



Amended  
2/2/15

### SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)		12. REPORT COVERING THE PERIOD	
Vote NO on One Tennessee, Inc.		FROM: 10/1/2014	TO: 10/25/2014
<b>RECEIPTS</b>			
13. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period) .....		\$	<u>24,695.00</u>
b. Itemized Contributions (over \$100 from each source this period) .....		\$	<u>\$2,093,940.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....		\$	<u>2,118,635.00</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>2,118,635.00</u>
<b>DISBURSEMENTS</b>			
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>Event/volunteer expenses</u>		\$	<u>475.74</u>
<u>Office expenses</u>		\$	<u>1,273.20</u>
<u>Travel — mileage</u>		\$	<u>79.52</u>
<u>Processing/fundraising fees</u>		\$	<u>1,041.26</u>
_____		\$	_____
_____		\$	_____
Total of Expenditures (\$100 or less each payee) .....		\$	<u>2,869.72</u>
b. Itemized Expenditures (Over \$100 each payee this period) .....		\$	<u>3,469,629.98</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) .....		\$	<u>3,472,499.70</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>3,472,499.70</u>
<b>20. IN-KIND CONTRIBUTIONS</b>			
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>67,382.85</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) .....		\$	<u>67,382.85</u>
<b>21. LOANS</b>			
LOANS OUTSTANDING (must be shown in item 10.e.) .....		\$	<u>00.00</u>
<b>22. OBLIGATIONS</b>			
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>

BSP



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Vote NO on One Tennessee, Inc.			FROM: 10/1/14	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 Chandrika	M.I.	Last Name/Organization Name Achar		Amount of Contribution      <b>\$1000</b>
Address 420 Elmington Ave <span style="float: right;">Apt 1509</span>				
City Nashville	State TN	Zip Code 37205		
Occupation Pharmacist				
Employer Cardinal Health				
First Name Thomas	M.I.	Last Name/Organization Name American Civil Liberties Union - Tennessee		Amount of Contribution      <b>\$10,000</b>
Address PO Box 120160				
City Nashville	State TN	Zip Code 37212		
Occupation				
Employer				
First Name Thomas	M.I.	Last Name/Organization Name Benton		Amount of Contribution      <b>\$1000</b>
Address PO Box 11251				
City Knoxville	State TN	Zip Code 37939		
Occupation Real Estate				
Employer Self				
First Name Martha	M.I.	Last Name/Organization Name Carver		Amount of Contribution      <b>\$200</b>
Address 2131 West Jefferson Pike				
City Murfreesboro	State TN	Zip Code 37129		
Occupation Retired				
Employer Retired				
First Name Allison	M.I.	Last Name/Organization Name Cates		Amount of Contribution      <b>\$500</b>
Address 211 E Galloway				
City Memphis	State TN	Zip Code 38111		
Occupation Best Effort				
Employer Best Effort				
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount of Contribution      <b>\$12,700</b>
(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		2. REPORT COVERING THE PERIOD	
Vote NO on One Tennessee, Inc.		FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$12,700</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <b>M.</b>	M.I. <b>L.</b>	Last Name/Organization Name <b>Clarke</b>	Amount of Contribution     <b>\$150</b>
Address <b>1001 N Natchez Rd, Apt G5</b>			
City <b>Chattanooga</b>	State <b>TN</b>	Zip Code <b>37405</b>	
Occupation <b>Retired</b>			
Employer			
First Name <b>Deborah</b>	M.I. <b></b>	Last Name/Organization Name <b>Clubb</b>	Amount of Contribution     <b>\$200</b>
Address <b>1338 Carr Ave</b>			
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38014</b>	
Occupation <b>Executive Director</b>			
Employer <b>Memphis Area Women's Council</b>			
First Name <b>Bill</b>	M.I. <b></b>	Last Name/Organization Name <b>Coble</b>	Amount of Contribution     <b>\$500</b>
Address <b>5033 Old Hickory Blvd</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37218</b>	
Occupation <b>Chairman</b>			
Employer <b>Neely Coble Company</b>			
First Name <b>Richard</b>	M.I. <b></b>	Last Name/Organization Name <b>Crutcher</b>	Amount of Contribution     <b>\$1000</b>
Address <b>11225 Concord Woods Dr</b>			
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37934</b>	
Occupation <b>Retired</b>			
Employer			
First Name <b>Jennifer</b>	M.I. <b></b>	Last Name/Organization Name <b>Dakin</b>	Amount of Contribution     <b>\$250</b>
Address <b>521 Solomon Dr</b>			
City <b>Franklin</b>	State <b>TN</b>	Zip Code <b>37064</b>	
Occupation <b>Internal audit director</b>			
Employer <b>Video Gaming Technologies</b>			
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount of Contribution     <b>\$14,800</b>
(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.)			



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1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Vote NO on One Tennessee, Inc.			FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$14,800</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>Laura</b>	M.I.	Last Name/Organization Name <b>Davis</b>	Amount of Contribution	
Address <b>2522 Buffar Mill Rd</b>				
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37917</b>		
Occupation <b>Attorney</b>				
Employer <b>Best Effort</b>				
				<b>\$200</b>
First Name <b>Susan</b>	M.I.	Last Name/Organization Name <b>Deriemer</b>	Amount of Contribution	
Address <b>6812 River Ridge Dr</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37221</b>		
Occupation <b>Professor</b>				
Employer <b>Meharry Medical College</b>				
				<b>\$200</b>
First Name <b>David</b>	M.I.	Last Name/Organization Name <b>Dickinson</b>	Amount of Contribution	
Address <b>4296 Kirkland Rd</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37215</b>		
Occupation <b>Professor</b>				
Employer <b>Vanderbilt University</b>				
				<b>\$200</b>
First Name <b>Robert</b>	M.I.	Last Name/Organization Name <b>Dimick</b>	Amount of Contribution	
Address <b>1057 Wiltshire Way</b>				
City <b>Brentwood</b>	State <b>TN</b>	Zip Code <b>37027</b>		
Occupation <b>Physician</b>				
Employer <b>Self</b>				
				<b>\$250</b>
First Name <b>Emily</b>	M.I.	Last Name/Organization Name <b>Flautt</b>	Amount of Contribution	
Address <b>627 Westview Ave</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37205</b>		
Occupation <b>Community Volunteer</b>				
Employer				
				<b>\$150</b>
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount
(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.)				<b>\$15,800</b>



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3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$15,800</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>Leticia</b>	M.I.	Last Name/Organization Name <b>Flores</b>	Amount of Contribution	
Address <b>609 Union Ave</b>				
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37902</b>		
Occupation <b>Best Effort</b>				
Employer <b>Best Effort</b>				
				<b>\$240</b>
First Name <b>Ramsey</b>	M.I.	Last Name/Organization Name <b>Frye</b>	Amount of Contribution	
Address <b>214 Old Hickory Blvd Apt 163</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37221</b>		
Occupation <b>Information Systems Analyst</b>				
Employer <b>Caterpillar Financial</b>				
				<b>\$500</b>
First Name <b>Jerrold</b>	M.I.	Last Name/Organization Name <b>Graber</b>	Amount of Contribution	
Address <b>5921 Briarhedge Ave</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38120</b>		
Occupation <b>Retired</b>				
Employer				
				<b>\$200</b>
First Name <b>Amy</b>	M.I.	Last Name/Organization Name <b>Garrison</b>	Amount of Contribution	
Address <b>802 Glen Leven Dr</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37204</b>		
Occupation <b>Community Volunteer</b>				
Employer				
				<b>\$10,000</b>
First Name	M.I.	Last Name/Organization Name <b>Genetics Associates</b>	Amount of Contribution	
Address <b>1916 Patterson St</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37203</b>		
Occupation				
Employer				
				<b>\$250</b>
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.)				<b>\$26,990</b>



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1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$26,990
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>Harris</b>	M.I.	Last Name/Organization Name <b>Gilbert</b>	Amount of Contribution     <b>\$1000</b>	
Address <b>4215 Harding Pike Apt 401</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37205</b>		
Occupation <b>Attorney</b>				
Employer <b>Self</b>				
First Name <b>Laura</b>	M.I.	Last Name/Organization Name <b>Goodman-Bryan</b>	Amount of Contribution     <b>\$1000</b>	
Address <b>4722 Princeton Rd</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38117</b>		
Occupation <b>Chief Operating Officer</b>				
Employer <b>Challenger Corporation</b>				
First Name <b>R.</b>	M.I. <b>K.</b>	Last Name/Organization Name <b>Guy</b>	Amount of Contribution     <b>\$500</b>	
Address <b>73 Riverwalk Pl</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38103</b>		
Occupation <b>Best Effort</b>				
Employer <b>Best Effort</b>				
First Name <b>Teresa</b>	M.I.	Last Name/Organization Name <b>Halloran</b>	Amount of Contribution     <b>\$150</b>	
Address <b>100 Blossom Court</b>				
City <b>Franklin</b>	State <b>TN</b>	Zip Code <b>37064</b>		
Occupation <b>Director</b>				
Employer <b>Meals on Wheels</b>				
First Name <b>Keith</b>	M.I.	Last Name/Organization Name <b>Hollins</b>	Amount of Contribution     <b>\$400</b>	
Address <b>129 S Perkins Rd</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38117</b>		
Occupation <b>Community Volunteer</b>				
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.)				<b>\$30,040</b>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

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3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$30,040</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>John and Beth</b>	M.I.	Last Name/Organization Name <b>Huff</b>	Amount of Contribution     <b>\$500</b>	
Address <b>1625 Otter Creek Rd</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37215</b>		
Occupation <b>Physician</b>				
Employer <b>Self</b>				
First Name <b>Diane</b>	M.I.	Last Name/Organization Name <b>Humphreys-Barlow</b>	Amount of Contribution     <b>\$200</b>	
Address <b>1005 Tarwater Rd</b>				
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37920</b>		
Occupation <b>Clinical Social Worker</b>				
Employer <b>Self</b>				
First Name <b>Jacqueline</b>	M.I.	Last Name/Organization Name <b>Hutton</b>	Amount of Contribution     <b>\$1000</b>	
Address <b>1099 Lynnwood Blvd</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37215</b>		
Occupation <b>Community Volunteer</b>				
Employer  				
First Name <b>Helen</b>	M.I.	Last Name/Organization Name <b>Jabbour</b>	Amount of Contribution     <b>\$250</b>	
Address <b>177 N Highland St, Apt 4511</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38111</b>		
Occupation <b>Community Volunteer</b>				
Employer  				
First Name <b>Burton</b>	M.I.	Last Name/Organization Name <b>Jablin</b>	Amount of Contribution     <b>\$1000</b>	
Address <b>211 Deer Park Cir</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37205</b>		
Occupation <b>Media Executive</b>				
Employer <b>Scripps Network Interactive</b>				
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.)				<b>\$32,990</b>





## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$34,215
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>Aimee</b>	M.I.	Last Name/Organization Name Lewis	Amount of Contribution     <b>\$250</b>	
Address 1248 Sledge Ave				
City Memphis	State TN	Zip Code 38104		
Occupation Development				
Employer Planned Parenthood Greater Memphis Region				
First Name <b>David</b>	M.I.	Last Name/Organization Name Lewis	Amount of Contribution     <b>\$101</b>	
Address 1369 Harbert Ave				
City Memphis	State TN	Zip Code 38104		
Occupation Contractor				
Employer Self				
First Name <b>Mary</b>	M.I.	Last Name/Organization Name Loveless	Amount of Contribution     <b>\$1000</b>	
Address 274 Cloister Green Ln				
City Memphis	State TN	Zip Code 38120		
Occupation Freelance Writer				
Employer Self				
First Name <b>Maureen and Neil</b>	M.I.	Last Name/Organization Name McBride	Amount of Contribution     <b>\$1000</b>	
Address 3486 Navigator Pointe				
City Nashville	State TN	Zip Code 37922		
Occupation Attorney				
Employer Self				
First Name <b>Janis</b>	M.I.	Last Name/Organization Name McNeely	Amount of Contribution     <b>\$250</b>	
Address 1301 Beddington Park				
City Nashville	State TN	Zip Code 37215		
Occupation Community Volunteer				
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.)				<b>\$36,816</b>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

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Vote NO on One Tennessee, Inc.			FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
			\$36,816	
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
Calvin and Molly		Miller		
Address				
6744 Pennywell Dr				
City	State	Zip Code		
Nashville	TN	37205		
Occupation				
Professor				
Employer				
Vanderbilt University				\$200
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Regina		Montgomery		
Address				
1208 Choctaw Trail				
City	State	Zip Code		
Brentwood	TN	37027		
Occupation				
Best Effort				
Employer				
Best Effort				\$200
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Dana		Moore		
Address				
3612 Bellwood Ave				
City	State	Zip Code		
Nashville	TN	37205		
Occupation				
Community Affairs				
Employer				
Education Network of America				\$500
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Amy		Mulroy		
Address				
1035 Perkins Terrace				
City	State	Zip Code		
Memphis	TN	38117		
Occupation				
Attorney				
Employer				
A Step Ahead				\$500
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Kristy		Newton		
Address				
1553 Aqwala Ave				
City	State	Zip Code		
Knoxville	TN	37919		
Occupation				
Physician				
Employer				
Self				\$250
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.)				\$38,466



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

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3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$38,466</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <b>Rosann</b>	M.I.	Last Name/Organization Name <b>Nunnelly</b>	Amount of Contribution  <b>\$150</b>
Address <b>5883 Fredricksburg Dr</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37215</b>	
Occupation <b>Best Effort</b>			
Employer <b>Best Effort</b>			
First Name <b>Lori</b>	M.I.	Last Name/Organization Name <b>Patton</b>	Amount of Contribution  <b>\$500</b>
Address <b>360 Bluff Ridge Cove</b>			
City <b>Cordova</b>	State <b>TN</b>	Zip Code <b>38018</b>	
Occupation <b>Owner</b>			
Employer <b>Roadshow BMW/Mini</b>			
First Name <b>Linda</b>	M.I.	Last Name/Organization Name <b>Pearce</b>	Amount of Contribution  <b>\$200</b>
Address <b>604 Spring House Ct</b>			
City <b>Brentwood</b>	State <b>TN</b>	Zip Code <b>37027</b>	
Occupation <b>Retired</b>			
Employer			
First Name <b>Loren Chumley and Scott</b>	M.I.	Last Name/Organization Name <b>Peterson</b>	Amount of Contribution  <b>\$250</b>
Address <b>123 Jefferson Square</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37215</b>	
Occupation <b>Attorney</b>			
Employer <b>KPMG</b>			
First Name	M.I.	Last Name/Organization Name <b>Planned Parenthood of Southwest and Central Florida</b>	Amount of Contribution  <b>\$100,000</b>
Address <b>736 Central Ave</b>			
City <b>Sarasota</b>	State <b>FL</b>	Zip Code <b>34236</b>	
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.)			<b>\$139,566</b>



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Vote NO on One Tennessee, Inc.			FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
			\$139,566	
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 Advocates Mar Monte		
Address				
1691 The Alameda				
City	State	Zip Code		
San Jose	CA	95126		
Occupation				
Employer				\$50,000
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
		Planned Parenthood League of Massachusets		
Address				
1055 Commonwealth Ave				
City	State	Zip Code		
Boston	MA	02215		
Occupation				
Employer				\$200,000
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
		Planned Parenthood Northern California Action Fund		
Address				
PO Box 1116				
City	State	Zip Code		
Concord	CA	94522		
Occupation				
Employer				\$201,200
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
		Planned Parenthood of Greater Orlando, Inc.		
Address				
726 S Tampa Ave				
City	State	Zip Code		
Orlando	FL	32805		
Occupation				
Employer				\$1000
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
		Planned Parenthood of Middle and East Tennessee		
Address				
50 Vantage Way, Suite 102				
City	State	Zip Code		
Nashville	TN	37228		
Occupation				
Employer				\$50,000
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.)				\$641,766



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Vote NO on One Tennessee, Inc.			FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$641,766</b>
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				
700 S Tustin Street				
City	State	Zip Code		
Orange	CA	92866		
Occupation				
Employer				<b>\$250,000</b>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
2001 E Madison S				
City	State	Zip Code		
Seattle	WA	98122		
Occupation				
Employer				<b>\$750,000</b>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
1075 Camino Del Rio S				
City	State	Zip Code		
San Diego	CA	92108		
Occupation				
Employer				<b>\$250,000</b>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
1620 S Observatory Dr				
City	State	Zip Code		
Nashville	TN	37215		
Occupation				
Employer				<b>\$250</b>
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
251 Massengill Springs Rd				
City	State	Zip Code		
Harriman	TN	37748		
Occupation				
Employer				<b>\$110</b>
5. TOTAL ITEMIZED CONTRIBUTIONS				<b>\$1,892,126</b>
(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 NO on One Tennessee, Inc.		2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$1,892,126
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <b>Anne</b>	M.I.	Last Name/Organization Name <b>Roos</b>	Amount of Contribution     <b>\$250</b>
Address <b>2507 Ridgewood Dr</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37215</b>	
Occupation <b>Community Volunteer</b>			
Employer			
First Name <b>Eric</b>	M.I.	Last Name/Organization Name <b>Rosenfeld</b>	Amount of Contribution     <b>\$500</b>
Address <b>11 Burton Hills Blvd, 206N</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37215</b>	
Occupation <b>Retired</b>			
Employer			
First Name <b>Corrine</b>	M.I.	Last Name/Organization Name <b>Rovetti</b>	Amount of Contribution     <b>\$134</b>
Address <b>6925 Sevierville Pike</b>			
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37920</b>	
Occupation <b>Nurse Practitioner</b>			
Employer <b>Knoxville Center for Reproductive Health</b>			
First Name <b>Maury</b>	M.I.	Last Name/Organization Name <b>Saunders</b>	Amount of Contribution     <b>\$500</b>
Address <b>925 Woodmont Blvd</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37204</b>	
Occupation <b>Consultant</b>			
Employer <b>Towers Watson</b>			
First Name <b>Susan</b>	M.I.	Last Name/Organization Name <b>Sgarlat</b>	Amount of Contribution     <b>\$200</b>
Address <b>850 Volunteer Landing Ln #401</b>			
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37915</b>	
Occupation <b>Hospice Chaplin</b>			
Employer <b>LHC, Inc.</b>			
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.)			<b>\$1,893,710</b>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Vote NO on One Tennessee, Inc.			FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$1,893,710</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>Kay Jackson and Thomas</b>	M.I.	Last Name/Organization Name <b>Shelton</b>		Amount of Contribution  <b>\$250</b>
Address <b>4819 Fleetview Ave</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38117</b>		
Occupation <b>Physician</b>				
Employer <b>Conrad Pearson Clinic</b>				
First Name <b>John Wengraf and Adele</b>	M.I.	Last Name/Organization Name <b>Simons</b>		Amount of Contribution  <b>\$2000</b>
Address <b>2904 Barton Ave</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37212</b>		
Occupation <b>Managing Director/Partner</b>				
Employer <b>Courage Capital Management</b>				
First Name <b>Linda and Ron</b>	M.I.	Last Name/Organization Name <b>Sklar</b>		Amount of Contribution  <b>\$250</b>
Address <b>1794 Brooksedge Cove</b>				
City <b>Germantown</b>	State <b>TN</b>	Zip Code <b>38138</b>		
Occupation <b>School Administrator</b>				
Employer <b>Shelby County Schools</b>				
First Name <b>Worth and Elizabeth</b>	M.I.	Last Name/Organization Name <b>Squire</b>		Amount of Contribution  <b>\$750</b>
Address <b>6850 Edwards Grove Rd</b>				
City <b>College Grove</b>	State <b>TN</b>	Zip Code <b>37046</b>		
Occupation <b>Retired</b>				
Employer				
First Name <b>Elizabeth</b>	M.I.	Last Name/Organization Name <b>Surface</b>		Amount of Contribution  <b>\$250</b>
Address <b>300 Harvard Ave</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37205</b>		
Occupation <b>Engineer</b>				
Employer <b>Ross Bryan Associates</b>				
5. TOTAL ITEMIZED CONTRIBUTIONS				<b>\$1,897,210</b>
(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		2. REPORT COVERING THE PERIOD	
Vote NO on One Tennessee, Inc.		FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$1,897,210</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name <b>Rebecca</b>	M.I.	Last Name/Organization Name <b>Taylor</b>	Amount of Contribution  <b>\$1000</b>
Address <b>414 Sunnyside Dr</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37205</b>	
Occupation <b>Physician</b>			
Employer <b>Nashville Vision Associates</b>			
First Name <b>Margaret and William</b>	M.I.	Last Name/Organization Name <b>Veaser</b>	Amount of Contribution  <b>\$300</b>
Address <b>4940 Sullivan Woods Cove</b>			
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38117</b>	
Occupation <b>Director of Nursing Program</b>			
Employer <b>Christian Brothers University</b>			
First Name <b>Carl</b>	M.I.	Last Name/Organization Name <b>Wagner</b>	Amount of Contribution  <b>\$1000</b>
Address <b>1324 Beacon Hill Ln</b>			
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37919</b>	
Occupation <b>Professor</b>			
Employer <b>University of Tennessee - Knoxville</b>			
First Name <b>Leigh</b>	M.I.	Last Name/Organization Name <b>Walton</b>	Amount of Contribution  <b>\$1000</b>
Address <b>150 Third Ave South, Suite 2800</b>			
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37201</b>	
Occupation <b>Attorney</b>			
Employer <b>Bass Barry and Sims, PLC</b>			
First Name <b>William</b>	M.I.	Last Name/Organization Name <b>Watson</b>	Amount of Contribution  <b>\$500</b>
Address <b>1403 Peabody Ave</b>			
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38104</b>	
Occupation <b>Physician</b>			
Employer <b>Self</b>			
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount of Contribution  <b>\$1,901,010</b>
(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		2. REPORT COVERING THE PERIOD	
Vote NO on One Tennessee, Inc.		FROM: 10/1/14	TO: 10/25/14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$1,901,010</b>
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
Sharon Anthony and Mike		Weesner	<b>\$500</b>
Address			
10601 South Lick Creek			
City	State	Zip Code	
Primm Springs	TN	38476	
Occupation			
Retired			
Employer			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Jacqueline		Whitemore	<b>\$200</b>
Address			
3600 Sevier Heights Rd			
City	State	Zip Code	
Knoxville	TN	37920	
Occupation			
Teacher			
Employer			
Best Effort			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Betsy and Ridley		Wills	<b>\$500</b>
Address			
10 Middleton Park Ln			
City	State	Zip Code	
Nashville	TN	37215	
Occupation			
Marketing			
Employer			
eMD			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
		Women's Health Information Network	<b>\$1,380</b>
Address			
929 Preston Dr			
City	State	Zip Code	
Nashville	TN	37206	
Occupation			
Employer			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Gerald		Schroedl	<b>\$200</b>
Address			
4313 Wells Rd			
City	State	Zip Code	
Knoxville	TN	37920	
Occupation			
Best Effort			
Employer			
Best Effort			
5. TOTAL ITEMIZED CONTRIBUTIONS			<b>\$1,903,790</b>
(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 NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$1,903,790</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>Margaret</b>	M.I.	Last Name/Organization Name <b>Brakebusch</b>	Amount of Contribution     <b>\$200</b>	
Address <b>PO Box 3640</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38088</b>		
Occupation <b>Retired</b>				
Employer <b>Retired</b>				
First Name <b>Laura</b>	M.I.	Last Name/Organization Name <b>Millendorf</b>	Amount of Contribution     <b>\$200</b>	
Address <b>115 West 68th St</b>				
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10023</b>		
Occupation <b>Attorney</b>				
Employer <b>City of New York</b>				
First Name <b>Eileen</b>	M.I.	Last Name/Organization Name <b>Herschenov</b>	Amount of Contribution     <b>\$200</b>	
Address <b>98 Old Broadway</b>				
City <b>Hastings on Hudson</b>	State <b>NY</b>	Zip Code <b>10706</b>		
Occupation <b>Attorney</b>				
Employer <b>Consumer Union</b>				
First Name <b>Eileen</b>	M.I.	Last Name/Organization Name <b>Degen</b>	Amount of Contribution     <b>\$250</b>	
Address <b>735 University Ave</b>				
City <b>Sewanee</b>	State <b>TN</b>	Zip Code <b>37383</b>		
Occupation <b>Best Effort</b>				
Employer <b>Best Effort</b>				
First Name <b>Samar</b>	M.I.	Last Name/Organization Name <b>Ali</b>	Amount of Contribution     <b>\$500</b>	
Address <b>111 Oak Hollow Dr</b>				
City <b>Waverly</b>	State <b>TN</b>	Zip Code <b>37185</b>		
Occupation <b>Attorney</b>				
Employer <b>Bone McAllister and Norton</b>				
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.)				<b>\$1,905,140</b>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$1,905,140</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>Anne</b>	M.I.	Last Name/Organization Name <b>Carr</b>	Amount of Contribution     <b>\$500</b>	
Address <b>231 Carden Ave</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37205</b>		
Occupation <b>Partner</b>				
Employer <b>Smith Harris and Carr</b>				
First Name	M.I.	Last Name/Organization Name <b>Planned Parenthood Advocates Mid-South</b>	Amount of Contribution     <b>\$600</b>	
Address <b>2430 Poplar Ave, Suite 100</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38112</b>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <b>Planned Parenthood of Middle and East Tennessee</b>	Amount of Contribution     <b>\$5000</b>	
Address <b>50 Vantage Way, Suite 102</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37228</b>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <b>Planned Parenthood Greater Memphis Region</b>	Amount of Contribution     <b>\$11,500</b>	
Address <b>2430 Poplar Ave, Suite 100</b>				
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38112</b>		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name <b>American Civil Liberties Union of Tennessee</b>	Amount of Contribution     <b>\$40,000</b>	
Address <b>PO Box 120160</b>				
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37212</b>		
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.)				<b>\$1,962,740</b>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>\$1,962,740</b>
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, 18th Floor			<b>\$100,000</b>	
City	State	Zip Code		
New York	NY	10004		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address 50 Vantage Way, Suite 102			<b>\$5,000</b>	
City	State	Zip Code		
Nashville	TN	37228		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address PO Box 1116			<b>\$1,200</b>	
City	State	Zip Code		
Concord	CA	94522-1116		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address 1625 L Street NW			<b>\$25,000</b>	
City	State	Zip Code		
Washington	DC	20036		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			<b>\$2,093,940</b>	
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 EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/1/14 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 Walgreens		Volunteer/event expense		\$121.18	
Address 1804 Charlotte Ave					
City Nashville	State TN				Zip Code 37203
First Name					Middle Name
Last Name/Business Name Terris, Barnes, Walters		Printed media		\$25,605.00	
Address 400 Montgomery St #700					
City San Francisco	State CA				Zip Code 94104
First Name					Middle Name
Last Name/Business Name Lake Research Partners		Consulting--travel		\$3231.12	
Address 1726 M Street NW, Suite 1100					
City Washington	State DC				Zip Code 20036
First Name					Middle Name
Last Name/Business Name US Postal Service		Office expenses		\$221.00	
Address 1718 Church St					
City Nashville	State TN				Zip Code 37203
First Name					Middle Name
Last Name/Business Name Screen Strategies Media		Paid Media		\$380,980.00	
Address 11150 Fairfax Blvd, Suite 505					
City Fairfax	State VA				Zip Code 22030
First Name					Middle Name
Last Name/Business Name CostCo Wholesale		Event expense		\$175.04	
Address 6670 Charlotte Pike					
City Nashville	State TN				Zip Code 37209
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.)				\$410,333.34	

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <b>Vote NO on One Tennessee, Inc.</b>			2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$410,333.34</b>		
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 <b>Jeff</b>	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <b>Teague</b>	Address <b>4400 Belmont Park Terrace, #215</b>	<b>Mileage reimbursement</b>		<b>\$208.32</b>	
City <b>Nashville</b>	State <b>TN</b>				Zip Code <b>37215</b>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <b>Lake Research Partners</b>	Address <b>1726 M Street NW #1100</b>	<b>Consulting--data</b>		<b>\$18,945.00</b>	
City <b>Washington</b>	State <b>DC</b>				Zip Code <b>20036</b>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <b>Bi-Lo</b>	Address <b>1609 E 23rd St</b>	<b>Event expense</b>		<b>\$156.44</b>	
City <b>Chattanooga</b>	State <b>TN</b>				Zip Code <b>37404</b>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <b>Screen Strategies Media</b>	Address <b>11150 Fairfax Blvd, #505</b>	<b>Paid media</b>		<b>\$694,600.00</b>	
City <b>Fairfax</b>	State <b>VA</b>				Zip Code <b>22030</b>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <b>Screen Strategies Media</b>	Address <b>11150 Fairfax Blvd, #505</b>	<b>Paid Media</b>		<b>\$868,687.00</b>	
City <b>Fairfax</b>	State <b>VA</b>				Zip Code <b>22030</b>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <b>Chism Strategies</b>	Address <b>2906 N State St, #302</b>	<b>Consulting — field</b>		<b>\$100,000.00</b>	
City <b>Jackson</b>	State <b>MS</b>				Zip Code <b>39216</b>
First Name	Middle Name				Purpose of Expenditure
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.)			<b>\$2,092,930.10</b>		

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <b>Vote NO on One Tennessee, Inc.</b>		2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$2,092,930.10</b>	
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 <b>Planned Parenthood Greater Memphis Region</b>		<b>Consulting--data</b>	<b>\$1,750.00</b>	
Address <b>2430 Poplar Ave #100</b>				
City <b>Memphis</b>	State <b>TN</b>			Zip Code <b>38112</b>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Terris, Barnes, Walters</b>		<b>Media production</b>	<b>\$276,148.00</b>	
Address <b>400 Montgomery St, #700</b>				
City <b>San Francisco</b>	State <b>CA</b>			Zip Code <b>94104</b>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Hampton Inn and Suites at Beale St</b>		<b>Travel</b>	<b>\$509.04</b>	
Address <b>175 Peabody Pl</b>				
City <b>Memphis</b>	State <b>TN</b>			Zip Code <b>38103</b>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Terris, Barnes, Walters</b>		<b>Printed Media</b>	<b>\$123,701.00</b>	
Address <b>400 Montgomery St, #700</b>				
City <b>San Francisco</b>	State <b>CA</b>			Zip Code <b>94104</b>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Screen Strategies Media</b>		<b>Paid Media</b>	<b>\$812,819.00</b>	
Address <b>11150 Fairfax Blvd, #505</b>				
City <b>Fairfax</b>	State <b>VA</b>			Zip Code <b>22030</b>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Tennessee Democratic Party</b>		<b>Data acquisition</b>	<b>\$1,800.00</b>	
Address <b>1900 Church St, #203</b>				
City <b>Nashville</b>	State <b>TN</b>			Zip Code <b>37203</b>
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.)			<b>\$3,309,657.14</b>	

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14		
			Amount	\$3,309,657.14	
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 <b>Mark</b>	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <b>Mohundro</b>		<b>Travel reimbursement mileage</b>	<b>\$200.48</b>		
Address <b>236 W Jackson Ave</b>					
City <b>Knoxville</b>	State <b>TN</b>				Zip Code <b>37902</b>
First Name <b>Steven</b>					Middle Name
Last Name/Business Name <b>Hershkowitz</b>		<b>Travel reimbursement mileage</b>	<b>\$229.04</b>		
Address <b>1208 16th Ave S, Apt 1</b>					
City <b>Nashville</b>	State <b>TN</b>				Zip Code <b>37212</b>
First Name					Middle Name
Last Name/Business Name <b>Lake Research Partners</b>		<b>Consulting data</b>	<b>\$9,020.00</b>		
Address <b>1726 M St NW, #1100</b>					
City <b>Washington</b>	State <b>DC</b>				Zip Code <b>20036</b>
First Name					Middle Name
Last Name/Business Name <b>Chism Strategies</b>		<b>Consulting—field</b>	<b>\$35,347.50</b>		
Address <b>2906 N State St, #302</b>					
City <b>Jackson</b>	State <b>MS</b>				Zip Code <b>39216</b>
First Name					Middle Name
Last Name/Business Name <b>Chism Strategies</b>		<b>Consulting — field</b>	<b>\$100,565.00</b>		
Address <b>2906 N State St, #302</b>					
City <b>Jackson</b>	State <b>MS</b>				Zip Code <b>39216</b>
First Name <b>Steven</b>					Middle Name
Last Name/Business Name <b>Hershkowitz</b>		<b>Travel — mileage</b>	<b>\$149.52</b>		
Address <b>1208 16th Ave S, Apt 1</b>					
City <b>Nashville</b>	State <b>TN</b>				Zip Code <b>37212</b>
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.)					<b>\$3,455,168.68</b>

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <p style="text-align: center;">Vote NO on One Tennessee, Inc.</p>		2. REPORT COVERING THE PERIOD FROM: 10/1/14 TO: 10/25/14		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$3,455,168.68</b>	
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 <b>Lake Research Partners</b>		<b>Consulting—data</b>	<b>\$14,111.30</b>	
Address <b>1726 M St NW #1100</b>				
City <b>Washington</b>	State <b>DC</b>			Zip Code <b>20036</b>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Lake Research</b>		<b>Consulting — data</b>	<b>\$350.00</b>	
Address <b>1726 M St NW</b>				
City <b>Washington</b>	State <b>DC</b>			Zip Code <b>20036</b>
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.)			<b>\$3,469,629.98</b>	

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING PERIOD FROM: 10/1/14 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 Planned Parenthood of Middle and East Tennessee		Personnel, photocopying, travel, postage, marketing and promotion, other miscellaneous expenses		\$40,239.11	
Address 50 Vantage Way, Suite 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 American Civil Liberties Union Foundation of Tennessee, Inc.		Personnel		\$505.22	
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 Memphis Center for Reproductive Health		Personnel, phone banking, printing, miscellaneous expenses		\$5,878.44	
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 Signature Center, L.P.		Office space		\$4,582.75	
Address 618 Church St, Suite 200					
City Nashville	State TN				Zip Code 37219
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS  (Carry forward to item 3 of next page if additional pages 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.)				\$51,205.52	



## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Vote NO on One Tennessee, Inc.			2. REPORT COVERING PERIOD FROM: 10/1/14 TO: 10/25/14		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$51,205.52	
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 Greater Memphis Region		Personnel, sponsorships/ promotion, printing		\$15,307.40	
Address 2430 Poplar Ave					
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 Planned Parenthood Action Fund		Travel, personnel		\$869.93	
Address 1110 Vermont Ave NW					
City Washington	State DC				Zip Code 20005
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					
(Carry forward to item 3 of next page if additional pages 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.)				\$67,382.85	

