

SUMMARY PAGE - SMC

| | | |
|---|--------------------------------|--------------|
| 11. NAME OF COMMITTEE (In Full) Tennesseans for Yes on 1 | 12. REPORT COVERING THE PERIOD | |
| | FROM: 10/01/14 | TO: 10/25/14 |

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 20.00

b. Itemized Contributions (over \$100 from each source this period) \$ 536,500.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ 536,520.00

14. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

15. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) \$ 536,520.00

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)

Wire Transfer Fees \$ 85.00

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

Total of Expenditures (\$100 or less each payee) \$ 85.00

b. Itemized Expenditures (Over \$100 each payee this period) \$ 487,620.12

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) \$ 487,705.12

18. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) \$ 487,705.12

20. IN-KIND CONTRIBUTIONS

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

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 1,031.48

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) \$ 1,031.48

21. LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) \$ 0

22. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 4.28

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) \$ 4.28



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | |
|---|-------|-------------------------------|------------------------|
| 1. NAME OF COMMITTEE Tennesseans for Yes on 1 (SEE ATTACHED EXCEL SPREADSHEET) [AMENDED 11-3-14] | | 2. REPORT COVERING THE PERIOD | |
| | | FROM: 10/01/14 | TO: 10/25/14 |
| 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 | | | |
| 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.) | | | |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: TENNESSEANS FOR YES ON 1

2. REPORT COVERING PERIOD

FROM: 10/1/14 TO: 10/25/14 [AMENDED 11-3-14]

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 |
|---------------------------------|------|---------------------------------|--------------------------|----------------|-------|----------|-------------------|--------------------------|---------------------------|
| David | L | Black | 819 Plantation Blvd | Gallatin | TN | 37066 | Toxicologist | Aegis Sciences Corp. | \$ 250,000.00 |
| Diane | L. | Black | 819 Plantation Blvd | Gallatin | TN | 37066 | Congressman | United States Government | \$ 250,000.00 |
| William | R. | Wood | 1707 L Street NW Ste 550 | Washington | DC | 20036 | n/a | n/a | \$ 20,000.00 |
| Jennifer | A. | Wood | 274 Hidden Lake Rd | Hendersonville | TN | 37075 | Business owner | Wood Personnel Services | \$ 500.00 |
| Thomas | H. | Jones | 800 Dry Valley Rd | Cookeville | TN | 38506 | Business owner | REI | \$ 15,000.00 |
| John | R. | Roberts | 2610 Hillsboro Blvd | Manchester | TN | 37355 | Automobile dealer | John Roberts Auto Group | \$ 500.00 |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | | | | | | | \$ 536,500.00 |

ITEMIZED STATEMENT OF EXPENDITURES - SMC

| | | | | |
|--|---------------------------------------|---|-------------------------------|-----------------------|
| 1. NAME OF COMMITTEE Tennesseans for Yes on 1 | | | 2. REPORT COVERING THE PERIOD | |
| | | | FROM: 10/01/14 | TO: 10/25/14 |
| 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 Majority Strategies, Inc. | | Printing, postage, and shipping costs for Amendment 1 mail pieces. | | \$487,620.12 |
| Address 135 Professional Drive, St3. 104 | | | | |
| City Pointe Vedra Beach | State FL Zip Code 32082 | | | |
| | | | | |
| 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 | | | | Amount |
| (Carry forward to item 3. of next page if additional pages of this form are used.) | | | | \$487,620.12 |
| (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) | | | | |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

| | | | | | |
|--|-------------|-------------------------------------|---------------------------|-------------------------------|-------------------|
| 1. NAME OF COMMITTEE Tennesseans for Yes on 1 | | | 2. REPORT COVERING PERIOD | | |
| | | | FROM: 10/01/14 | TO: 10/25/14 | |
| 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 The Family Action of Tennessee, Inc. | | Professional Services | | \$1,031.48 | |
| 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 | | | | | |
| | | | | | |
| 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 | | | | \$1,031.48 | |
| (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: 10/01/14 | | TO: 10/25/14 | |
| 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 | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | Date of Loan | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | Date of Loan | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | Date of Loan | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | Date of Loan | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | Date of Loan | | | |
| First Name | | Middle Name | | | | | |
| Last Name/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.) | | | | | | | |

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

| 1. NAME OF COMMITTEE Tennesseans for Yes on 1 | | | | 2. REPORT COVERING THE PERIOD | | |
|--|-------------|----------|---|-------------------------------|----------------------|-------------------------------------|
| | | | | FROM: 10/01/14 | TO: 10/25/14 | |
| 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 | | | | | |
| LastName/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Name | | | | | |
| LastName/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Name | | | | | |
| LastName/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Name | | | | | |
| LastName/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Name | | | | | |
| LastName/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 b on summary page.) | | | | | | |

