

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 10/10/2014	2. NAME OF COMMITTEE Vote Yes on 2, LLC
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) Vote Yes on 2	
3. ADDRESS AND PHONE Street or Rural Route PO Box 120796	
City Nashville	State TN
Zip Code 37212	Phone
4. MEASURES SUPPORTED OR OPPOSED Judicial Selection Amendment #2 to the State Constitution	
5.A. NAME OF POLITICAL TREASURER Kimberly Kaegi	5.B. DATE APPOINTED 3/17/2014
6. CATEGORY OR 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 7/1/2014	7.B. ENDING DATE OF REPORTING PERIOD 9/30/2014
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.	
 _____ signature of political treasurer	
_____ 10-10-14 date	
9. WITNESS SIGNATURE	
 _____ signature of witness	
_____ 10/10/14 date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ 350,919.07
b. TOTAL RECEIPTS THIS PERIOD	\$ 367,800.00
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 161,086.72
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ 557,632.35
e. TOTAL LOANS OUTSTANDING	\$ 0.00
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0.00

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SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD FROM: <u>7/1/2014</u> TO: <u>9/30/2014</u>	
RECEIPTS		
13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$	<u>50.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$	<u>367,750.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$	<u>367,800.00</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$	<u>0.00</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$	<u>0.00</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$	<u>367,800.00</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>Credit Card Processing Fees</u>	\$	<u>22.55</u>
<u>Travel</u>	\$	<u>207.15</u>
<u>Web/Email</u>	\$	<u>51.93</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total of Expenditures (\$100 or less each payee)	\$	<u>281.63</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$	<u>160,805.09</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..)	\$	<u>161,086.72</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$	<u>0.00</u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$	<u>161,086.72</u>
20. IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	<u>0.00</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	<u>29,578.10</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$	<u>29,578.10</u>
21. LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)	\$	<u>0.00</u>
22. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	<u>0.00</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$	<u>0.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$	<u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC				2. REPORT COVERING THE PERIOD	
				FROM: 7/1/2014	TO: 9/30/2014
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)					
First Name	Randall	M.I.	L	Last Name/Organization Name	Kinnard
Address 127 Woodmont Blvd.					
City	Nashville	State	TN	Zip Code	37205
Occupation	Attorney				
Employer	Kinnard, Clayton & Beveridge				
					Amount of Contribution 250.00
First Name	William	M.I.	D	Last Name/Organization Name	Vines, III
Address 2701 Kingston Pike					
City	Knoxville	State	TN	Zip Code	37919
Occupation	Attorney				
Employer	Butler, Vines & Babb, PLLC				
					Amount of Contribution 1,000.00
First Name	Robert	M.I.	L	Last Name/Organization Name	Arrington
Address 1919 Birchfield Pvt. Court					
City	Kingsport	State	TN	Zip Code	37660
Occupation	Attorney				
Employer	Wilson, Worley, P.C.				
					Amount of Contribution 250.00
First Name		M.I.		Last Name/Organization Name	Butler Snow LLP
Address PO Box 6101					
City	Ridgeland	State	MS	Zip Code	39158-6010
Occupation					
Employer					
					Amount of Contribution 50,000.00
First Name		M.I.		Last Name/Organization Name	Bridgestone Americas Tire Operations, LLC
Address 535 Marriott Drive					
City	Nashville	State	TN	Zip Code	38214
Occupation					
Employer					
					Amount of Contribution 25,000.00
5. TOTAL ITEMIZED CONTRIBUTIONS					Amount of Contribution 76,500.00
(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 Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD FROM: 7/1/2014 TO: 9/30/2014	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 76,500.00
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 Husch Blackwell Multi Candidate PAC		Amount of Contribution 5,000.00
Address 4801 Main, Suite 1000				
City Kansas City	State MO	Zip Code 64112		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Egerton, McAfee, Armistead & Davis, P.C.		Amount of Contribution 5,000.00
Address PO Box 2047				
City Knoxville	State TN	Zip Code 37901-2047		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Woolf, McClane, Bright, Allen & Carpenter, PLLC		Amount of Contribution 10,000.00
Address PO Box 990				
City Knoxville	State TN	Zip Code 37901-0900		
Occupation				
Employer				
First Name Bryon	M.I. R	Last Name/Organization Name Trauger		Amount of Contribution 1,000.00
Address 222 Fourth Avenue North				
City Nashville	State TN	Zip Code 37219		
Occupation Attorney				
Employer Trauger & Tuke				
First Name	M.I.	Last Name/Organization Name Croley, Davidson & Huie, PLLC		Amount of Contribution 2,500.00
Address First Tennessee Plaza, Suite 1700				
City Knoxville	State TN	Zip Code 37929		
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.)				100,000.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD	
			FROM: 7/1/2014	TO: 9/30/2014
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 100,000.00
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				
City	State	Zip Code		
Knoxville	TN	37901		
Occupation				
Employer				
Kennerly, Montgomery and Finley, P.C.				1,000.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Memphis	TN	38103		
Occupation				
Employer				
Burch Porter & Johnson PLLC-PAC				1,000.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Maryville	TN	37803		
Occupation				
Employer				
William Carver				1,000.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Knoxville	TN	37920		
Occupation				
Employer				
Wayne Kramer				1,000.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
Knoxville	TN	37901-0198		
Occupation				
Employer				
Dwight Tarwater				500.00
5. TOTAL ITEMIZED CONTRIBUTIONS				104,500.00
(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 Vote Yes on 2, LLC				2. REPORT COVERING THE PERIOD	
				FROM: 7/1/2014	TO: 9/30/2014
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 104,500.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)					
First Name John	M.I. E	Last Name/Organization Name Winters			Amount of Contribution 1,000.00
Address 1521 Botsford Dr					
City Knoxville	State TN	Zip Code 37922			
Occupation Attorney					
Employer Kramer Rayson LLP					
First Name John	M.I. T	Last Name/Organization Name Johnson			Amount of Contribution 750.00
Address 454 Sugarwood Dr					
City Knoxville	State TN	Zip Code 37922			
Occupation Attorney					
Employer Kramer Rayson LLP					
First Name John	M.I. T	Last Name/Organization Name Johnson			Amount of Contribution 250.00
Address 454 Sugarwood Dr					
City Knoxville	State TN	Zip Code 37922			
Occupation Attorney					
Employer Kramer Rayson LLP					
First Name	M.I.	Last Name/Organization Name Ritchie, Dillard, Davies & Johnson, P.C.			Amount of Contribution 10,000.00
Address 606 W. Main Street, Suite 300					
City Knoxville	State TN	Zip Code 37902			
Occupation					
Employer					
First Name Robert	M.I. S	Last Name/Organization Name Doochin			Amount of Contribution 250.00
Address 90 Valley Forge					
City Nashville	State TN	Zip Code 37205			
Occupation President/CEO					
Employer American Paper & Twine Co.					
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.)					116,750.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD FROM: 7/1/2014 TO: 9/30/2014	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 116,750.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Robert	M.I. D	Last Name/Organization Name Tuke		Amount of Contribution 500.00
Address 3708 Wimbledon Rd				
City Nashville	State TN	Zip Code 37215		
Occupation Attorney				
Employer Trauger & Tuke				
First Name Jacqueline	M.I. B	Last Name/Organization Name Dixon		Amount of Contribution 500.00
Address 957 Draughon Ave				
City Nashville	State TN	Zip Code 37204		
Occupation Attorney				
Employer Weatherly, McNally & Dixon				
First Name	M.I.	Last Name/Organization Name Tennessee Business Partnership		Amount of Contribution 250,000.00
Address PO Box 120965				
City Nashville	State TN	Zip Code 37212		
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 (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.)				367,750.00



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING THE PERIOD		
			FROM: 7/1/2014	TO: 9/30/2014	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00	
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 Authorize.Net		Credit Card Processing Fees		106.00	
Address PO Box 947					
City American Fork	State UT				Zip Code 84003
First Name					Middle Name
Last Name/Business Name Bass Berry Sims		Legal Fees		6,000.00	
Address 150 Third Avenue South, Suite 2800					
City Nashville	State TN				Zip Code 37201
First Name					Middle Name
Last Name/Business Name Century II Staffing, Inc.		Payroll		20,664.46	
Address 9020 Overlook Blvd, Suite 201					
City Brentwood	State TN				Zip Code 37207
First Name					Middle Name
Last Name/Business Name CFC Strategies, Inc.		Accounting Services		1,600.00	
Address 3724 Dunbarton Dr.					
City Mountain Brook	State AL				Zip Code 35223
First Name					Middle Name
Last Name/Business Name Chattanooga		Travel		200.55	
Address 1201 Broad St					
City Chattanooga	State TN				Zip Code 37402
First Name					Middle Name
Last Name/Business Name Crisp Communications		Consulting & Materials		28,460.47	
Address 278 Franklin Road, Suite 370					
City Brentwood	State TN				Zip Code 37027
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.)				57,031.48	



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <p style="text-align: center;">Vote Yes on 2, LLC</p>		2. REPORT COVERING THE PERIOD FROM: 7/1/2014 TO: 9/30/2014		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 57,031.48	
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 Federal Express		Postage & Delivery	119.27	
Address 3875 Airways				
City Memphis	State TN			Zip Code 38116
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Kaegi Resources		Fundraising	22,850.00	
Address 1015 Stonebridge Park Drive				
City Franklin	State TN			Zip Code 37069
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Premier Parking of TN, LLC		Parking	1,080.00	
Address 421 Church St				
City Nashville	State TN			Zip Code 37219
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Public Opinion Strategies, LLC		Research	41,144.38	
Address 214 North Fayette St				
City Alexandria	State VA			Zip Code 22314
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Strategic Perception, Inc.		Video Production	37,850.89	
Address 6158 Mulhland Hwy				
City Hollywood	State CA			Zip Code 90068
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Westin		Travel	567.16	
Address 170 LT George W Lee Ave				
City Memphis	State TN			Zip Code 38103
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.)				160,643.18



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <p style="text-align: center;">Vote Yes on 2, LLC</p>		2. REPORT COVERING THE PERIOD FROM: 7/1/2014 TO: 9/30/2014		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 160,643.18	
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 Wilson Worley PC		Meeting Expense	161.91	
Address PO Box 88				
City Kingsport	State TN			Zip Code 37662
First Name	Middle Name			Purpose 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 (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.)			160,805.09	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote Yes on 2, LLC			2. REPORT COVERING PERIOD		
			FROM: 7/1/2014	TO: 9/30/2014	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00	
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 Tennessee Business Partnership		Professional Services		26,808.85	
Address PO Box 120965					
City Nashville	State TN				Zip Code 37212
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Baker, Donelson, Bearman, Caldwell & Berkowitz, PC		Office Rent		2,769.25	
Address 211 Commerce Street, Suite 800					
City Nashville	State TN				Zip Code 37201
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				29,578.10	
(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.)					

