

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 10/6/2014	2. NAME OF COMMITTEE Women Matter - Northeast Tennessee
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 2250 North Roan Johnson City TN 37601 423-282-2081	
4. MEASURES SUPPORTED OR OPPOSED Amendment 1 - opposed	
5.A. NAME OF POLITICAL TREASURER Patricia G. Buck	5.B. DATE APPOINTED 9/22/14
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.B. ENDING DATE OF REPORTING PERIOD
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;"> <p style="font-size: 1.2em; font-family: cursive;"><i>Patricia G. Buck</i></p> <p>signature of political treasurer</p> </div> <div style="text-align: center;"> <p style="font-size: 1.2em; font-family: cursive;"><i>10/6/14</i></p> <p>date</p> </div> </div>	
9. WITNESS SIGNATURE	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p style="font-size: 1.2em; font-family: cursive;"><i>Jennifer Johnson</i></p> <p>signature of witness</p> </div> <div style="text-align: center;"> <p style="font-size: 1.2em; font-family: cursive;"><i>10/6/14</i></p> <p>date</p> </div> </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0</u> <u>NA</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>2100</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>1926</u>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>174</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>—</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>—</u>



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <u>Women Matter - Northeast Tennessee</u>	12. REPORT COVERING THE PERIOD FROM: <u>9/28/14</u> TO: <u>9/30/14</u>	
RECEIPTS		
13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$	<u>620.</u>
b. Itemized Contributions (over \$100 from each source this period)	\$	<u>1480.</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$	<u>2100.</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$	<u>-</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$	<u>-</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$	<u>2100.⁰⁰</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)		
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total of Expenditures (\$100 or less each payee)	\$	_____
b. Itemized Expenditures (Over \$100 each payee this period)	\$	<u>1926</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..)	\$	<u>1926</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$	_____
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$	<u>1926</u>
20. IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	<u>-</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	<u>-</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$	<u>-</u>
21. LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)	\$	<u>-</u>
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.)	\$	<u>-</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Women Matter - Northeast Tennessee</i>			2. REPORT COVERING THE PERIOD FROM: <i>9/23/14</i> TO: <i>9/30/14</i>	
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 <i>Kathleen</i>	M.I.	Last Name/Organization Name <i>Grover</i>		Amount of Contribution 300.00
Address <i>403 W. Locust</i>				
City <i>Johnson City</i>	State <i>TN</i>	Zip Code <i>37604</i>		
Occupation <i>teacher</i>				
Employer <i>East TN State U.</i>				
First Name <i>Elizabeth</i>	M.I.	Last Name/Organization Name <i>Mason</i>		Amount of Contribution 280.00
Address <i>1043 Crap Creek Rd.</i>				
City <i>Elizabethton</i>	State <i>TN</i>	Zip Code <i>37643</i>		
Occupation <i>retired</i>				
Employer				
First Name <i>Janet</i>	M.I.	Last Name/Organization Name <i>Meek</i>		Amount of Contribution 300.00
Address <i>146 View Bend</i>				
City <i>Johnson City</i>	State <i>TN</i>	Zip Code <i>37601</i>		
Occupation <i>Program former Coordinator</i>				
Employer <i>East TN State U.</i>				
First Name <i>Rebecca</i>	M.I.	Last Name/Organization Name <i>Nunley</i>		Amount of Contribution 200.00
Address <i>117 Beech Brook Dr.</i>				
City <i>Unicoi</i>	State <i>TN</i>	Zip Code		
Occupation <i>dentist</i>				
Employer <i>self</i>				
First Name <i>Karen</i>	M.I.	Last Name/Organization Name <i>King</i>		Amount of Contribution 200.00
Address <i>728 Rock Springs Rd.</i>				
City <i>Kingsport</i>	State <i>TN</i>	Zip Code <i>37664</i>		
Occupation <i>Director of e-Learning</i>				
Employer <i>East TN State U.</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.)				\$1280.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Women Matter - Southeast Tennessee</i>			2. REPORT COVERING THE PERIOD FROM <i>9/23/14</i> TO: <i>9/30/14</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>\$1280.00</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <i>Lynn</i>	MI.	Last Name/Organization Name <i>Sowers</i>	Amount of Contribution <i>\$200.00</i>	
Address <i>514 Jobe Rd</i>				
City <i>Elizabethton</i>	State <i>TN</i>	Zip Code <i>37643</i>		
Occupation <i>dental hygienist</i>				
Employer <i>Harmony Dental</i>				
First Name	MI.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS			<i>\$1480.00</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 EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Women Matter - Northeast Tennessee</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>9/23/14</i>	TO: <i>9/30/14</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>Lamar Tri-Cities TN/VA</i>		<i>billboards</i>	<i>\$1926.</i>
Address <i>1551 Shipley Ferry Rd.</i>			
City <i>Blountville</i>	State <i>TN</i>		
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 (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>\$1926</i>