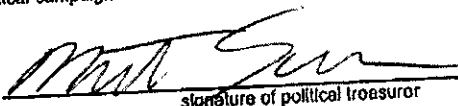



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 10-10-2014	2. NAME OF COMMITTEE Red, White and Food					
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)						
3. ADDRESS AND PHONE Street or Rural Route		City	State	Zip Code	Phone	
150 Third Ave. S., Suite 1700		Nashville	TN	37201	615-244-4994	
4. MEASURES SUPPORTED OR OPPOSED Referendum to allow the sale of wine in retail food stores.						
5.A. NAME OF POLITICAL TREASURER Matthew Scanlan					5.B. DATE APPOINTED 8-27-2014	
6. CATEGORY OF 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 July 1, 2014			7.B. ENDING DATE OF REPORTING PERIOD September 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						
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> FILED A.M. OCT 10 2014 SUMNER COUNTY ELECTION COMMISSION </div>						
a. BALANCE ON HAND LAST REPORT				\$ 0		
b. TOTAL RECEIPTS THIS PERIOD				\$ 900,000.00		
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ 771.43		
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)				\$ 899,228.57		
e. TOTAL LOANS OUTSTANDING				\$ 0		
f. TOTAL OBLIGATIONS OUTSTANDING				\$ 0		



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Red White and Food</div>	12. REPORT COVERING THE PERIOD FROM: 7.1.2014 TO: 9.30.2014
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ _____
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>900,000</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>900,000</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>Ø</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>Ø</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in Item 10.b.)	\$ <u>900,000</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)	\$ _____
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$ <u>771.43</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>Ø</u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in Item 10.c.)	\$ <u>771.43</u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ _____
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ _____
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>Ø</u>
21. LOANS	
LOANS OUTSTANDING (must be shown in Item 10.e.)	\$ <u>Ø</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>Ø</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Red White and Food			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
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name	MI.	Last Name/Organization Name Publix Inc		Amount of Contribution 150,000
Address 3300 Publix Corporate Pkwy				
City Lakeland	State FL	Zip Code 33811		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name Stephersons Inc		Amount of Contribution 20,000
Address 2155 Covington Pike				
City Memphis	State TN	Zip Code 38138		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name K-VA-T Food Stores Inc		Amount of Contribution 212,000
Address 201 Trigg Street				
City Abingdon	State VA	Zip Code 24210		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name Kroger Co Co		Amount of Contribution 400,000
Address 1014 Vine Street Street				
City Cincinnati	State OH	Zip Code 45202		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name Delhaize America LLC		Amount of Contribution 50,000
Address P.O Box 1330				
City Salisbury	State NC	Zip Code 28145		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(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.)</small>				832,000



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Red White and Food			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 832,000
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 B1-LO Holdings LLC	Amount of Contribution	
Address 5050 Edgewood Court				
City Jacksonville	State FL	Zip Code 32254	68,000.00	
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Amount of Contribution	
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Amount of Contribution	
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Amount of Contribution	
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Amount of Contribution	
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				900,000
(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 Red White and Food						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 <input checked="" type="checkbox"/>		
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	Bank Fees				29.25			
Last Name/Business Name								Pinnacle Financial Partners	
Address								150 3rd Ave South	
City	State							Zip Code	Nashville
First Name	Middle Name	Bank Fee				15.00			
Last Name/Business Name								Pinnacle Financial Partners	
Address								150 3rd Ave South	
City	State							Zip Code	Nashville
First Name	Middle Name	Bank Fee				15.00			
Last Name/Business Name								Pinnacle Financial Partners	
Address								150 3rd Ave South	
City	State							Zip Code	Nashville
First Name	Middle Name	Bank Fee				15.00			
Last Name/Business Name								Pinnacle Financial Partners	
Address								150 3rd Ave South	
City	State							Zip Code	Nashville
First Name	Middle Name	Bank fee				15.00			
Last Name/Business Name								Pinnacle Financial Partners	
Address								150 3rd Ave South	
City	State							Zip Code	Nashville
First Name	Middle Name	XXXXXXXXXXXXXXXXXXXX				XXXXXXXXXX			
Last Name/Business Name								XXXXXXXXXXXXXXXXXXXX	
Address								XXXXXXXXXXXXXXXXXXXX	
City	State							Zip Code	XXXXXXXX
5. TOTAL ITEMIZED EXPENDITURES							89.25		



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		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 89.25	
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 Carroll County Election Commission		Voter file	35.00	
Address 625 High Street Suite 113				
City Huntingdon	State TN			Zip Code 38344
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Cocke County Election Commission		Voter file	38.50	
Address 360 E Main Street Room 130				
City Newport	State TN			Zip Code 38821
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Dyer County Election Commission		Voter file	40.00	
Address PO Box 1109				
City Dyersburg	State TN			Zip Code 38025
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Fayette County Election Commission		Voter file	38.50	
Address PO Box 339				
City Somerville	State TN			Zip Code 38068
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Obion County Trustee		Voter file	37.50	
Address PO Box 52				
City Union City	State TN			Zip Code 38281
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Tipton County Election Commission		Voter file	120.00	
Address PO Box 456				
City Covington	State TN			Zip Code 38019
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.)			398.75	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		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 398.75
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 Weakley County General Fund		voter file	40.50
Address 135 South Poplar Street Suite A			
City Dresden	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Coffee County Election Commission		voter file	38.50
Address 1329 McArthur Street			
City Manchester	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Grundy County Trustee		voter file	37.00
Address PO Box 181			
City Altamont	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Marion County Election Commission		voter file	35.00
Address 109 Academy Avenue			
City Jasper	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Hamblen County Trustee		voter file	35.00
Address 511 W. 2nd North Street Room 101			
City Morrisstown	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name FedEx		Shipping	24.00
Address 207 Mall Circle Drive			
City Murfreesboro	State TN		
6. 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.)			608.75

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		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 608.75	
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 Which Wich			107.97	
Address 216 4th Avenue North				
City Nashville	State TN			Zip Code 37209
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Amazon.com			34.72	
Address 1600 Worldwide Blvd				
City Hebron	State Ky			Zip Code 41048
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name United States Postal Service			19.99	
Address 1718 Church Street				
City Nashville	State TN			Zip Code 37203
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose 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.)				771.43

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Red White and Food			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
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				
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				
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 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.)				0

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
<p style="font-size: 1.2em; margin: 0;"><i>Red White and Food</i></p>				FROM: <i>7.1.2014</i>		TO: <i>9.30.2014</i>	
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 Red White and Food				2. REPORT COVERING THE PERIOD			
				FROM: 7.1.2014	TO: 1.30.2014		
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.b on summary page.)							<i>Ø</i>