.03
Jordan				
Fitzgerald				
Address				
1364 Quincy Street NW				
City	State	Zip Code		
Washington	D.C.	20011		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Event/volunteer expense		\$1,505.00
Alexander's Catering				
Address				
511 Union Street Suite 2626				
City	State	Zip Code		
Nashville	TN	37216		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Event expense		\$500
Nashville Public Library Conference Center				
Address				
615 Church Street				
City	State	Zip Code		
Nashville	TN	37219		
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 (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.)			\$607,218.71	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING PERIOD FROM: 10/26/2014 TO: 01/15/2015		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0	
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 Planned Parenthood Action Fund of New Jersey		Personnel, travel		\$262.36	
Address PO Box 928					
City Elizabeth	State NJ				Zip Code 07207
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Planned Parenthood Pasadena and San Gabriel Valley		Personnel		\$129	
Address 2333 Lake Ave, 2nd Floor					
City Altadena	State CA				Zip Code 91001
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Stanford Caskey		Research, database access		\$212.66	
Address 2520 Longview St					
City Austin	State TX				Zip Code 78705
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Planned Parenthood Southeast		Phone bank, office space, copying		\$220.78	
Address 75 Piedmont Ave, Suite 800					
City Atlanta	State GA				Zip Code 30303
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3 of next page if additional pges 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.)				\$824.80	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING PERIOD FROM: 10/26/2014 TO: 01/15/2015		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$824.80	
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 American Civil Liberties Union Foundation of Tennessee, Inc.		Personnel		\$2,071.06	
Address PO Box 120160					
City Nashville	State TN				Zip Code 37210
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Planned Parenthood Greater Memphis Region		Personnel, Sponsorships/Promotion, Mileage, Printing		\$3,334.51	
Address 2430 Poplar Ave, Suite 100					
City Memphis	State TN				Zip Code 38112
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Memphis Center for Reproductive Health, dba CHOICES		Personnel, Shipping, Event Expenses		\$456.23	
Address 1726 Poplar Ave					
City Memphis	State TN				Zip Code 38104
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name All Above All		Personnel, list rental		\$2558.70	
Address PO Box 170280					
City Boston	State MA				Zip Code 02117
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.)				\$9,245.30	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING PERIOD FROM: 10/26/2014 TO: 01/15/2015		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$9,245.30	
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 Planned Parenthood of Middle and East Tennessee		Personnel, Travel, Printing, Miscellaneous Expenses		\$45,993.23	
Address 50 Vantage Way #102					
City Nashville	State TN				Zip Code 37228
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Greater Nashville Unitarian Universalist Congregation		Personnel, event space		\$239.25	
Address 374 Hicks Road					
City Nashville	State TN				Zip Code 37221
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				\$55,477.78	
(Carry forward to item 3 of next page if additional pges 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.)					

