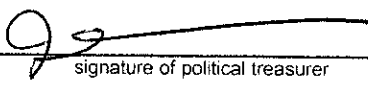



OCT 30 2018

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 10/28/18		2. NAME OF COMMITTEE SAVE 12V, Inc.	
2. SHORT NAME OF COMMITTEE (IF APPLICABLE) SAVE 12V			
3. ADDRESS AND PHONE Street or Rural Route 3060 SCOTLAND RD		City MEMPHIS	State TN
		Zip Code 38128	Phone 901-213-6144
4. MEASURES SUPPORTED OR OPPOSED OPPOSE ALL NOV 2018 REFERENDUMS, MEMPHIS			
5.A. NAME OF POLITICAL TREASURER J. RAQUEL COLLINS			5.B. DATE APPOINTED 9/21/18
6. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER
<input checked="" type="checkbox"/> PRE-PRIMARY		<input checked="" type="checkbox"/> PRE-GENERAL	
<input type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD 10/1/18		7.B. ENDING DATE OF REPORTING PERIOD 10/27/18	
8. (Check one)			
A. <input type="checkbox"/> This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.)			
B. <input checked="" type="checkbox"/> This committee is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.			
 signature of political treasurer			10/25/18 date
9. WITNESS SIGNATURE			
 signature of witness			10-27-2018 date
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT	\$ <u>63,288.30</u>		
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>145,285.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>199,394.57</u>		
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>6178.73</u>		
e. TOTAL LOANS OUTSTANDING	\$ <u>-0-</u>		
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>-0-</u>		



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em;"><i>SMEIEN, Inc.</i></p>	12. REPORT COVERING THE PERIOD FROM: <i>10/1/18</i> TO: <i>10/27/18</i>
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u><i>735.00</i></u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u><i>144500</i></u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u><i>145285</i></u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u><i>-0-</i></u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u><i>-0-</i></u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u><i>145285⁰⁰</i></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)	
<u><i>paypal fees</i></u>	\$ <u><i>123.69</i></u>
<u><i>WIRE transfer fees</i></u>	\$ <u><i>20.00</i></u>
<u><i>check</i></u>	\$ <u><i>20.60</i></u>
<u><i>travel stipends</i></u>	\$ <u><i>1040.00</i></u>
<u><i>parking</i></u>	\$ <u><i>16.00</i></u>
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u><i>1220.29</i></u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u><i>198174.28</i></u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$ <u><i>199394.57</i></u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u><i>-0-</i></u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ <u><i>199394.57</i></u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u><i>-0-</i></u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u><i>-0-</i></u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u><i>-0-</i></u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u><i>-0-</i></u>
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u><i>-0-</i></u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u><i>-0-</i></u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$ <u><i>-0-</i></u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD		
SAVE (RV), Inc.			FROM: 10/1/18	TO: 10/27/18	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)					
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
DAVID		WEATHERSPON			
Address					
816 EADON ST					
City	State	Zip Code			
MEMPHIS	TN	38120			
Occupation				50.00	
Chaplain					
Employer					
Le Bonheur Children's Hospital					
First Name	M.I.	Last Name/Organization Name			Amount of Contribution
		FAIRVUE			
Address					
6930 CARROLL AVE STE 240					
City	State	Zip Code			
TAKOMA PARK	MD	20912			
Occupation				500.00	
non-profit					
Employer					
SELF					
First Name	M.I.	Last Name/Organization Name			Amount of Contribution
CHRISTINE		TODD			
Address					
603 CENTER DRIVE					
City	State	Zip Code			
MEMPHIS	TN	38112			
Occupation				100.00	
teacher / community ministries coordinator					
Employer					
CALVARY BAPTIST CHURCH					
First Name	M.I.	Last Name/Organization Name			Amount of Contribution
VOTER CHOICE					
Address					
14 BEACON ST STE 604					
City	State	Zip Code			
BOSTON	MA	01208			
Occupation				1500.00	
non-profit					
Employer					
SELF					
First Name	M.I.	Last Name/Organization Name			Amount of Contribution
JAMES		GULLAND			
Address					
560 COLONIAL RD STE 200					
City	State	Zip Code			
MEMPHIS	TN	38117			
Occupation				200.00	
SVP. G. HUBBENY					
Employer					
DIVERSIFIED TRUST					
5. TOTAL ITEMIZED CONTRIBUTIONS					2350.00
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of contributions, this amount must be shown in item 13b. of summary.)					

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE SAVE RV, Inc.			2. REPORT COVERING THE PERIOD FROM: 6/1/18 TO: 12/27/18	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 2350.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name WILLIAM	M.I.	Last Name/Organization Name VON MUEFFLING		Amount of Contribution 25000.00
Address 499 PARK AVE APT FL.				
City New York City	State NY	Zip Code 10022		
Occupation President				
Employer Cantillon Capital Management				
First Name ROBERT	M.I.	Last Name/Organization Name WYATT		Amount of Contribution 250.00
Address 51 N DUNLAP ST				
City MEMPHIS	State TN	Zip Code 38105		
Occupation PHYSICIAN				
Employer LEBONNIEUR HOSPITAL				
First Name JODI	M.I.	Last Name/Organization Name WILSON		Amount of Contribution 250.00
Address 6464 WYNFREY PLACE				
City MEMPHIS	State TN	Zip Code 38120		
Occupation ATTORNEY				
Employer UNIVERSITY OF MEMPHIS				
First Name SAUL	M.I.	Last Name/Organization Name BELZ		Amount of Contribution 250.00
Address 6000 POPLAR AVE #400				
City MEMPHIS	State TN	Zip Code 38119		
Occupation ATTORNEY				
Employer GLAWICK BROWN PLLC				
First Name RICHARD	M.I.	Last Name/Organization Name KRUEGLER		Amount of Contribution 300.00
Address				
City	State	Zip Code		
Occupation				
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				28,400.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
SAVE 180, Inc.			FROM: 10/1/18	TO: 10/27/18
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 28400.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
RICHARD GLASSMAN				
Address 26 N 2nd St				
City	State	Zip Code		
MEMPHIS	TN	38103		
Occupation ATTORNEY				
Employer GLASSMAN WYATT TUTTLE & COX P.C.				300.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
CHRISTOPHER MARTIN				
Address 210 POPLAR AVE STE 201				
City	State	Zip Code		
MEMPHIS	TN	38103		
Occupation ATTORNEY				
Employer KNOX COUNTY				150.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
ROBERT TAYLOR				
Address				
City	State	Zip Code		
Occupation PROFESSOR				
Employer UNIVERSITY OF MEMPHIS				200.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
DIANE COMES				
Address CRESCENT CENTER STE 500				
City	State	Zip Code		
MEMPHIS	TN	38187		
Occupation ATTORNEY				
Employer BUTLER SNOW LAW FIRM				300.00
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
VIRGINIA WHELAN				
Address 618 OAKLEAF OFFICE LANE #150				
City	State	Zip Code		
MEMPHIS	TN	38117		
Occupation ATTORNEY				
Employer WHELAN & ASSOCIATES				200.00
5. TOTAL ITEMIZED CONTRIBUTIONS				29,550.00
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE SAVE IRV, Inc.		2. REPORT COVERING THE PERIOD	
		FROM: 12/1/18	TO: 10/27/18
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 29,550.00
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 ACTION NOW INITIATIVE	
Address P.O. Box 460868			
City Houston	State TX	Zip Code 77056	
Occupation ADVOCACY ORGANIZATION			
Employer SELF			
			Amount of Contribution 60,000.00
First Name	M.I.	Last Name/Organization Name US TERM LIMITS	
Address 1250 Connecticut Ave NW Ste 200			
City WASHINGTON	State DC	Zip Code 20036	
Occupation ADVOCACY ORGANIZATION			
Employer SELF			
			Amount of Contribution 10,000.00
First Name	M.I.	Last Name/Organization Name ACTION NOW INITIATIVE	
Address P.O. Box 460868			
City Houston	State TX	Zip Code 77056	
Occupation ADVOCACY ORGANIZATION			
Employer SELF			
			Amount of Contribution 40,000.00
First Name	M.I.	Last Name/Organization Name SAVE IRV INC	
Address			
City	State	Zip Code	
Occupation NON PROFIT			
Employer SELF			
			Amount of Contribution 5000.00
First Name	M.I.	Last Name/Organization Name	
Address			
City	State	Zip Code	
Occupation			
Employer			
			Amount of Contribution
5. TOTAL ITEMIZED CONTRIBUTIONS			Amount
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)			144550.00



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE SAVE 18V, Inc.		2. REPORT COVERING THE PERIOD	
		FROM: 10/1/18	TO: 10/27/18
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 CARLOS	Middle Name	Purpose of Expenditure SALARY	Amount of Expenditure
Last Name/Business Name OLIVERA		1000 ✓	4000.00
Address 570 PODESTA ST		1000 ✓	
City MEMPHIS	State TN	1000 ✓	
Zip Code 38120		1000 ✓	
First Name GIL	Middle Name	Purpose of Expenditure SALARY	Amount of Expenditure
Last Name/Business Name HAYES		1000 ✓	4404.04
Address 1264 VINTON AVE		1000 ✓	
City MEMPHIS	State TN	1000 ✓	
Zip Code 38104		1000 ✓	
First Name LEMICHAEL	Middle Name	Purpose of Expenditure POLL WORKERS	Amount of Expenditure
Last Name/Business Name WILSON		100 ✓	20,370 -
Address 4355 Rhodes Ave		750 ✓	
City MEMPHIS	State TN	300 ✓	
Zip Code 38111		600 ✓	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name CHISH STRATEGIES		PHONE BANKING DIGITAL ADS	25,000 -
Address 2906 N State Street Ste 106			
City JACKSON	State MS		
Zip Code 39216			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name CALLHANB		ROBOCALLS	975 -
Address			
City	State		
Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name FEDEX OFFICE		PRINTING	100.03
Address 149 Union AVE #9			
City MEMPHIS	State TN		
Zip Code 38103			
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.)			54,849.07

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE SAVE IRV, Inc.			2. REPORT COVERING THE PERIOD	
			FROM:	TO:
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 54849.07	
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 DIAMOND PRINTING		PRINTING 29,265.00 ✓ 2,826.00 ✓ 1,004.00 ✓	50995.74	
Address 611 N Third St				
City MEMPHIS	State TN			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name PUBLIC POLICY POLLING		POLLING	3500.00	
Address 2912 Highwoods Blvd Ste 201				
City RALEIGH	State NC			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name I HEART MEDIA		RADIO ADS 1,249.00 ✓ 1,178.00 ✓ 2,042.00 ✓ 1,250.00 ✓ 3,409.00 ✓ 2,149.00 ✓	18446.90	
Address 20800 Stone Oak Parkway				
City SAN ANTONIO	State TN			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name ANTONIO LIGHT FOOT		PRINTING 173.97 ✓ 22.00 ✓	178.97	
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name RALPH MCGHEE		COURIER SERVICE 225.00 ✓ 150.00 ✓ 75.00 ✓	315.00	
Address 2810 MONTAGUE AVE				
City MEMPHIS	State TN			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name CENTER FOR RACIAL & GENDER EQUALITY		CANVASSERS	22,000.00	
Address 500 East 61st St Unit B				
City Chicago	State IL			
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.)			Amount 150285.63	

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE SAVE ON, Inc.		2. REPORT COVERING THE PERIOD FROM: 10/1/18 TO: 10/27/18	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 150,285.68
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 BOTT RADIO NETWORK		RADIO ADS	1382.46
Address 10500 BARKLEY STE 108			
City Overland Park	State KS		
First Name ALKE	Middle Name	Purpose of Expenditure CANVASSERS	Amount of Expenditure 200.00
Last Name/Business Name MILLER			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name BLUFF CITY SPORTS		SHIRTS 563.00 ✓ 20.00 ✓	615.08
Address 769 S. Cooper St			
City MEMPHIS	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name FACEBOOK		DIGITAL ADS 50 ✓ 150 ✓	300.00
Address 1 HACKER WAY			
City MENLO PARK	State CA		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name AI PRINTING SERVICE		PRINTING 2807.73 ✓ 1723.27 ✓	5091.06
Address 810 E BROWNS RD			
City MEMPHIS	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name REPRESENT. US		DIGITAL DESIGN	20,000.00
Address P.O. BOX 60008			
City FLORENCE	State MA		
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.)			177,874.28

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <i>SAVE IRV, Inc.</i>		2. REPORT COVERING THE PERIOD		
		FROM:	TO:	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 177874.28		
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>CUMMINS MEDIA</i>		<i>Radio ad</i> 5300 ✓ 4600 ✓ 5300 ✓ 4600 ✓	19800.00	
Address <i>5629 MURRAY AVE</i>				
City <i>MEMPHIS</i>	State <i>TN</i>			Zip Code <i>38119</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>AFL-CIO of Memphis - West TD</i>		<i>PRINTING</i>	500.00	
Address <i>1870 MADISON AVE</i>				
City <i>MEMPHIS</i>	State <i>TN</i>			Zip Code <i>38104</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
5. TOTAL ITEMIZED EXPENDITURES				198174.28
(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.)				

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <i>SAVE RW, Inc.</i>			2. REPORT COVERING PERIOD	
			FROM: <i>12/1/12</i>	TO: <i>12/27/12</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 pgs of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)				<i>-0-</i>



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
SMEIWA, Inc.				FROM: 10/1/18		TO: 10/27/18	
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.)							- 0 -

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
SMC RW, Inc.				FROM: 10/1/18		TO: 10/27/18	
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.)							-0-