





## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

|   |                 |   |                   |  |
|---|-----------------|---|-------------------|--|
| 1. NAME OF COMMITTEE<br><i>Red White and Food</i>   |                 | 2. REPORT COVERING THE PERIOD<br>FROM: <i>10.26.2014</i> TO: <i>1.15.2015</i> |                   |  |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                 |   | Amount <i>0</i>   |  |
| 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 <i>Target</i>                                     |                   | Amount of Contribution<br><br><i>20,000.00</i> |
| Address <i>1000 Nicolett Mall</i>   |                 |   |                   |  |
| City <i>Minneapolis</i>   | State <i>MN</i> | Zip Code <i>55403</i>   |                   |  |
| Occupation  |                 |   |                   |  |
| Employer  |                 |   |                   |  |
| First Name  | M.I.            | Last Name/Organization Name <i>K-VA-T Food Stores Inc</i>                     |                   | Amount of Contribution<br><br><i>8859.50</i>   |
| Address <i>201 Trigg Street</i>   |                 |   |                   |  |
| City <i>Abingdon</i>  | State <i>VA</i> | Zip Code <i>24210</i>   |                   |  |
| Occupation  |                 |   |                   |  |
| Employer  |                 |   |                   |  |
| First Name  | M.I.            | Last Name/Organization Name <i>Publix Inc</i>                                 |                   | Amount of Contribution<br><br><i>23995.47</i>  |
| Address <i>3300 Publix Corporate Pkwy</i>   |                 |   |                   |  |
| City <i>Lakeland</i>  | State <i>FL</i> | Zip Code <i>33811</i>   |                   |  |
| Occupation  |                 |   |                   |  |
| Employer  |                 |   |                   |  |
| First Name  | M.I.            | Last Name/Organization Name <i>Food Lion/Delhaize America</i>                 |                   | Amount of Contribution<br><br><i>5998.87</i>   |
| Address <i>P.O. Box 1330</i>  |                 |   |                   |  |
| City <i>Salisbury</i>   | State <i>NC</i> | Zip Code <i>28145</i>   |                   |  |
| Occupation  |                 |   |                   |  |
| Employer  |                 |   |                   |  |
| First Name  | M.I.            | Last Name/Organization Name <i>Kroger Company</i>                             |                   | Amount of Contribution<br><br><i>47,990.93</i> |
| Address <i>1014 Vine Street</i>   |                 |   |                   |  |
| City <i>Cincinnati</i>  | State <i>OH</i> | Zip Code <i>45202</i>   |                   |  |
| Occupation  |                 |   |                   |  |
| Employer  |                 |   |                   |  |
| 5. TOTAL ITEMIZED CONTRIBUTIONS   |                 |   | Amount            |  |
| (Carry forward to item 3, of next page if additional pages of this form are used.)<br>(If this is the last page of contributions, this amount must be shown in item 13b. of summary.) |                 |   | <i>106,844.77</i> |  |

## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

|   |           |  |                             |
|---|-----------|--|-----------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |           | 2. REPORT COVERING THE PERIOD                                |                             |
|   |           | FROM: 10.26.2014   | TO: 1.15.2015               |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)   |           |  | Amount<br><b>106,844.77</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                                  |                             |
|   |           | <b>Tennessee Grocers &amp; Convenience Store Association</b> |                             |
| Address<br><b>1838 Elm Hill Pike Suite 136</b>  |           |  |                             |
| City  | State     | Zip Code   |                             |
| <b>Nashville</b>  | <b>TN</b> | <b>37210</b>   |                             |
| Occupation  |           |  |                             |
| Employer  |           |  |                             |
|   |           |  | <b>2476.66</b>              |
| First Name  | M.I.      | Last Name/Organization Name                                  |                             |
|   |           | <b>Wal Mart</b>  |                             |
| Address<br><b>702 Southwest 8th Street</b>  |           |  |                             |
| City  | State     | Zip Code   |                             |
| <b>Bentonville</b>  | <b>AR</b> | <b>72716</b>   |                             |
| Occupation  |           |  |                             |
| Employer  |           |  |                             |
|   |           |  | <b>35,993.20</b>            |
| First Name  | M.I.      | Last Name/Organization Name                                  |                             |
|   |           | <b>BI-LO Holdings LLC</b>                                    |                             |
| Address<br><b>5050 Edgewood Court</b>   |           |  |                             |
| City  | State     | Zip Code   |                             |
| <b>Jacksonville</b>   | <b>FL</b> | <b>32254</b>   |                             |
| Occupation  |           |  |                             |
| Employer  |           |  |                             |
|   |           |  | <b>14,397.28</b>            |
| First Name  | M.I.      | Last Name/Organization Name                                  |                             |
|   |           | <b>Stepherson's Inc</b>                                      |                             |
| Address<br><b>2155 Covington Pike</b>   |           |  |                             |
| City  | State     | Zip Code   |                             |
| <b>Memphis</b>  | <b>TN</b> | <b>38128</b>   |                             |
| Occupation  |           |  |                             |
| Employer  |           |  |                             |
|   |           |  | <b>3599.32</b>              |
| First Name  | M.I.      | Last Name/Organization Name                                  |                             |
|   |           | <b>K-VA-T Food Stores Inc.</b>                               |                             |
| Address<br><b>201 Trigg Street</b>  |           |  |                             |
| City  | State     | Zip Code   |                             |
| <b>Abingdon</b>   | <b>VA</b> | <b>24210</b>   |                             |
| Occupation  |           |  |                             |
| Employer  |           |  |                             |
|   |           |  | <b>11,997.73</b>            |
| 5. TOTAL ITEMIZED CONTRIBUTIONS   |           |  |                             |
| (Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of contributions, this amount must be shown in item 13b. of summary.) |           |  | <b>175,308.96</b>           |



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |   |                               |                             |
|---|---|-------------------------------|-----------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |   | 2. REPORT COVERING THE PERIOD |                             |
|   |   | FROM: <b>02.26.2014</b>       | TO: <b>1.15.2015</b>        |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |   |                               | Amount <b>0</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<br><b>MP&amp;F</b>  |   | <b>Advertising</b>            | <b>35,000.<sup>00</sup></b> |
| Address<br><b>6011 Commerce Street, Suite 2800</b>  |   |                               |                             |
| City<br><b>Nashville</b>  | State<br><b>TN</b> Zip Code<br><b>37203</b> |                               |                             |
| First Name  | Middle Name                                 |                               |                             |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |   | <b>Bank Fee</b>               | <b>25.<sup>00</sup></b>     |
| Address<br><b>150 3rd Ave South</b>   |   |                               |                             |
| City<br><b>Nashville</b>  | State<br><b>TN</b> Zip Code<br><b>37201</b> |                               |                             |
| First Name  | Middle Name                                 |                               |                             |
| Last Name/Business Name<br><b>Targeted Connect</b>  |   | <b>Voter contact</b>          | <b>20,000.<sup>00</sup></b> |
| Address<br><b>5571 Knob Road</b>  |   |                               |                             |
| City<br><b>Nashville</b>  | State<br><b>TN</b> Zip Code<br><b>37209</b> |                               |                             |
| First Name  | Middle Name                                 |                               |                             |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |   | <b>Bank Fee</b>               | <b>25.<sup>00</sup></b>     |
| Address<br><b>150 3rd Avenue South</b>  |   |                               |                             |
| City<br><b>Nashville</b>  | State<br><b>TN</b> Zip Code<br><b>37201</b> |                               |                             |
| First Name  | Middle Name                                 |                               |                             |
| Last Name/Business Name<br><b>Direct Edge</b>   |   | <b>Direct mail</b>            | <b>44,278.<sup>67</sup></b> |
| Address<br><b>324 3rd Avenue South</b>  |   |                               |                             |
| City<br><b>Nashville</b>  | State<br><b>TN</b> Zip Code<br><b>37064</b> |                               |                             |
| First Name  | Middle Name                                 |                               |                             |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |   | <b>Bank Fee</b>               | <b>25.<sup>00</sup></b>     |
| Address<br><b>150 3rd Avenue South</b>  |   |                               |                             |
| City<br><b>Nashville</b>  | State<br><b>TN</b> Zip Code<br><b>37201</b> |                               |                             |
| First Name  | Middle Name                                 |                               |                             |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |   |                               | <b>99,353.<sup>67</sup></b> |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |                                      |
|---|--------------------|-------------------------------|--------------------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD |                                      |
|   |                    | FROM: 10.26.2014              | TO: 1.15.2015                        |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><b>99353.<sup>07</sup></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<br><b>The Nesting Project</b>   |                    | <b>Campaign Event</b>         | <b>308.09</b>                        |
| Address<br><b>7177 Nolensville Road #7A</b>   |                    |                               |                                      |
| City<br><b>Nolensville</b>  | State<br><b>TN</b> |                               |                                      |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                |
| Last Name/Business Name<br><b>MP&amp;F</b>  |                    | <b>Advertising</b>            | <b>50,000.<sup>00</sup></b>          |
| Address<br><b>611 Commerce Street Suite 2800</b>  |                    |                               |                                      |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                                      |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                |
| Last Name/Business Name<br><b>Siam Cuisine</b>  |                    | <b>Campaign Event</b>         | <b>136.<sup>00</sup></b>             |
| Address<br><b>265 White Bridge Road</b>   |                    |                               |                                      |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                                      |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                |
| Last Name/Business Name<br><b>MP&amp;F</b>  |                    | <b>Advertising</b>            | <b>6871.<sup>11</sup></b>            |
| Address<br><b>611 Commerce Street Suite 2800</b>  |                    |                               |                                      |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                                      |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |                    | <b>Bank Fee</b>               | <b>15.<sup>00</sup></b>              |
| Address<br><b>150 3rd Avenue South</b>  |                    |                               |                                      |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                                      |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |                    | <b>Bank fee</b>               | <b>30.<sup>00</sup></b>              |
| Address<br><b>150 3rd Avenue South</b>  |                    |                               |                                      |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                                      |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               | <b>156,713.<sup>87</sup></b>         |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |  |                          |
|---|--------------------|-------------------------------|--|--------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD |  |                          |
|   |                    | FROM: 10, 26, 2014            | TO: 1, 15, 2015                        |                          |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><b>156,713.<sup>87</sup></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<br><b>The Nesting Project</b>   |                    | <b>Campaign Event</b>         | <b>98.33</b>                           |                          |
| Address<br><b>7177 Nolensville Road #7A</b>   |                    |                               |  |                          |
| City<br><b>Nolensville</b>  | State<br><b>TN</b> |                               |  | Zip Code<br><b>37135</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Swankys</b>   |                    | <b>Campaign Event</b>         | <b>359.64</b>                          |                          |
| Address<br><b>1175 Meridian Blvd</b>  |                    |                               |  |                          |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |                               |  | Zip Code<br><b>37067</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Sicilian</b>  |                    | <b>Campaign Event</b>         | <b>87.80</b>                           |                          |
| Address<br><b>905 Church Street</b>   |                    |                               |  |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |  | Zip Code<br><b>37203</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Transfirst LCC</b>  |                    | <b>Bank Fee</b>               | <b>20.00</b>                           |                          |
| Address<br><b>3131 South Vaughn Way Suite 350</b>   |                    |                               |  |                          |
| City<br><b>Aurora</b>   | State<br><b>CO</b> |                               |  | Zip Code<br><b>80014</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |                    | <b>Bank Fee</b>               | <b>2.25</b>                            |                          |
| Address<br><b>150 3rd Avenue South</b>  |                    |                               |  |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |  | Zip Code<br><b>37201</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Calypso Cafe</b>  |                    | <b>Campaign Event</b>         | <b>75.90</b>                           |                          |
| Address<br><b>3307 Charlotte Avenue</b>   |                    |                               |  |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |  | Zip Code<br><b>37209</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to Item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               | <b>157,357.<sup>79</sup></b>           |                          |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |  |
|---|--------------------|-------------------------------|--|
| 1. NAME OF COMMITTEE<br><b>Red White and Fox</b>  |                    | 2. REPORT COVERING THE PERIOD |  |
|   |                    | FROM: 10.26.2014              | TO: 1.15.2015                          |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><b>157,357.<sup>79</sup></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<br><b>Pinnacle Financial Partners</b>   |                    | <b>Bank fee</b>               | <b>25.00</b>                           |
| Address<br><b>150 3rd Avenue South</b>  |                    |                               |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |  |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Microsoft</b>   |                    | <b>online subscription</b>    | <b>10.91</b>                           |
| Address<br><b>One Microsoft Way</b>   |                    |                               |  |
| City<br><b>Redmond</b>  | State<br><b>WA</b> |                               |  |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |                    | <b>Bank fee</b>               | <b>25.00</b>                           |
| Address<br><b>150 3rd Avenue South</b>  |                    |                               |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |  |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |                    | <b>Bank fee</b>               | <b>72.00</b>                           |
| Address<br><b>150 3rd Avenue South</b>  |                    |                               |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |  |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |                    | <b>Bank fee</b>               | <b>30.00</b>                           |
| Address<br><b>150 3rd Avenue South</b>  |                    |                               |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |  |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Pinnacle Financial Partners</b>   |                    | <b>Bank fee</b>               | <b>30.00</b>                           |
| Address<br><b>150 3rd Avenue South</b>  |                    |                               |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |  |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               | <b>157,550.<sup>70</sup></b>           |



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |  |                          |
|---|--------------------|-------------------------------|--|--------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD |  |                          |
|   |                    | FROM: <b>6.26.2014</b>        | TO: <b>1.15.2015</b>                   |                          |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><b>157,550.<sup>70</sup></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<br><b>Transfirst LCC</b>  |                    | <b>Bank fee</b>               | <b>20.<sup>00</sup></b>                |                          |
| Address<br><b>3131 South Vaughn Way Suite 350</b>   |                    |                               |  |                          |
| City<br><b>Aurora</b>   | State<br><b>CO</b> |                               |  | Zip Code<br><b>80014</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Eric Boner</b>  |                    | <b>Contract Labor</b>         | <b>907.<sup>50</sup></b>               |                          |
| Address<br><b>101 Leaf Circle</b>   |                    |                               |  |                          |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |                               |  | Zip Code<br><b>37067</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Stacy Gibb</b>  |                    | <b>Contract Labor</b>         | <b>1012.<sup>50</sup></b>              |                          |
| Address<br><b>816 Gadsden Place</b>   |                    |                               |  |                          |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |                               |  | Zip Code<br><b>37067</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Kathy Hilliard</b>  |                    | <b>Contract Labor</b>         | <b>45.<sup>00</sup></b>                |                          |
| Address<br><b>216 Brentwood Oaks Drive</b>  |                    |                               |  |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |  | Zip Code<br><b>37211</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Linda Hilliard</b>  |                    | <b>Contract Labor</b>         | <b>540.<sup>00</sup></b>               |                          |
| Address<br><b>5804 Cross Pointe Lane</b>  |                    |                               |  |                          |
| City<br><b>Brentwood</b>  | State<br><b>TN</b> |                               |  | Zip Code<br><b>37207</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Ann Johnson</b>   |                    | <b>Contract Labor</b>         | <b>1000.<sup>00</sup></b>              |                          |
| Address<br><b>PO Box 682554</b>   |                    |                               |  |                          |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |                               |  | Zip Code<br><b>37068</b> |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure   |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to Item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               | <b>161,075.<sup>70</sup></b>           |                          |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |   |                               |  |
|---|---|-------------------------------|--|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |   | 2. REPORT COVERING THE PERIOD |  |
|   |   | FROM: <b>10.26.2014</b>       | TO: <b>1.15.2015</b>                   |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |   |                               | Amount<br><b>161,075.<sup>70</sup></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<br><b>Darrin</b>   | Middle Name                                 | Purpose of Expenditure        | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Kirkus</b>  |   | <b>Contract labor</b>         | <b>1000.00</b>                         |
| Address<br><b>PO Box 121027</b>   |   |                               |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> Zip Code<br><b>37212</b> |                               |  |
| First Name<br><b>Kevin</b>  | Middle Name                                 |                               |  |
| Last Name/Business Name<br><b>Lucey</b>   |   | <b>contract labor</b>         | <b>637.50</b>                          |
| Address<br><b>4217 Wallace Lane</b>   |   |                               |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> Zip Code<br><b>37215</b> |                               |  |
| First Name<br><b>Robert</b>   | Middle Name                                 |                               |  |
| Last Name/Business Name<br><b>Rivers</b>  |   | <b>contract labor</b>         | <b>352.50</b>                          |
| Address<br><b>1211 Carnton Lane</b>   |   |                               |  |
| City<br><b>Franklin</b>   | State<br><b>TN</b> Zip Code<br><b>37064</b> |                               |  |
| First Name  | Middle Name                                 |                               |  |
| Last Name/Business Name<br><b>Southern Business Group</b>   |   | <b>contract labor</b>         | <b>2100.00</b>                         |
| Address<br><b>5115 Maryland Way</b>   |   |                               |  |
| City<br><b>Brentwood</b>  | State<br><b>TN</b> Zip Code<br><b>37029</b> |                               |  |
| First Name<br><b>Graham</b>   | Middle Name                                 |                               |  |
| Last Name/Business Name<br><b>Wright</b>  |   | <b>contract labor</b>         | <b>330.00</b>                          |
| Address<br><b>PO Box 120831</b>   |   |                               |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> Zip Code<br><b>37212</b> |                               |  |
| First Name<br><b>Stamatia</b>   | Middle Name                                 |                               |  |
| Last Name/Business Name<br><b>Xixis</b>   |   | <b>contract labor</b>         | <b>1250.00</b>                         |
| Address<br><b>270 Carolyn Court</b>   |   |                               |  |
| City<br><b>Hillsboro</b>  | State<br><b>TN</b> Zip Code<br><b>37342</b> |                               |  |
| First Name  | Middle Name                                 |                               |  |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |   |                               | <b>166,745.<sup>70</sup></b>           |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |   |                             |
|---|--------------------|---|-----------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD<br>FROM: <b>10.26.2014</b> TO: <b>1.15.2015</b> |                             |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |   | Amount<br><b>166,745.70</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<br><b>January</b>  | Middle Name        | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><b>Beeler</b>  |                    | mileage reimbursement   | 357.28                      |
| Address<br><b>456 Bent Road</b>   |                    |   |                             |
| City<br><b>Kodak</b>  | State<br><b>TN</b> |   |                             |
| First Name<br><b>Stacy</b>  | Middle Name        | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><b>Gibb</b>  |                    | mileage reimbursement   | 265.44                      |
| Address<br><b>816 Gadsden Place</b>   |                    |   |                             |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |   |                             |
| First Name<br><b>Ann</b>  | Middle Name        | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><b>Johnson</b>   |                    | mileage reimbursement   | 273.08                      |
| Address<br><b>PO Box 682554</b>   |                    |   |                             |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |   |                             |
| First Name<br><b>Stamatia</b>   | Middle Name        | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><b>Xixis</b>   |                    | mileage reimbursement   | 348.32                      |
| Address<br><b>270 Carolyn Court</b>   |                    |   |                             |
| City<br><b>Hillsboro</b>  | State<br><b>TN</b> |   |                             |
| First Name<br><b>Eric</b>   | Middle Name        | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><b>Boner</b>   |                    | expense reimbursement   | 123.00                      |
| Address<br><b>104 Leaf Circle</b>   |                    |   |                             |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |   |                             |
| First Name<br><b>Crystal</b>  | Middle Name        | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><b>Brooks</b>  |                    | expense reimbursement   | 105.49                      |
| Address<br><b>1828 Lincoya Bay Drive</b>  |                    |   |                             |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |   |                             |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in Item 17b. of summary.) |                    |   | 168,218.31                  |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |  |   |                             |
|---|--|---|-----------------------------|
| 1. NAME OF COMMITTEE<br><p style="text-align: center; font-size: 1.2em;">Red White and Food</p>   |  | 2. REPORT COVERING THE PERIOD<br>FROM: 10.26.2014 TO: 1.15.2015 |                             |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |  |   | Amount<br><b>168,218.31</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<br><p style="font-size: 1.2em;">Kathy</p>  | Middle Name                                  | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Hilliard</p>  |  | parking   | 5.00                        |
| Address<br><p style="font-size: 1.2em;">216 Brentwood Oaks Drive</p>  |  |   |                             |
| City<br><p style="font-size: 1.2em;">Nashville</p>  | State<br><p style="font-size: 1.2em;">TN</p> |   |                             |
| First Name<br><p style="font-size: 1.2em;">Linda</p>  | Middle Name                                  | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Hilliard</p>  |  | parking   | 27.00                       |
| Address<br><p style="font-size: 1.2em;">5804 Cross Pointe Lane</p>  |  |   |                             |
| City<br><p style="font-size: 1.2em;">Brentwood</p>  | State<br><p style="font-size: 1.2em;">TN</p> |   |                             |
| First Name<br><p style="font-size: 1.2em;">Ann</p>  | Middle Name                                  | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Johnson</p>   |  | expense reimbursement   | 510.84                      |
| Address<br><p style="font-size: 1.2em;">PO Box 682554</p>   |  |   |                             |
| City<br><p style="font-size: 1.2em;">Franklin</p>   | State<br><p style="font-size: 1.2em;">TN</p> |   |                             |
| First Name<br><p style="font-size: 1.2em;">Kevin</p>  | Middle Name                                  | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Lurey</p>   |  | parking   | 9.00                        |
| Address<br><p style="font-size: 1.2em;">4217 Wallace Lane</p>   |  |   |                             |
| City<br><p style="font-size: 1.2em;">Nashville</p>  | State<br><p style="font-size: 1.2em;">TN</p> |   |                             |
| First Name<br><p style="font-size: 1.2em;">Robert</p>   | Middle Name                                  | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Rivers</p>  |  | expense reimbursement   | 80.00                       |
| Address<br><p style="font-size: 1.2em;">1211 Carnton Lane</p>   |  |   |                             |
| City<br><p style="font-size: 1.2em;">Franklin</p>   | State<br><p style="font-size: 1.2em;">TN</p> |   |                             |
| First Name<br><p style="font-size: 1.2em;">Graham</p>   | Middle Name                                  | Purpose of Expenditure  | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Wright</p>  |  | parking   | 34.00                       |
| Address<br><p style="font-size: 1.2em;">PO Box 120831</p>   |  |   |                             |
| City<br><p style="font-size: 1.2em;">Nashville</p>  | State<br><p style="font-size: 1.2em;">TN</p> |   |                             |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |  |   | <b>168,884.15</b>           |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |  |  |
|---|--------------------|-------------------------------|--|--|
| 1. NAME OF COMMITTEE<br><i>Red White and Food</i>   |                    | 2. REPORT COVERING THE PERIOD |  |  |
|   |                    | FROM <i>10.26.2014</i>        | TO: <i>1.15.2015</i>                                       |  |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><i>168,884.<sup>15</sup></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<br><i>Stamatia</i>   |                    | Middle Name                   | Purpose of Expenditure<br><br><i>expense reimbursement</i> | Amount of Expenditure<br><br><i>462.70</i>   |
| Last Name/Business Name<br><i>Xixis</i>   |                    |                               |  |  |
| Address<br><i>270 Carolyn Court</i>   |                    |                               |  |  |
| City<br><i>Hillsboro</i>  | State<br><i>TN</i> | Zip Code<br><i>37342</i>      |  |  |
| First Name<br><i>Sara</i>   |                    | Middle Name                   | Purpose of Expenditure<br><br><i>contract labor</i>        | Amount of Expenditure<br><br><i>67.50</i>    |
| Last Name/Business Name<br><i>Ingram</i>  |                    |                               |  |  |
| Address<br><i>215 Green Road</i>  |                    |                               |  |  |
| City<br><i>Franklin</i>   | State<br><i>TN</i> | Zip Code<br><i>37069</i>      |  |  |
| First Name<br><i>Crystal</i>  |                    | Middle Name                   | Purpose of Expenditure<br><br><i>contract labor</i>        | Amount of Expenditure<br><br><i>1500.00</i>  |
| Last Name/Business Name<br><i>Brooks</i>  |                    |                               |  |  |
| Address<br><i>1828 Lincoya Bay Drive</i>  |                    |                               |  |  |
| City<br><i>Nashville</i>  | State<br><i>TN</i> | Zip Code<br><i>37214</i>      |  |  |
| First Name<br><i>Stacy</i>  |                    | Middle Name                   | Purpose of Expenditure<br><br><i>expense reimbursement</i> | Amount of Expenditure<br><br><i>158.00</i>   |
| Last Name/Business Name<br><i>Gibb</i>  |                    |                               |  |  |
| Address<br><i>8116 Gadsden Place</i>  |                    |                               |  |  |
| City<br><i>Nashville</i>  | State<br><i>TN</i> | Zip Code<br><i>37067</i>      |  |  |
| First Name  |                    | Middle Name                   | Purpose of Expenditure<br><br><i>professional services</i> | Amount of Expenditure<br><br><i>14933.49</i> |
| Last Name/Business Name<br><i>MPEF</i>  |                    |                               |  |  |
| Address<br><i>611 Commerce Street Suite 2800</i>  |                    |                               |  |  |
| City<br><i>Nashville</i>  | State<br><i>TN</i> | Zip Code<br><i>37203</i>      |  |  |
| First Name<br><i>M.S.</i>   |                    | Middle Name                   | Purpose of Expenditure<br><br><i>consulting</i>            | Amount of Expenditure<br><br><i>8000.00</i>  |
| Last Name/Business Name<br><i>Alcorn</i>  |                    |                               |  |  |
| Address<br><i>PO Box 121411</i>   |                    |                               |  |  |
| City<br><i>Nashville</i>  | State<br><i>TN</i> | Zip Code<br><i>37212</i>      |  |  |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               | <i>194,005.<sup>90</sup></i>                               |  |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |                             |                          |
|---|--------------------|-------------------------------|-----------------------------|--------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD |                             |                          |
|   |                    | FROM: 10.26.2014              | TO: 1/15.2015               |                          |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><b>194,005.90</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<br><b>January</b>  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure       |                          |
| Last Name/Business Name<br><b>Beeler</b>  |                    | expense reimbursement         | 190.00                      |                          |
| Address<br><b>456 Bent Road</b>   |                    |                               |                             |                          |
| City<br><b>Kodak</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37764</b> |
| First Name<br><b>January</b>  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Beeler</b>  |                    | Contract labor                | 622.50                      |                          |
| Address<br><b>456 Bent Road</b>   |                    |                               |                             |                          |
| City<br><b>Kodak</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37764</b> |
| First Name<br><b>January</b>  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Beeler</b>  |                    | Contract labor                | 585.00                      |                          |
| Address<br><b>456 Bent Road</b>   |                    |                               |                             |                          |
| City<br><b>Kodak</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37764</b> |
| First Name<br><b>Jim</b>  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Beeler</b>  |                    | Contract labor                | 645.00                      |                          |
| Address<br><b>456 Bent Road</b>   |                    |                               |                             |                          |
| City<br><b>Kodak</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37764</b> |
| First Name<br><b>Eric</b>   | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Boner</b>   |                    | Contract labor                | 378.75                      |                          |
| Address<br><b>104 Leaf Circle</b>   |                    |                               |                             |                          |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37067</b> |
| First Name<br><b>Crystal</b>  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Brooks</b>  |                    | Contract labor                | 971.88                      |                          |
| Address<br><b>1828 Lincoya Bay Drive</b>  |                    |                               |                             |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37214</b> |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               |                             | <b>197,399.03</b>        |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |   |                               |                             |
|---|---|-------------------------------|-----------------------------|
| 1. NAME OF COMMITTEE<br><p style="text-align: center; font-size: 1.2em;">Red White and Food</p>   |   | 2. REPORT COVERING THE PERIOD |                             |
|   |   | FROM: 10.26.2014              | TO: 1.15.2015               |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |   |                               | Amount<br><b>197,399.03</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<br><p style="font-size: 1.2em;">Stacy</p>  | Middle Name   | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Gibb</p>  |   | Contract labor                | 583.75                      |
| Address<br><p style="font-size: 1.2em;">816 Gadsden Place</p>   |   |                               |                             |
| City<br><p style="font-size: 1.2em;">Franklin</p>   | State   Zip Code<br><p style="font-size: 1.2em;">TN   37067</p> |                               |                             |
| First Name<br><p style="font-size: 1.2em;">Kathy</p>  | Middle Name   | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Hilliard</p>  |   | contract labor                | 415.00                      |
| Address<br><p style="font-size: 1.2em;">216 Brentwood Oaks Drive</p>  |   |                               |                             |
| City<br><p style="font-size: 1.2em;">Nashville</p>  | State   Zip Code<br><p style="font-size: 1.2em;">TN   37211</p> |                               |                             |
| First Name<br><p style="font-size: 1.2em;">Linda</p>  | Middle Name   | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Hilliard</p>  |   | contract labor                | 217.50                      |
| Address<br><p style="font-size: 1.2em;">5804 Crosspointe Lane</p>   |   |                               |                             |
| City<br><p style="font-size: 1.2em;">Brentwood</p>  | State   Zip Code<br><p style="font-size: 1.2em;">TN   37207</p> |                               |                             |
| First Name<br><p style="font-size: 1.2em;">Sara</p>   | Middle Name   | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Ingram</p>  |   | contract labor                | 82.50                       |
| Address<br><p style="font-size: 1.2em;">215 Green Road</p>  |   |                               |                             |
| City<br><p style="font-size: 1.2em;">Franklin</p>   | State   Zip Code<br><p style="font-size: 1.2em;">TN   37069</p> |                               |                             |
| First Name<br><p style="font-size: 1.2em;">Ann</p>  | Middle Name   | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Johnson</p>   |   | contract labor                | 1000.00                     |
| Address<br><p style="font-size: 1.2em;">PO Box 682554</p>   |   |                               |                             |
| City<br><p style="font-size: 1.2em;">Franklin</p>   | State   Zip Code<br><p style="font-size: 1.2em;">TN   37068</p> |                               |                             |
| First Name<br><p style="font-size: 1.2em;">Darrin</p>   | Middle Name   | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><p style="font-size: 1.2em;">Kirkus</p>  |   | contract labor                | 1000.00                     |
| Address<br><p style="font-size: 1.2em;">PO Box 121027</p>   |   |                               |                             |
| City<br><p style="font-size: 1.2em;">Nashville</p>  | State   Zip Code<br><p style="font-size: 1.2em;">TN   37212</p> |                               |                             |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to Item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in Item 17b. of summary.) |   |                               | <b>200,697.78</b>           |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |   |  |
|---|--------------------|---|--|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD<br>FROM: <b>10.26.2019</b> TO: <b>1.15.2015</b> |  |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |   | Amount<br><b>200,697.<sup>78</sup></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<br><b>Kevin</b>  | Middle Name        | Purpose of Expenditure<br><b>Contract labor</b>                               | Amount of Expenditure<br><b>615.00</b> |
| Last Name/Business Name<br><b>Lurrey</b>  |                    |   |  |
| Address<br><b>4217 Wallace Lane</b>   |                    |   |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> | Zip Code<br><b>37215</b>  |  |
| First Name<br><b>Robert</b>   | Middle Name        | Purpose of Expenditure<br><b>Contract labor</b>                               | Amount of Expenditure<br><b>82.50</b>  |
| Last Name/Business Name<br><b>Rivers</b>  |                    |   |  |
| Address<br><b>1211 Canton Lane</b>  |                    |   |  |
| City<br><b>Franklin</b>   | State<br><b>TN</b> | Zip Code<br><b>37069</b>  |  |
| First Name  | Middle Name        | Purpose of Expenditure  | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Southern Business Group</b>   |                    | <b>contract labor</b>   | <b>2100.00</b>                         |
| Address<br><b>5115 Maryland Way</b>   |                    |   |  |
| City<br><b>Brentwood</b>  | State<br><b>TN</b> | Zip Code<br><b>37029</b>  |  |
| First Name<br><b>Graham</b>   | Middle Name        | Purpose of Expenditure  | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Wright</b>  |                    | <b>contract labor</b>   | <b>250.00</b>                          |
| Address<br><b>PO Box 120831</b>   |                    |   |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> | Zip Code<br><b>37212</b>  |  |
| First Name<br><b>Stamatia</b>   | Middle Name        | Purpose of Expenditure  | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Xixis</b>   |                    | <b>contract labor</b>   | <b>1250.00</b>                         |
| Address<br><b>270 Carolyn Court</b>   |                    |   |  |
| City<br><b>Hillsboro</b>  | State<br><b>TN</b> | Zip Code<br><b>37342</b>  |  |
| First Name  | Middle Name        | Purpose of Expenditure  | Amount of Expenditure                  |
| Last Name/Business Name<br><b>Gullett Sanford</b>   |                    | <b>legal services</b>   | <b>4000.<sup>00</sup></b>              |
| Address<br><b>150 3rd Avenue South, Suite 1700</b>  |                    |   |  |
| City<br><b>Nashville</b>  | State<br><b>TN</b> | Zip Code<br><b>37201</b>  |  |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |   | <b>208,995.<sup>28</sup></b>           |



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |  |                              |
|---|--------------------|-------------------------------|--|------------------------------|
| 1. NAME OF COMMITTEE<br><i>Red White and Food</i>   |                    | 2. REPORT COVERING THE PERIOD |  |                              |
|   |                    | FROM: <i>6.26.2014</i>        | TO: <i>1.15.2015</i>                   |                              |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><i>208,995.<sup>28</sup></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<br><i>Jim</i>  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                  |                              |
| Last Name/Business Name<br><i>Beeler</i>  |                    | <i>mileage reimbursement</i>  | <i>388.64</i>                          |                              |
| Address<br><i>456 Bent Road</i>   |                    |                               |  |                              |
| City<br><i>Kodak</i>  | State<br><i>TN</i> |                               |  | Zip Code<br><i>37764</i>     |
| First Name<br><i>January</i>  | Middle Name        |                               |  | Purpose of Expenditure       |
| Last Name/Business Name<br><i>Beeler</i>  |                    | <i>mileage reimbursement</i>  | <i>495.04</i>                          |                              |
| Address<br><i>456 Bent Road</i>   |                    |                               |  |                              |
| City<br><i>Kodak</i>  | State<br><i>TN</i> |                               |  | Zip Code<br><i>37764</i>     |
| First Name<br><i>Eric</i>   | Middle Name        |                               |  | Purpose of Expenditure       |
| Last Name/Business Name<br><i>Boner</i>   |                    | <i>mileage reimbursement</i>  | <i>13.44</i>                           |                              |
| Address<br><i>104 Leaf Circle</i>   |                    |                               |  |                              |
| City<br><i>Franklin</i>   | State<br><i>TN</i> |                               |  | Zip Code<br><i>37067</i>     |
| First Name<br><i>Stametta</i>   | Middle Name        |                               |  | Purpose of Expenditure       |
| Last Name/Business Name<br><i>Xixis</i>   |                    | <i>mileage reimbursement</i>  | <i>268.24</i>                          |                              |
| Address<br><i>270 Carolyn Court</i>   |                    |                               |  |                              |
| City<br><i>Hillsboro</i>  | State<br><i>TN</i> |                               |  | Zip Code<br><i>37342</i>     |
| First Name<br><i>January</i>  | Middle Name        |                               |  | Purpose of Expenditure       |
| Last Name/Business Name<br><i>Beeler</i>  |                    | <i>expense reimbursement</i>  | <i>90.00</i>                           |                              |
| Address<br><i>456 Bent Road</i>   |                    |                               |  |                              |
| City<br><i>Kodak</i>  | State<br><i>TN</i> |                               |  | Zip Code<br><i>37764</i>     |
| First Name<br><i>Jim</i>  | Middle Name        |                               |  | Purpose of Expenditure       |
| Last Name/Business Name<br><i>Beeler</i>  |                    | <i>expense reimbursement</i>  | <i>89.00</i>                           |                              |
| Address<br><i>456 Bent Road</i>   |                    |                               |  |                              |
| City<br><i>Kodak</i>  | State<br><i>TN</i> |                               |  | Zip Code<br><i>37764</i>     |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to Item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in Item 17b. of summary.) |                    |                               |  | <i>210,339.<sup>64</sup></i> |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

| 1. NAME OF COMMITTEE  |             |                        |                       | 2. REPORT COVERING THE PERIOD |                                  |
|---|-------------|------------------------|-----------------------|-------------------------------|----------------------------------|
| Red White and Food  |             |                        |                       | FROM: 10.26.2014              | TO: 1.15.2015                    |
|   |             |                        |                       |                               | Amount<br>210,339. <sup>64</sup> |
| 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  | Middle Name | Purpose of Expenditure | Amount of Expenditure |                               |                                  |
| Eric  |             | parking                | 16.00                 |                               |                                  |
| Last Name/Business Name<br>Boner  |             |                        |                       |                               |                                  |
| Address<br>104 Leaf Circle  |             |                        |                       |                               |                                  |
| City<br>Franklin  | State<br>TN |                        |                       |                               |                                  |
| Crystal   |             | expense reimbursement  | 63.34                 |                               |                                  |
| Last Name/Business Name<br>Brooks   |             |                        |                       |                               |                                  |
| Address<br>1828 Lincova Bay Drive   |             |                        |                       |                               |                                  |
| City<br>Nashville   | State<br>TN |                        |                       |                               |                                  |
| Stacy   |             | expense reimbursement  | 49.80                 |                               |                                  |
| Last Name/Business Name<br>Gibb   |             |                        |                       |                               |                                  |
| Address<br>816 Gadsden Place  |             |                        |                       |                               |                                  |
| City<br>Franklin  | State<br>TN |                        |                       |                               |                                  |
| Kathy   |             | parking                | 18.00                 |                               |                                  |
| Last Name/Business Name<br>Hilliard   |             |                        |                       |                               |                                  |
| Address<br>210 Brentwood Oaks Drive   |             |                        |                       |                               |                                  |
| City<br>Nashville   | State<br>TN |                        |                       |                               |                                  |
| Kevin   |             | parking                | 9.00                  |                               |                                  |
| Last Name/Business Name<br>Lurey  |             |                        |                       |                               |                                  |
| Address<br>4217 Wallace Lane  |             |                        |                       |                               |                                  |
| City<br>Nashville   | State<br>TN |                        |                       |                               |                                  |
| Stamatia  |             | expense reimbursement  | 13.13                 |                               |                                  |
| Last Name/Business Name<br>Xixis  |             |                        |                       |                               |                                  |
| Address<br>270 Carolyn Court  |             |                        |                       |                               |                                  |
| City<br>Hillsboro   | State<br>TN |                        |                       |                               |                                  |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |             |                        |                       |                               | 210,508. <sup>91</sup>           |



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |                       |                          |
|---|--------------------|-------------------------------|-----------------------|--------------------------|
| 1. NAME OF COMMITTEE<br><i>Red White and Food</i>   |                    | 2. REPORT COVERING THE PERIOD |                       |                          |
|   |                    | FROM: <i>12.26.2014</i>       | TO: <i>1.15.2015</i>  |                          |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    | Amount<br><i>210,508.91</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<br><i>Stacy</i>  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure |                          |
| Last Name/Business Name<br><i>Gibb</i>  |                    | <i>mileage reimbursement</i>  | <i>164.08</i>         |                          |
| Address<br><i>816 Gadsden Place</i>   |                    |                               |                       |                          |
| City<br><i>Franklin</i>   | State<br><i>TN</i> |                               |                       | Zip Code<br><i>37067</i> |
| First Name<br><i>Kathy</i>  | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><i>Hilliard</i>  |                    | <i>mileage reimbursement</i>  | <i>13.44</i>          |                          |
| Address<br><i>216 Brentwood Oaks Drive</i>  |                    |                               |                       |                          |
| City<br><i>Nashville</i>  | State<br><i>TN</i> |                               |                       | Zip Code<br><i>37211</i> |
| First Name<br><i>Rebecca</i>  | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><i>Ayer</i>  |                    | <i>contract labor</i>         | <i>1000.00</i>        |                          |
| Address<br><i>401 Ashley Park Drive</i>   |                    |                               |                       |                          |
| City<br><i>Nashville</i>  | State<br><i>TN</i> |                               |                       | Zip Code<br><i>37205</i> |
| First Name<br><i>January</i>  | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><i>Beeler</i>  |                    | <i>contract labor</i>         | <i>6000.00</i>        |                          |
| Address<br><i>456 Bent Road</i>   |                    |                               |                       |                          |
| City<br><i>Kodak</i>  | State<br><i>TN</i> |                               |                       | Zip Code<br><i>37769</i> |
| First Name<br><i>Eric</i>   | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><i>Boner</i>   |                    | <i>contract labor</i>         | <i>273.75</i>         |                          |
| Address<br><i>104 Leaf Circle</i>   |                    |                               |                       |                          |
| City<br><i>Franklin</i>   | State<br><i>TN</i> |                               |                       | Zip Code<br><i>37067</i> |
| First Name<br><i>Crystal</i>  | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><i>Brooks</i>  |                    | <i>contract labor</i>         | <i>787.50</i>         |                          |
| Address<br><i>1828 Lincoya Bay Drive</i>  |                    |                               |                       |                          |
| City<br><i>Nashville</i>  | State<br><i>TN</i> |                               |                       | Zip Code<br><i>37214</i> |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               |                       | <i>213,347.68</i>        |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |                       |                          |
|---|--------------------|-------------------------------|-----------------------|--------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD |                       |                          |
|   |                    | FROM: <b>12/26/2014</b>       | TO: <b>1/15/2015</b>  |                          |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    | Amount<br><b>213,347.68</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<br><b>Stacy</b>  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure |                          |
| Last Name/Business Name<br><b>Gibb</b>  |                    | <b>contract labor</b>         | <b>531.25</b>         |                          |
| Address<br><b>816 Gadsden Place</b>   |                    |                               |                       |                          |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |                               |                       | Zip Code<br><b>37067</b> |
| First Name<br><b>Linda</b>  | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Hilliard</b>  |                    | <b>contract labor</b>         | <b>116.25</b>         |                          |
| Address<br><b>5804 Cross Pointe Lane</b>  |                    |                               |                       |                          |
| City<br><b>Brentwood</b>  | State<br><b>TN</b> |                               |                       | Zip Code<br><b>37207</b> |
| First Name<br><b>Ann</b>  | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Johnson</b>   |                    | <b>contract labor</b>         | <b>1000.00</b>        |                          |
| Address<br><b>PO Box 682554</b>   |                    |                               |                       |                          |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |                               |                       | Zip Code<br><b>37068</b> |
| First Name<br><b>Darrin</b>   | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Kirkus</b>  |                    | <b>contract labor</b>         | <b>1000.00</b>        |                          |
| Address<br><b>Post Office Box 121027</b>  |                    |                               |                       |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                       | Zip Code<br><b>37212</b> |
| First Name<br><b>Kevin</b>  | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Lurey</b>   |                    | <b>contract labor</b>         | <b>176.25</b>         |                          |
| Address<br><b>4217 Wallace Lane</b>   |                    |                               |                       |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                       | Zip Code<br><b>37215</b> |
| First Name<br><b>Graham</b>   | Middle Name        |                               |                       | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Wright</b>  |                    | <b>contract labor</b>         | <b>202.25</b>         |                          |
| Address<br><b>PO Box 120831</b>   |                    |                               |                       |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                       | Zip Code<br><b>37212</b> |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               |                       | <b>216,373.68</b>        |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |   |                              |                          |
|---|--------------------|---|------------------------------|--------------------------|
| 1. NAME OF COMMITTEE<br><i>Red White and Food</i>   |                    | 2. REPORT COVERING THE PERIOD                             |                              |                          |
|   |                    | FROM <i>10.26.2014</i>                                    | TO: <i>1.15.2015</i>         |                          |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |   | Amount<br><i>216,373.68</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<br><i>January</i>  | Middle Name        | Purpose of Expenditure                                    | Amount of Expenditure        |                          |
| Last Name/Business Name<br><i>Beeler</i>  |                    | <i>mileage reimbursement</i>                              | <i>281.12</i>                |                          |
| Address<br><i>456 Bent Road</i>   |                    |   |                              |                          |
| City<br><i>Kodak</i>  | State<br><i>TN</i> |   |                              | Zip Code<br><i>37764</i> |
| First Name<br><i>Stacy</i>  |                    |   |                              | Middle Name              |
| Last Name/Business Name<br><i>Gibb</i>  |                    | <i>expense reimbursement</i>                              | <i>19.04</i>                 |                          |
| Address<br><i>816 Gadsden Place</i>   |                    |   |                              |                          |
| City<br><i>Franklin</i>   | State<br><i>TN</i> | Zip Code<br><i>37067</i>                                  |                              |                          |
| First Name<br><i>January</i>  | Middle Name        | Purpose of Expenditure                                    | Amount of Expenditure        |                          |
| Last Name/Business Name<br><i>Beeler</i>  |                    | <i>expense reimbursement</i><br><del><i>mileage</i></del> | <i>185.00</i>                |                          |
| Address<br><i>456 Bent Road</i>   |                    |   |                              |                          |
| City<br><i>Kodak</i>  | State<br><i>TN</i> |   |                              | Zip Code<br><i>37764</i> |
| First Name<br><i>Eric</i>   |                    |   |                              | Middle Name              |
| Last Name/Business Name<br><del><i>Beeler</i></del> <i>Boner</i>  |                    | <i>parking</i>  | <i>24.00</i>                 |                          |
| Address<br><i>104 Leaf Circle</i>   |                    |   |                              |                          |
| City<br><i>Franklin</i>   | State<br><i>TN</i> | Zip Code<br><i>37067</i>                                  |                              |                          |
| First Name<br><i>Crystal</i>  | Middle Name        | Purpose of Expenditure                                    | Amount of Expenditure        |                          |
| Last Name/Business Name<br><i>Brooks</i>  |                    | <i>parking</i>  | <i>40.00</i>                 |                          |
| Address<br><i>1828 Lincoya Bay Drive</i>  |                    |   |                              |                          |
| City<br><i>Nashville</i>  | State<br><i>TN</i> |   |                              | Zip Code<br><i>37214</i> |
| First Name<br><i>Stacy</i>  |                    |   |                              | Middle Name              |
| Last Name/Business Name<br><i>Gibb</i>  |                    | <i>parking</i>  | <i>41.00</i>                 |                          |
| Address<br><i>816 Gadsden Place</i>   |                    |   |                              |                          |
| City<br><i>Franklin</i>   | State<br><i>TN</i> | Zip Code<br><i>37067</i>                                  |                              |                          |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |   | <i>216,963.<sup>84</sup></i> |                          |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |                             |
|---|--------------------|-------------------------------|-----------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD |                             |
|   |                    | FROM: 10.26.2015              | TO: 1.15.2015               |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><b>216,963.84</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<br><b>Linda</b>  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><b>Hilliard</b>  |                    | <b>parking</b>                | <b>28.00</b>                |
| Address<br><b>5804 Cross Pointe Lane</b>  |                    |                               |                             |
| City<br><b>Brentwood</b>  | State<br><b>TN</b> |                               |                             |
| First Name<br><b>Ann</b>  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><b>Johnson</b>   |                    | <b>parking</b>                | <b>15.00</b>                |
| Address<br><b>PO Box 682554</b>   |                    |                               |                             |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |                               |                             |
| First Name<br><b>Stamatia</b>   | Middle Name        | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><b>Xixis</b>   |                    | <b>parking</b>                | <b>43.00</b>                |
| Address<br><b>270 Carolyn Court</b>   |                    |                               |                             |
| City<br><b>Hillsboro</b>  | State<br><b>TN</b> |                               |                             |
| First Name<br><b>January</b>  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><b>Beeler</b>  |                    | <b>expense reimbursement</b>  | <b>165.00</b>               |
| Address<br><b>456 Bent Road</b>   |                    |                               |                             |
| City<br><b>Kodak</b>  | State<br><b>TN</b> |                               |                             |
| First Name<br><b>Stacy</b>  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><b>Gibb</b>  |                    | <b>contract labor</b>         | <b>127.50</b>               |
| Address<br><b>816 Gadsden Place</b>   |                    |                               |                             |
| City<br><b>Franklin</b>   | State<br><b>TN</b> |                               |                             |
| First Name<br><b>Stamatia</b>   | Middle Name        | Purpose of Expenditure        | Amount of Expenditure       |
| Last Name/Business Name<br><b>Xixis</b>   |                    | <b>contract labor</b>         | <b>1250.00</b>              |
| Address<br><b>270 <del>Carolyn Court</del> Carolyn Court</b>  |                    |                               |                             |
| City<br><b>Hillsboro</b>  | State<br><b>TN</b> |                               |                             |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               | <b>218,592.34</b>           |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |                             |                          |
|---|--------------------|-------------------------------|-----------------------------|--------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD |                             |                          |
|   |                    | FROM: 10.26.2014              | TO: 1.15.2015               |                          |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><b>218,592.34</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<br><b>Stamatia</b>   | Middle Name        | Purpose of Expenditure        | Amount of Expenditure       |                          |
| Last Name/Business Name<br><b>Xixis</b>   |                    | <b>contract labor</b>         | <b>1638.75</b>              |                          |
| Address<br><b>270 Carolyn Court</b>   |                    |                               |                             |                          |
| City<br><b>Hillsboro</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37342</b> |
| First Name  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Southern Business Group</b>   |                    | <b>contract labor</b>         | <b>1800.00</b>              |                          |
| Address<br><b>5115 Maryland Way 37027</b>   |                    |                               |                             |                          |
| City<br><b>Brentwood</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37027</b> |
| First Name  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Tru Color Litho</b>   |                    | <b>printing</b>               | <b>600.88</b>               |                          |
| Address<br><b>511 Houston Street</b>  |                    |                               |                             |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37203</b> |
| First Name  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Tru Color Litho</b>   |                    | <b>printing</b>               | <b>398.76</b>               |                          |
| Address<br><b>511 Houston Street</b>  |                    |                               |                             |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37203</b> |
| First Name  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Wainscott Printing</b>  |                    | <b>printing</b>               | <b>366.72</b>               |                          |
| Address<br><b>608 Dutchmans Drive</b>   |                    |                               |                             |                          |
| City<br><b>Hermitage</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37076</b> |
| First Name  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Targeted Connect</b>  |                    | <b>voter contact</b>          | <b>1000.00</b>              |                          |
| Address<br><b>5571 Knob Road</b>  |                    |                               |                             |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37209</b> |
| First Name  | Middle Name        |                               |                             | Purpose of Expenditure   |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to Item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in Item 17b. of summary.) |                    |                               | <b>224,397.45</b>           |                          |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |                             |                          |
|---|--------------------|-------------------------------|-----------------------------|--------------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD |                             |                          |
|   |                    | FROM: 10.26.2014              | TO: 1.15.2015               |                          |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><b>224,397.45</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<br><b>KVAT Food Stores</b>  |                    | <b>printing</b>               | <b>4000.00</b>              |                          |
| Address<br><b>201 Trigg Street</b>  |                    |                               |                             |                          |
| City<br><b>Abingdon</b>   | State<br><b>VA</b> |                               |                             | Zip Code<br><b>24210</b> |
| First Name<br><b>Stamatia</b>   | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Xixis</b>   |                    | <b>contract labor</b>         | <b>2500.00</b>              |                          |
| Address<br><b>270 Carolyn Court</b>   |                    |                               |                             |                          |
| City<br><b>Hillsboro</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37342</b> |
| First Name  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Tru Color Litho</b>   |                    | <b>printing</b>               | <b>376.91</b>               |                          |
| Address<br><b>511 Houston Street</b>  |                    |                               |                             |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37203</b> |
| First Name<br><b>Crystal</b>  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Brooks</b>  |                    | <b>contract labor</b>         | <b>164.06</b>               |                          |
| Address<br><b>1828 Lincoya Bay Drive</b>  |                    |                               |                             |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37214</b> |
| First Name<br><b>Stamatia</b>   | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>Xixis</b>   |                    | <b>expense reimbursement</b>  | <b>168.46</b>               |                          |
| Address<br><b>270 Carolyn Court</b>   |                    |                               |                             |                          |
| City<br><b>Hillsboro</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37342</b> |
| First Name  | Middle Name        |                               |                             | Purpose of Expenditure   |
| Last Name/Business Name<br><b>MP &amp; F</b>  |                    | <b>professional services</b>  | <b>19903.00</b>             |                          |
| Address<br><b>601 Commerce Street, Suite 2800</b>   |                    |                               |                             |                          |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                             | Zip Code<br><b>37203</b> |
| First Name  | Middle Name        |                               |                             | Purpose of Expenditure   |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               | <b>251,504.88</b>           |                          |



## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |                       |
|---|--------------------|-------------------------------|-----------------------|
| 1. NAME OF COMMITTEE<br><b>Red White and Food</b>   |                    | 2. REPORT COVERING THE PERIOD |                       |
|   |                    | FROM: 10.26.2014              | TO: 1.15.2015         |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    | Amount<br><b>251,509.88</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<br><b>Bullet Sanford</b>  |                    | <b>legal fees</b>             | <b>4000.00</b>        |
| Address<br><b>150 3rd Avenue South, Suite 1700</b>  |                    |                               |                       |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                       |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure |
| Last Name/Business Name<br><b>M.S. Alcorn</b>   |                    | <b>consulting</b>             | <b>8000.00</b>        |
| Address<br><b>PO Box 121411</b>   |                    |                               |                       |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                       |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure |
| Last Name/Business Name<br><b>Strategy Box</b>  |                    | <b>contract labor</b>         | <b>1500.00</b>        |
| Address<br><b>PO Box 30311</b>  |                    |                               |                       |
| City<br><b>Knoxville</b>  | State<br><b>TN</b> |                               |                       |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure |
| Last Name/Business Name<br><b>Xixis</b>   |                    | <b>contract labor</b>         | <b>740.00</b>         |
| Address<br><b>270 Carolyn Court</b>   |                    |                               |                       |
| City<br><b>Hillsboro</b>  | State<br><b>TN</b> |                               |                       |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure |
| Last Name/Business Name<br><b>MS. Alcorn</b>  |                    | <b>shipping (FedEx)</b>       | <b>32.00</b>          |
| Address<br><b>PO Box 121411</b>   |                    |                               |                       |
| City<br><b>Nashville</b>  | State<br><b>TN</b> |                               |                       |
| First Name  | Middle Name        | Purpose of Expenditure        | Amount of Expenditure |
| Last Name/Business Name<br><b>KVAT Food Stores</b>  |                    | <b>printing</b>               | <b>9770.12</b>        |
| Address<br><b>201 Trigg Street</b>  |                    |                               |                       |
| City<br><b>Abingdon</b>   | State<br><b>VA</b> |                               |                       |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.) |                    |                               | <b>275,552.00</b>     |

## ITEMIZED STATEMENT OF EXPENDITURES - SMC

|   |                    |                               |  |                              |
|---|--------------------|-------------------------------|--|------------------------------|
| 1. NAME OF COMMITTEE<br><i>Red White and Food</i>   |                    | 2. REPORT COVERING THE PERIOD |  |                              |
|   |                    | FROM <i>10.14.2014</i>        | TO: <i>1.15.2015</i>                   |                              |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><i>275,552.<sup>00</sup></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<br><i>M.S.</i>   | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                  |                              |
| Last Name/Business Name<br><i>Alcorn</i>  |                    | <i>campaign event</i>         | <i>175.86</i>                          |                              |
| Address<br><i>PO Box 121411</i>   |                    |                               |  |                              |
| City<br><i>Nashville</i>  | State<br><i>TN</i> |                               |  | Zip Code<br><i>37212</i>     |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure       |
| Last Name/Business Name<br><i>Southern Business Group</i>   |                    | <i>contract labor</i>         | <i>1800.00</i>                         |                              |
| Address<br><i>5115 Maryland Way 37027</i>   |                    |                               |  |                              |
| City<br><i>Brentwood</i>  | State<br><i>TN</i> |                               |  | Zip Code<br><del>37027</del> |
| 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                     |
| First Name  | Middle Name        |                               |  | Purpose of Expenditure       |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to Item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of campaign expenditures, this amount must be shown in Item 17b. of summary.) |                    |                               | <i>275,527.<sup>86</sup></i>           |                              |

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

|   |             |                                     |                               |          |
|---|-------------|-------------------------------------|-------------------------------|----------|
| 1. NAME OF COMMITTEE<br><i>Red White and Food</i>   |             | 2. REPORT COVERING PERIOD           |                               |          |
|   |             | FROM: <i>10.26.2014</i>             | TO: <i>1.15.2015</i>          |          |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)  |             |                                     | Amount <i>0</i>               |          |
| 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   |             |                                     | <i>0</i>                      |          |
| (Carry forward to item 3 of next page if additional pages of this form are used.)<br>(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   |       |             |              | 2. REPORT COVERING THE PERIOD             |                            |                           |                                     |
|--|-------|-------------|--------------|---|----------------------------|---------------------------|-------------------------------------|
| <i>Red White and Food</i>  |       |             |              | FROM: <i>10.26.2014</i>                   |                            | TO: <i>1.15.2015</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 |   |                            |                           |                                     |
| <b>4. TOTALS</b><br>(Total from "Outstanding Balance - (End of Period)" column must also be shown in Item 21 on summary page.)                           |       |             |              |   |                            |                           | <i>0</i>                            |

## ITEMIZED STATEMENT OF OBLIGATIONS - SMC

| 1. NAME OF COMMITTEE   |             |          |   | 2. REPORT COVERING THE PERIOD |                      |                                     |
|--|-------------|----------|---|-------------------------------|----------------------|-------------------------------------|
| Red White and Food   |             |          |   | FROM: 10.26.2014              | TO: 1.15.2015        |                                     |
| 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  |             |          |   |                               |                      |                                     |
| <b>4. TOTALS</b><br>(Total from "Outstanding Balance - (End of Period)" column must also be shown in Item 22.b on summary page.)                                   |             |          |   |                               |                      | 0                                   |