

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Tennesseans for Yes on 1 (SEE ATTACHED EXCEL SPREADSHEET)			2. REPORT COVERING THE PERIOD	
			FROM: 10/26/14	TO: 1/15/15
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				
City	State	Zip Code		
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				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				\$0
(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: TENNESSEANS FOR YES ON 1

2. REPORT COVERING PERIOD

FROM: 10/26/14 TO: 1/15/15

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

First Name	M.I.	Last Name/ Organization Name	Address	City	State	Zip Code	Occupation	Employer	Amount of Contribution
Lee	A	Beaman	1525 Broadway	Nashville	TN	37203	CEO	Beaman Motors	\$ 5,000.00
William	B	Lee	5145 Bedford Creek Rd	Franklin	TN	37064	CEO	Lee Company	\$ 10,000.00
		FROG-Jump PAC	c/o FEC Financial, Inc., PO Box 651374	Potomac Falls	VA	20165	n/a	n/a	\$ 5,000.00
		Marsha Blackburn for Congress	PO Box 3750	Brentwood	TN	37024	Congressman	United States Government	\$ 1,000.00
William	E	Haslam	5516 Lonas Dr Ste 260	Knoxville	TN	37909	Governor	State of Tennessee	\$ 10,000.00
Cristen	G	Haslam	5516 Lonas Dr Ste 260	Knoxville	TN	37909	Homemaker	n/a	\$ 10,000.00
		Tennessee Republican Party - Victory State Account	2424 21st Ave S Ste 200	Nashville	TN	37212	n/a	n/a	\$ 2,500.00
5. TOTAL ITEMIZED CONTRIBUTIONS									\$ 43,500.00

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <u>Tennesseans for Yes on 1 (SEE ATTACHED EXCEL SPREADSHEET)</u>				2. REPORT COVERING THE PERIOD	
				FROM: 10/26/14	TO: 1/15/15
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					\$
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			
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.)					\$0

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Tennesseans for Yes on 1			2. REPORT COVERING PERIOD		
			FROM: 10/26/14	TO: 1/15/15	
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 totalling 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 The Family Action of Tennessee, Inc.		Professional Services		\$1198.12	
Address 1113 Murfreesboro Rd, Ste. 106-167					
City Franklin	State TN				Zip Code 37064
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name The Family Action of Tennessee, Inc.		In kind contribution(web ad production)		\$8228.69	
Address 1113 Murfreesboro Rd, Ste. 106-167					
City Franklin	State TN				Zip Code 37064
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				\$9426.81	
(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.)					



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE Tennesseans for Yes on 1				2. REPORT COVERING THE PERIOD			
				FROM: 10/26/14		TO: 1/15/15	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
LastName/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
LastName/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
LastName/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
LastName/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
LastName/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
LastName/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							\$0

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE Tennesseans for Yes on 1				2. REPORT COVERING THE PERIOD			
				FROM: 10/26/14	TO: 1/15/15		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.h on summary page.)							\$0

