

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Red White and Food</div>	12. REPORT COVERING THE PERIOD FROM: 10.1.2014 TO: 10.25.2014
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) \$ _____	
b. Itemized Contributions (over \$100 from each source this period) \$ _____	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) \$ <u>332,000</u>	
14. LOANS RECEIVED THIS REPORTING PERIOD \$ <u>Ø</u>	
15. INTEREST RECEIVED THIS REPORTING PERIOD \$ <u>Ø</u>	
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) \$ <u>332,000</u>	
DISBURSEMENTS	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
Total of Expenditures (\$100 or less each payee) \$ _____	
b. Itemized Expenditures (Over \$100 each payee this period) \$ _____	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) \$ <u>1,116,464.75</u>	
18. LOAN REPAYMENTS MADE THIS PERIOD \$ <u>Ø</u>	
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) \$ <u>1,116,464.75</u>	
20. IN-KIND CONTRIBUTIONS	
a. Unitemized In-kind contributions (\$100 or less from each source this period) \$ _____	
b. Itemized In-kind contributions (over \$100 from each source this period) \$ _____	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) \$ <u>Ø</u>	
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.) \$ <u>Ø</u>	
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____	
b. Itemized Obligations Outstanding (Over \$100 each) \$ _____	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) \$ <u>Ø</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Red White and Blue</i>			2. REPORT COVERING THE PERIOD	
			FROM <i>10.1.2014</i>	TO: <i>10.25.2014</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	MI.	Last Name/Organization Name <i>Walmart</i>	Amount of Contribution <i>332,000</i>	
Address <i>702 SW 8th Street</i>				
City <i>Bentonville</i>	State <i>AR</i>	Zip Code <i>72716</i>		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	MI.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				Amount of Contribution <i>332,000</i>
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		2. REPORT COVERING THE PERIOD		
		FROM: 10.1.2014	TO: 10.25.2014	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a single payee during the period, must be itemized.)				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Pinnacle Financial Partners		Bank fee	30.00	
Address 150 3rd Avenue South				
City Nashville	State TN			Zip Code 37201
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name MP&F		Television Radio Advertising	630,000	
Address 611 Commerce Street Suite 2800				
City Nashville	State TN			Zip Code 37203
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Pinnacle Financial Partners		Bank fee	25.00	
Address 150 3rd Avenue South				
City Nashville	State TN			Zip Code 37201
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Office Depot		Office Supplies	150.94	
Address 2312 West End Avenue				
City Nashville	State TN			Zip Code 37203
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name MP&F		Radio Advertising	114,000	
Address 611 Commerce Street, Suite 2800				
City Nashville	State TN			Zip Code 37201
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Pinnacle MP&F Financial Partners		Bank fee	25.00	
Address 150 3rd Ave South				
City Nashville	State TN			Zip Code 37201
First Name	Middle Name			Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			744,230.94	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food			2. REPORT COVERING THE PERIOD		
			FROM: 10.1.2017	TO: 10.25.2018	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 744,230.¹⁴		
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 MP & F		rent		1714.⁰⁰	
Address 611 Commerce Street Suite 2800					
City Nashville	State TN				Zip Code 37203
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Amazon.com		mascot		38.58	
Address 1600 Worldwide Blvd					
City Hebron	State KY				Zip Code 41048
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Clear Bugs		office supplies		173.88	
Address PO Box 307					
City Selmer	State TN				Zip Code 38375
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Direct Edge		Direct mail		100,000.⁰⁰	
Address 324 3rd Avenue South					
City Franklin	State TN				Zip Code 37064
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name MP & F		Radio advertising		116,000.⁰⁰	
Address 611 Commerce Street Suite 2800					
City Nashville	State TN				Zip Code 37203
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Pinnacle Financial Partners		Bank fee		25.⁰⁰	
Address 150 3rd Avenue South					
City Nashville	State TN				Zip Code 37203
First Name	Middle Name				Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				962,182.⁴⁰	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Red White and Ford</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>10.1.2014</i>	TO: <i>10.25.2014</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>962,182.40</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	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Pinnacle Financial Partners</i>		<i>Bank fee</i>	<i>25.00</i>	
Address <i>150 3rd Ave South</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37201</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Zoe's</i>		<i>Campaign Event</i>	<i>162.16</i>	
Address <i>4015 Hillshora Pk #110</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37215</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>M.S. Alcorn</i>		<i>Consulting fee</i>	<i>8000.00</i>	
Address <i>PO Box 121411</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37212</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Ann Johnson</i>		<i>Contract labor</i>	<i>1000.00</i>	
Address <i>Post Office Box 682554</i>				
City <i>Franklin</i>	State <i>TN</i>			Zip Code <i>37068</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Office Depot</i>		<i>Office Supplies</i>	<i>30.58</i>	
Address <i>2312 West End Avenue</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37203</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Transfirst LLC</i>		<i>Bank fee</i>	<i>20.35</i>	
Address <i>3131 South Vaughn Way Suite 350</i>				
City <i>Aurora</i>	State <i>CO</i>			Zip Code <i>80014</i>
First Name	Middle Name			Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			<i>971420.49</i>	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		2. REPORT COVERING THE PERIOD		
		FROM: 10.1.2024	TO: 10.25.2024	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 971420.⁴⁹	
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 Stacy Gibb		contract labor	566.²⁵	
Address 816 Gadsden Place				
City Franklin	State TN			Zip Code 37067
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Graham Wright		contract labor	142.⁵⁰	
Address 5571 Knob Road				
City Nashville	State TN			Zip Code 37209
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Graham Wright		contract labor	75.⁰⁰	
Address 5571 Knob Road				
City Nashville	State TN			Zip Code 37209
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name USPS		postage stamp	266.⁰⁰	
Address 810 Oak Meadow Drive				
City Franklin	State TN			Zip Code 37064
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name The Nesting Project		mascot	28.⁴¹	
Address 717 Nolensville Road #7A				
City Nolensville	State TN			Zip Code 37135
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Crystal Brooks		contract labor	835.³¹	
Address 1828 Lincaya Bay Drive				
City Nashville	State TN			Zip Code 37214
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				973333.⁹⁶

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food			2. REPORT COVERING THE PERIOD		
			FROM: 10.1.2011	TO: 10.25.2011	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 973,333.96		
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 Kevin Lurey		Contract labor	587.50		
Address 4217 Wallace Lane					
City Nashville	State TN				Zip Code 37215
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name The Nesting Project		T shirts	399.69		
Address 717 Nolensville Road # 7A					
City Nolensville	State TN				Zip Code 37135
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Nancy Dement		mascot	120.00		
Address 134 Iris Drive #52					
City Hendersonville	State TN				Zip Code 37075
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Southern Business Group		Contract labor	300.00		
Address 5115 Maryland Way					
City Brentwood	State TN				Zip Code 37027
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name The Nesting Project		Mascot	343.70		
Address 717 Nolensville Road # 7A					
City Nolensville	State TN				Zip Code 37135
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Amazon.com		Mascot	149.08		
Address 1600 Worldwide Blvd					
City Hebron	State KY				Zip Code 41048
First Name	Middle Name				Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			975,233.93		

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		2. REPORT COVERING THE PERIOD FROM: 10.1.2014 TO: 10.25.2014		
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 975,233.93	
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 Brian Schafer		gratuity	200.00	
Address 3508 Geneva Circle				
City Nashville	State TN			Zip Code 37209
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Jennie Rebecca Springer		gratuity	200.00	
Address 4609 Toddington Drive				
City Nashville	State TN			Zip Code 37215
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Mark Bjurdahl		gratuity	100.00	
Address 829 D Clayton Avenue				
City Nashville	State TN			Zip Code 37204
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Emily Young		gratuity	100.00	
Address 204 Parallel Place				
City Mount Juliet	State TN			Zip Code 37122
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Diane Hargrove		gratuity	100.00	
Address 409 Childe Harolds Lane				
City Brentwood	State TN			Zip Code 37027
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Kevin Lucey		contract labor	100.00	
Address 4217 Wallace Lane				
City Nashville	State TN			Zip Code 37215
First Name	Middle Name			Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			976,033.93	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Red White and Food</i>			2. REPORT COVERING THE PERIOD		
			FROM: <i>10/1/2014</i>	TO: <i>10/25/2014</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>976033.43</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	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <i>Stamatia Xixis</i>		<i>Contract labor</i>		<i>100.00</i>	
Address <i>270 Carolyn Court</i>					
City <i>Hillsboro</i>	State <i>TN</i>				Zip Code <i>37342</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Targeted Connect</i>		<i>Voter Contact</i>		<i>25000.00</i>	
Address <i>5571 Knob Road</i>					
City <i>Nashville</i>	State <i>TN</i>				Zip Code <i>37209</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Pinnacle Financial Partners</i>		<i>Bank Fee</i>		<i>25.00</i>	
Address <i>150 3rd Avenue South</i>					
City <i>Nashville</i>	State <i>TN</i>				Zip Code <i>37201</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Brand Imaging Group</i>		<i>signage</i>		<i>1507.92</i>	
Address <i>5764 Crossing Blvd</i>					
City <i>Nashville</i>	State <i>TN</i>				Zip Code <i>37013</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>MP & F</i>		<i>rent</i>		<i>1714.00</i>	
Address <i>611 Commerce Street, Suite 2800</i>					
City <i>Nashville</i>	State <i>TN</i>				Zip Code <i>37203</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Stamatia Xixis</i>		<i>contract labor</i>		<i>2500.00</i>	
Address <i>270 Carolyn Court</i>					
City <i>Hillsboro</i>	State <i>TN</i>				Zip Code <i>37342</i>
First Name	Middle Name				Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			<i>1006880.65</i>		

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		2. REPORT COVERING THE PERIOD FROM: 10.1.2014 TO: 10.25.2014	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 1,006,880.⁰⁰	
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 Eric Boner		Contract labor	395.00
Address 104 Leaf Circle			
City Franklin	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name MP & F		Research	15,000.⁰⁰
Address 611 Commerce Suite 2800			
City Nashville	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name MP & F		Advertising	7500.⁰⁰
Address 611 Commerce Street Suite 2800			
City Nashville	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Graham Wright		Contract labor	105.00
Address 5571 Knob Road			
City Nashville	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Stamatia Xixis		Contract labor	1250.00
Address 270 Carolyn Court			
City Hillsboro	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Frontier Label		Bumper Stickers	1107.16
Address 319 Crankington Road			
City Greenville	State SC		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			1,032,237.⁸⁴

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD		
Red White and Food				FROM: 12.1.2019	TO: 10.25.2019	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount		
				1,032,237.81		
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		campaign events		103.25		
Address						
City	State					Zip Code
Calypso Cafe						3307 Charlotte Avenue
Nashville		TN		37209		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		mileage reimbursement		442.40		
Address						
City	State					Zip Code
Stamatia						270 Carolyn Court
Hillsboro		TN		37342		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		mileage reimbursement		52.08		
Address						
City	State					Zip Code
Stamatia						270 Carolyn Court
Hillsboro		TN		37342		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		online subscription		10.91		
Address						
City	State					Zip Code
Microsoft						One Microsoft Way
Redmond		WA		98052		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		bag stuffers		570.29		
Address						
City	State					Zip Code
Tru Color Litho						511 Houston Street
Nashville		TN		37203		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		bag stuffers		398.76		
Address						
City	State					Zip Code
Tru Color Litho						511 Houston Street
Nashville		TN		37203		
5. TOTAL ITEMIZED EXPENDITURES						
(Carry forward to Item 3. of next page if additional pages of this form are used.)						
(If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				1,033,815.50		

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Reel White and Food</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>12.1.2014</i>	TO: <i>12.25.2014</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>1033815.50</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	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Crystal Brooks</i>		<i>contract labor</i>	<i>984.38</i>	
Address <i>1828 Lincova Bay Drive</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37214</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Stacy Gibb</i>		<i>contract labor</i>	<i>768.75</i>	
Address <i>816 Gadsden Place</i>				
City <i>Franklin</i>	State <i>TN</i>			Zip Code <i>37067</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Ann Johnson</i>		<i>contract labor</i>	<i>1000.00</i>	
Address <i>Post Office Box 682554</i>				
City <i>Franklin</i>	State <i>TN</i>			Zip Code <i>37068</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Stacy Gibb</i>		<i>mi. keage reimbursement</i>	<i>28.56</i>	
Address <i>816 Gadsden Place</i>				
City <i>Franklin</i>	State <i>TN</i>			Zip Code <i>37067</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>The Nesting Project</i>		<i>mascot</i>	<i>48.07</i>	
Address <i>717 Nolensville Road #7A</i>				
City <i>Nolensville</i>	State <i>TN</i>			Zip Code <i>37135</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>January Beeler</i>		<i>contract labor</i>	<i>52.50</i>	
Address <i>456 Bent Road</i>				
City <i>Kodak</i>	State <i>TN</i>			Zip Code <i>37764</i>
First Name	Middle Name			Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			<i>1036697.00</i>	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food			2. REPORT COVERING THE PERIOD		
			FROM: 10.1.2014	TO: 10.25.2014	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1,036,697.⁷⁶		
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 Linda Hilliard		Contract labor	67.50		
Address 5804 Crosspointe Lane					
City Brentwood	State TN				Zip Code 37027
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name January Beeler		contract labor	647.50		
Address 456 Bent Road					
City Kodak	State TN				Zip Code 37764
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Eric Boner		contract labor	753.75		
Address 104 Leaf Circle					
City Franklin	State TN				Zip Code 37067
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Crystal Brooks		contract labor	1037.50		
Address 1828 Lincaya Bay Drive					
City Nashville	State TN				Zip Code 37214
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Stacy Gibb		contract labor	573.75		
Address 816 Gadsden Place					
City Franklin	State TN				Zip Code 37067
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Linda Hilliard		Contract labor	112.50		
Address 5804 Crosspointe Lane					
City Brentwood	State TN				Zip Code 37027
First Name	Middle Name				Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			1,039,840.²⁶		

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Red White and Food</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>10.1.2014</i>	TO: <i>10.25.2014</i>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>1,039,890.26</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	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>Ann Johnson</i>		<i>contract labor</i>	<i>1000.00</i>	
Address <i>Post Office Box 682554</i>				
City <i>Franklin</i>	State <i>TN</i>			Zip Code <i>37068</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Darrin Kirkus</i>		<i>contract labor</i>	<i>1000.00</i>	
Address <i>Post Office Box 121027</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37212</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Buddy Lucas</i>		<i>contract labor</i>	<i>255.00</i>	
Address <i>117 Hedgelawn Drive</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Kevin Lurey</i>		<i>contract labor</i>	<i>112.50</i>	
Address <i>4217 Wallace Lane</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37215</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Graham Wright</i>		<i>contract labor</i>	<i>112.50</i>	
Address <i>5571 Knob Road</i>				
City <i>Nashville</i>	State <i>TN</i>			Zip Code <i>37209</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>Stavatia Xixis</i>		<i>contract labor</i>	<i>1250.00</i>	
Address <i>270 Carolyn Court</i>				
City <i>Hillsboro</i>	State <i>TN</i>			Zip Code <i>37342</i>
First Name	Middle Name			Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			<i>1,043,620.26</i>	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Blue Food		2. REPORT COVERING THE PERIOD	
		FROM: 10.1.2014	TO: 10.25.2014
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 1,043,620.²⁶	
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 Robert	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Rivers		Contract labor	172.⁵⁰
Address 1121 Carnton Lane			
City Franklin	State TN		
First Name January	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Beeler		contract labor	512.⁹⁶
Address 456 Bent Road			
City Kodak	State TN		
First Name Eric	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Boner		mileage reimbursement	301.⁶⁷
Address 104 Leaf Circle			
City Franklin	State TN		
First Name Crystal	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Brooks		mileage reimbursement	128.⁵²
Address 1828 Lincova Bay Drive			
City Nashville	State TN		
First Name Stacy	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Gibb		mileage reimbursement	198.⁸⁰
Address 816 Gadsden Place			
City Franklin	State TN		
First Name Buddy	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Lucas		mileage reimbursement	295.⁶⁸
Address 117 Hedgelawn Drive			
City Hendersonville	State TN		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)		1,045,220.³⁹	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
Red White and Food			FROM: 10.1.2015	TO: 10.25.2019
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 1,045,230. ⁹⁹
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
Stamatia		mileage reimbursement		518.56
Last Name/Business Name				
Address				
City	State			
Xixis				
270 Carolyn Court				
Hillsboro	TN	37342		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
		contract labor		600. ⁰⁰
Last Name/Business Name				
Address				
City	State			
Southern Business Group				
5115 Maryland Way				
Brentwood	TN	37027		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
		contract labor		149. ⁰⁰
Last Name/Business Name				
Address				
City	State			
January				
Becker				
456 Bent Road				
Kodak	TN	37764		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
		contract labor		318.43
Last Name/Business Name				
Address				
City	State			
Eric				
Boner				
104 Leaf Circle				
Franklin	TN	37067		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
		contract labor		9. ¹⁰
Last Name/Business Name				
Address				
City	State			
Crystal				
Brooks				
1828 Lincoya Bay Drive				
Nashville	TN	37214		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
		contract labor		239.51
Last Name/Business Name				
Address				
City	State			
Stacy				
Gibb				
816 Gadsden Place				
Franklin	TN	37067		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				1,047,061. ⁹⁹

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		2. REPORT COVERING THE PERIOD		
		FROM: 10.1.2014	TO: 10.25.2014	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 1,047,064.09		
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 Ann	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Johnson		expense reimbursement	586.94	
Address Post Office Box 682554				
City Franklin	State TN			Zip Code 37068
First Name Buddy	Middle Name			Purpose of Expenditure
Last Name/Business Name Lucas		expense reimbursement	211.50	
Address 117 Hedgclawn Drive				
City Hendersonville	State TN			Zip Code 37075
First Name Kevin	Middle Name			Purpose of Expenditure
Last Name/Business Name Lurey		expense reimbursement	41.00	
Address 4217 Wallace Lane				
City Nashville	State TN			Zip Code 37215
First Name Robert	Middle Name			Purpose of Expenditure
Last Name/Business Name Rivers		expense reimbursement	40.00	
Address 1121 Carnton Lane				
City Franklin	State TN			Zip Code 37064
First Name Graham	Middle Name			Purpose of Expenditure
Last Name/Business Name Wright		expense reimbursement	79.00	
Address 5571 Knob Road				
City Nashville	State TN			Zip Code 37209
First Name Stamatia	Middle Name			Purpose of Expenditure
Last Name/Business Name Xixis		expense reimbursement	632.40	
Address 270 Carolyn Court				
City Hillsboro	State TN			Zip Code 37342
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				1,048,656.13

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		2. REPORT COVERING THE PERIOD	
		FROM: 10.1.2014	TO: 10.25.2014
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 1,048,656.13	
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 Buddy	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Lucas		contract labor	127.50
Address 117 Hedgeclawn Drive			
City Hendersonville	State TN		
Zip Code 37075			
First Name Nancy	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Dement		mascot	150.00
Address 134 Iris Drive #82			
City Hendersonville	State TN		
Zip Code 37075			
First Name Buddy	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Lucas		mileage reimbursement	222.88
Address 117 Hedgeclawn Drive			
City Hendersonville	State TN		
Zip Code 37075			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Renaissance Hotel		campaign event	226
Address 611 Commerce Street			
City Nashville	State TN		
Zip Code 37203			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Library Garage		parking	5.00
Address 151 6th Avenue North			
City Nashville	State TN		
Zip Code 37203			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Sicilian		campaign event	71.07
Address 905 Church Street			
City Nashville	State TN		
Zip Code 37203			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)		1,049,239.81	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>Red White and Food</i>		2. REPORT COVERING THE PERIOD	
		FROM <i>10.1.2019</i>	TO: <i>10.25.2019</i>
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>1,049,234.84</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	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>United States Postal Service</i>		<i>stamps</i>	<i>49.00</i>
Address <i>1718 Church Street</i>			
City <i>Nashville</i>	State <i>TN</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Southern Business Group</i>		<i>contract labor</i>	<i>600.00</i>
Address <i>5115 Maryland Way</i>			
City <i>Brentwood</i>	State <i>TN</i>		
First Name <i>Eric</i>	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Boner</i>		<i>contract labor</i>	<i>398.75</i>
Address <i>104 Leaf Court</i>			
City <i>Franklin</i>	State <i>TN</i>		
First Name <i>Eric</i>	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Boner</i>		<i>contract labor</i>	<i>100.00</i>
Address <i>104 Leaf Court</i>			
City <i>Franklin</i>	State <i>TN</i>		
First Name <i>Jessica</i>	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Edwards</i>		<i>gratuity</i>	<i>100.00</i>
Address <i>940 Gale Lane #125</i>			
City <i>Nashville</i>	State <i>TN</i>		
First Name <i>Bryan</i>	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Edwards</i>		<i>gratuity</i>	<i>100.00</i>
Address <i>940 Gale Lane #125</i>			
City <i>Nashville</i>	State <i>TN</i>		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			<i>1,050,582.54</i>

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Food		2. REPORT COVERING THE PERIOD		
		FROM 10.1.2019	TO: 10.25.2019	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 1,050,582.⁵²		
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 Murdia	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Gipson		gratuity	200.00	
Address 8524 Calistoga Way				
City Brentwood	State TN			Zip Code 37027
First Name Ezra	Middle Name			Purpose of Expenditure
Last Name/Business Name Gipson		gratuity	200.00	
Address 8524 Calistoga Way				
City Brentwood	State TN			Zip Code 37027
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Pinnacle Financial Partners		Bank fee	25.00	
Address 150 3rd Avenue South				
City Nashville	State TN			Zip Code 37201
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Direct Edge		Direct mail	50,000.00	
Address 324 3rd Avenue South				
City Franklin	State TN			Zip Code 37064
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name Targeted Connect		Voter contact	14,000.00	
Address 5571 Knob Road				
City Nashville	State TN			Zip Code 37209
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name CalypsoCafe		Campaign event	79.30	
Address 3307 Charlotte Pike				
City Nashville	State TN			Zip Code 37209
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)				1,115,086.89

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Red White and Ford			2. REPORT COVERING THE PERIOD		
			FROM: 10.1.2014	TO: 10.25.2014	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1,115,086.⁸⁹		
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 Pinnacle Financial Partners		Bank fee		25.00	
Address 150 3rd Avenue South					
City Franklin	State TN				Zip Code 37201
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Evernote		Online Subscription		49.16	
Address 305 Walnut Street					
City Redwood City	State CA				Zip Code 94063
First Name Nancy	Middle Name				Purpose of Expenditure
Last Name/Business Name Dement		mascoat		150.00	
Address 134 Iris Drive #82					
City Hendersonville	State TN				Zip Code 37075
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Alumni Hall		event supplies		218.39	
Address 11309 Parkside Drive					
City Knoxville	State TN				Zip Code 37934
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Jason's Deli		campaign event		168.46	
Address 2028 West End Avenue					
City Nashville	State TN				Zip Code 37203
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Office Depot		Office Supplies		766.85	
Address 2312 West End Avenue					
City Nashville	State TN				Zip Code 37203
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)					1,116,469.⁷⁵

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>Red White and Food</i>			2. REPORT COVERING PERIOD	
			FROM: <i>10.1.2014</i>	TO: <i>10.25.2014</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				
(Carry forward to item 3 of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)				<i>0</i>

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>Red White and Feed</i>				FROM: <i>10.1.2014</i>		TO: <i>10.29.2014</i>	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
4. TOTALS							
(Total from 'Outstanding Balance - (End of Period)' column must also be shown in item 21 on summary page.)							<i>8</i>

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>Red White and Food</i>				FROM: 10.1.2014		TO: 10.25.2014	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS							
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)							<i>8</i>