OCT 3 () 2018

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

DATE OF REPORT	2. NAME OF COMMITTEE			
10/28/18	SAVE VEV, I	oc.		
2. SHORT NAME OF COMMITTEE (IF APPLICA	BLE)			
SWE IRV				
ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
3060 SCOTLAND ED	MEM PHIS	7.1	38128	901-213-6144
4. MEASURES SUPPORTED OR OPPOSED		IN	38120	101-213-0119
D8055 No. 100 700	D	,	,	
5.A NAME OF POLITICAL TREASURER	REFERENDUNS	, MEMPHS		DATEAPPOINTED
J. PACQUE COLLINS				3 ()
6. CATEGORY OR REPORT (Check one)				121 18
FIRST SECOND THIRD	FOURTH PRE-	N DOE	MID-YEAR	VEAR END
QUARTER QUARTER QUARTER 7.A. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY		SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
lo LI 1 18		NDING DATE OF REPO		
8. (Check one)		10/27/18		· · · · · · · · · · · · · · · · · · ·
A. T. This committee is exempt from detail.	od diaglas, as been a	ella de la grada d		
expenditures total \$1,000 or less for	this reporting period. I do so	lemniv swear or affirm	n that the information	contained in this etatement
is true and that the committee has co and 10f must also be completed.)	implied with all applicable pro	ovisions of the Campa	aign Financial Disclos	ure Act. (Items 10d., 10e.
, , ,	stailed financial displaces he			
\$1,000 and/or expenditures total more	e than \$1,000 for this reportir	na period. I do solem	niv swear or affirm th	at the information con-
tained in this statement is true and the tures requried to be reported by polition	at the following page(s) are a	complete and accur	ate accounting of all o	contributions and expendi-
,	,	and dampaign / man	olal bisclosoft Fict.	
	\bigcirc			i .
-	signatur	e of political treasure	٠٢	10/25/18
	· · · · · · · · · · · · · · · · · · ·	o e. political trebudic		oate
9. WITNESS SIGNATURE				
	Bu l. Wa	1-1-		. 6.
-		,		10-29-2018 date
	signi	ature of witness		date
10. SUMMARY				
a. BALANCE ON HAND LAST REPORT			\$ 60,288.30	,
a. She was an indicated the same				
b. TOTAL RECEIPTS THIS PERIOD		***************************************	\$ 145.285.	<u>၁</u> ပ
c. TOTAL DISBURSEMENTS THIS PERIOD			s 199394.5	2
3. TO THE PROPERTY OF THE PERIOD		***************************************	\$ 111214.3	4
d. BALANCE ON HAND (10.a. plus 10.b. m	inus 10.c.)			s 6178.73
e TOTAL LOANS OUTSTANDING				\$
f. TOTAL OBLIGATIONS OUTSTANDING				-0-
f. TOTAL OBLIGATIONS OUTSTANDING			••••••••••••••••••	\$
				Ji .

SUMMARY PAGE - SMC

		F . OIMO		
11.	NAME OF COMMITTEE (In Full)		12. REPORT COV	ERING THE PERIOD
<u></u>	SMETEN, Inc.		FROM: 10 1 13	TO: 10 27 13
	CEIPTS CONTRIBUTIONS (other than loans and interest)			101/18
	a. Unitemized Contributions (\$100 or less from each source this	period)	\$ 735.00	
	b. Itemized Contributions (over \$100 from each source this period	(b	\$ 144590	
	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13	3.a. and 13.b.)		
	LOANS RECEIVED THIS REPORTING PERIOD			
	INTEREST RECEIVED THIS REPORTING PERIOD			
	TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in iter			
	BURSEMENTS			
17.	EXPENDITURES (other than loan payments)			
a. gasc	Unitemized Expenditures (\$100 or less each payee this period) (moline)	nust be listed by	category - e.g., print	ing, postage,
-	payful fees	s 123.69		
_	Wine transfer fees	\$ _ 20,65		
_	Chega	\$ 20.60		
_	trava stipends	\$ 1040.00		
	parking	ده عا ه		
		\$		
Tot	lal of Expenditures (\$100 or less each payee)		\$ 1220.29	
	temized Expenditures (Over \$100 each payee this period)			
c. T	OTAL EXPENDITURES (other than loan repayments)(add 17.a. ar	nd 17.b)		\$ 199394.57
	OAN REPAYMENTS MADE THIS PERIOD			
	OTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in it			
	N-KIND CONTRIBUTIONS			
a. U	Initemized in-kind contributions (\$100 or less from each source th	nis period)	s -o-	
b. It	emized in-kind contributions (over \$100 from each source this per	iod)	5 -0 -	
c. T	OTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 2	20.a. and 20.b.)		s -o -
	OANS			
L	OANS OUTSTANDING (must be shown in item 10.e.)	***************************************		s -o -
22.C	BLIGATIONS			
a. U	nitemized Obligations Outstanding (\$100 or less each)	\$	0-	
	emized Obligations Outstanding (Over \$100 each)			ļ
	OTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must b			6 -0 -
	Market and the second s			



NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD
SME(EV, Inc.	*****		FROM: 10/11/8	· · · · · · · · · · · · · · · · · · ·
3. TOTAL ITEMIZED CAMPAIGN CO	ANTRIRI	ITIONS FROM PRECEDING PAGE (enter \$0 if first itemized page		Amount
4. COMPLETE THE APPROPRIATE ITE	VIS FOR E	ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 f	e)	during the project
First Name	M.I.	Last Name/Organization Name	iom any controutor	Amount of Contribution
DM/D Address		WEATHERSPON		Amount of Continuedit
816 EATON ST				
City	State	Zip Code 3 8 1 20		_
MEMPHS Occupation	77	38(20		50.w
Chaplain				
Employer	Thild	Grens Hospital		
First Name	M.J.	Last Name/Organization Name		Amount of Contribution
Address		FAIRVOTE		Tarloan of Contilodiscs
6930 CARROLL AV	E S	TE 240		
Thursday Phan	State	Zip Code		
TAKONA PAYEL	IMD	20912		Svo.00
hon-profit				
Employer	***************************************			
Seve First Name	1			
CHELETIAL	M.I.	Last Name/Organization Name		Amount of Contribution
Address 600 CENTER DAN	3,			
City CED (EAC DIE!	State	Zip Code		
MENPINS	TN	38112		(20.00)
Occupation				
Employer C	MWN I	ty ministeres Coordinator		
CLUMM BAPTIS	T C	threat	i	
First Name	M.I.	Last Name/Organization Name	/	Amount of Contribution
Address Address	<u> </u>			
14 BEACON ST		5 604		
City Buston	State	Zip Code		
Occupation Occupation	10/4	0008		100.00
mon-profit				
Employer SEUF				
First Name	M.I.	Last Name/Organization Name	A	mount of Contribution
J AMES Address	<u></u>	GULLAND		
560 COLOUIN R	<u>J</u>	Ste 200		; !
MEUPHIS	State T N	Zip Code 38117		200.W
Occupation	<u> </u>	20117		20.00
SVP attorne	4			
Employer	YUST	,		
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3, of next page if (If this is the last page of contributions, the	additional p	pages of this form are used.) must be shown in item 13b, of summary)		235D. W
		J. J.		

1. NAME OF COMMITTEE			2 REPORT COV	ERING THE PERIOD
SAVE LEW, Inc.				TO: 12 27/18
			,	Amount
3. TOTAL HEMIZED CAMPAIGN (CONTRIBL	ITIONS FROM PRECEDING PAGE (enter \$0 if first itemized p	age)	2350.00
		ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$10	0 from any contributor	during the period)
First Name WILLIAM	M.I.	Last Name/Organization Name VON MUEFFLING		Amount of Contribution
Address 499 PAKKS AVE	au		A	
City	State	Zip Code		25000.00
New York City	NY	horz		
Occupation president				
Employer Cantillon Cap	tel h	Vanarenet		
i i i striante	M.I.	Last Name/Organization Name		Amount of Contribution
Address Address		1 WYATT		
SI N DUNLAP	5+			
MEMPHIS	State てい	ZipCode 33105		25D.W
Occupation		1 0 103		230.00
PHYSICIAN				
Employer LEBONITEUR	bosen	TAL		
First Name JODI	M.I.	Last Name/Organization Name	, , , , , , , , , , , , , , , , , , , 	Amount of Contribution
		Luluso N		
City GYLY WYN	FXE7	PLACE Zip Code		
MEMPHS	TN	3812		250, 4
Occupation		3 6 10		
ATTORNEY				
Employer Univasin o	F ME	MPHIS		
First Name	M.J.	Last Name/Organization Name	Martine 200 1 25 - 1 (1)	Amount of Contribution
S AW Address		BELZ		
Ony 6000 POPLAC	AVE B	400		
MEMPHIS	T N	38119		250.00
Occupation				
ATTOLNEY				į
Employer GLANUSK Bed.	لەدر	PUL		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
MCHARO Address		L KRUEGL ER		
City	State	Zip Code		302 0
			,	303.00
Occupation		- 		
Employer				
E TOTAL ITEMATICA				
5.TOTAL ITEMIZED CONTRIBUTIONS			ļ	
(Carry forward to item 3, of next page				28,400.00
(ii this is the last page or contributions,	uns amount	must be shown in item 13b. of summary.)		-

1. NAME: OF COMMITTEE SAME VOW, Inc. 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the perfect which items are contributor and are contributors. 2	-RIOH
Amount 784 was properly as the property of the	
FIRST Name With Ago MI Last Name Ciganization Name GLASS MAN Amount of Continuation Attrocupation Attroc	w
Anount of Const Address 21 N 2nd St Cocupation ATT 2 CNEY Employer GLASS MAN WYATT THITLE: COX P.C. First Name CHENS TO PHER MI. Last Name/Organization Name Address 210 P2 PLAR AR STE 201 CNY ME MPMIS TN 33133 (ID). U Anount of Const First Name KNOX COULDY First Name KNOX COULDY CNY State TAY LOX COcupation PROFESS QU Employer LUNINGES ITM OF MEMPHIS Anount of Const Anount of Const TAY LOX Anount of Const TAY LOX Cocupation PROFESS QU Employer LUNINGES ITM OF MEMPHIS	od)
City MEMPINS State Zip Code TN 38:03 Occupation ATTOCKIEN Employer GLASSMAN WYATT TUTTLE: COX P.C. First Name CHRIS TO PHER MI. Lest Name/Organization Name MARCTIN Amount of Contr Address City MEMPINS State Zip Code TN 38:133 (ID). W Cocupation ATTORWING Employer KNOX COULDY Fest Name ROBERT MI. Last Name/Organization Name TAY LOYE Accupation PROFESS OR Cocupation PROFESS OR Employer LUNIVERS TM OF MEMPINS State Zip Code Zwo. of Cocupation PROFESS OR Employer LUNIVERS TM OF MEMPINS	oution
MEMPHS TN 38133 Occupation ATTJENEY Employer GLASSMAN WYATT TUTTLE COX PC. FIRSTName CHENS TO PHER M.I. Last Name/Organization Name MARCTIN Address 210 POPCLAR AR STE 201 City MEMPHIS TN 38133 Occupation ATTDRINGLY Employer KNUX COUNT FIRST Name ROBERT M.I. Last Name/Organization Name TAMY LOVE Address City State ZipCode TOM State ZipCode	
Employer GLASSMAN WYATT TUTTLE COX P.C. FIRST Name CHANS TO PHER M.I. Last NameOrganization Name Address 210 PD PCAR AS STE 201 City MEMPHIS TO BUSHE TO 38 103 Cocupation ATTO REWSHY Employer KNOX COUNTY First Name ROBERT M.I. Last NameOrganization Name TAY LOY Occupation PROFESSON Employer UNIVERSITY OF HEMPHIS	ယ
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City MEMPHLS State ZIP Code TN 38133 Cocupation ATTO RWIFTY Employer KNOX COUNTY First Name ROBERT Activess M.I. Last Name/Organization Name TAY LUR City State ZIP Code ZWD. COCUPATION PMOPPESS ON Employer UNIVERSITY OF MEMPHIS	ution
State Zip Code TN 33133 Cocupation ATTORNIEU Employer KNOX COUNTY First Name ROBERT Attoress City State Zip Code ZW. Cocupation PROFESS OR Employer LUNIVERS 1TY OF MEMPHS	
City Cocupation PATTO RWIFTY Employer KWOX COULDM First Name ROBERT Address City State Zip Code Cocupation PROFESS ON Employer LUNIVERS ITTY OF MEMPHS	
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City State Zip Code Cocupation Profess on Employer Link Name/Organization Name TAY Love 200. 1	
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Occupation Prwfesson Employer UNIVERSITY OF HEMPHIS	
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LNIVERSITY OF HEMPHIS	
The Many	
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Address	
CRESCENT CENTER STE 500 City MEMPHS TN 38187 300.0	
Occupation	1
Employer	
BUTLER SNOW LAW FIRM	
First Name V 1 RG 1 V A M.I. Last Name/Organization Name Amount of Contribu	ЮЛ
618 Oakler Office LANE #1500	
City State ZipCode Zoo. 4 MEMPHS TN 38117	,
Occupation	
Employer LIST A.3 & A.5.	
5.TOTAL ITEMIZED CONTRIBUTIONS	
(Carry forward to item 3. of next page if additional pages of this form are used.) 24,550.	ارن
(If this is the last page of contributions, this amount must be shown in item 13b. of summary.)	

NAME OF COMMITTEE			2 REPORT COV	ERING THE PERIOD
SAVE IRV, Inc.			FROM: WILLY	
2 TOTAL ITCHIZED CAMPAIGN OF	^ L T			Amount
TOTAL ITEMIZED CAMPAIGN CO COMPLETE THE APPROPRIATE ITEM	ON I KIBU	TIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	ige)	29,550.00
First Name	M.i.	ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$10)) from any contributor	
	IVI,I,	ACTION NOW INITIATIVE		Amount of Contribution
P.O. Box 460 8 68				
City	State	Zip Code		62,000.00
Houston	tx	77056		,
Occupation ADVOCACY OXGAN		\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1
Employer	1 CAN			4
SEF				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address	<u></u> ,	US TEXA UNITS		
1250 Connection	State	Auc Nw Ste 200		
WASHINGTON	DC State	Zip Code 2036		$[0,\infty,\omega]$
Occupation				
ADVOCACY ORGAN	<u>0,704</u>	ひっと		
Employer SELF				
First Name	M.I.	Last Name/Organization Name		
Address		ACTION NOW INITIATIVE		Amount of Contribution
P. J. Bay 460 868				
City	State	Zip Code		.
Housins	tx	77056		40,000,00
Occupation An vocacy Over	A 1312	(m c k)		
Employer	MO(A)	41100		
SEF				
First Name	M.I.	Last Name/Organization Name Shye LW INC		Amount of Contribution
Address		1 save two the		
City	State	Zip Code		
•	Q.E.I.O			5000. లు
Occupation				5000.2
WW PROBIT				
Employer SEVP				
First Name	M.I.	Last Name/Organization Name	-	Amount of Contribution
Address	<u> </u>			Amount or Contragujor
City	State	Zip Code		
Occupation	<u></u>			
Annahaman.				ļ
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if	additional a	pages of this form are used.)	1	144590.00
		must be shown in item 13b. of summary.)	Į.	
2 .			1	<u></u>

NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD				
SMEIW, Inc.			FROM: to 1/18	8 TO: 10/07/1	
2 TOTAL ITEMATED EVOCABLITIES				Amount	
3. TOTAL ITEMIZED EXPENDITUR				-0-	
	HEMS FOR EACH ITEMIZED EX	RENDITURE (any expenditures totaling more	than \$100 to a sigle payee	during the period,	
must be itemized.)					
First Name	Middle Name	Purpose of Expenditure	1338/	Amount of Expenditure	
CAMOS		SHAM		·	
Last Name/Business Name COLD A		StiAdy	1000		
Address				16000	
570 PODESTA ST			1000 4	4000.00	
City	State Zip Code				
MEMPHS	TN 38120				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
()に数			1330	7 Amount of Experience	
Last Name/Business Name		Shirry	1777		
HAYES		•	~ mV	Hill alba V	
Address			185	4404.24	
1254 NINTON AN	E		1014 out		
City	State Zip Code		iciu octa		
MEMPHS First Name	LY 3810A				
	Middle Name	Purpose of Expenditure		Amount of Expenditure	
LEMICH AEL Last Name/Business Name		0.511	16 92		
-		Pour Wareers	2018	20, 200	
W NSO N Address			3,57	20, 320	
4355 Chodes	h ==		6932 V		
City	State Zip Code		6801		
MEMPMS	TN 38111	1			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
			7nan√	Allouin of Expenditure	
Last Name/Business Name			: 113 <		
CHICH STRATER IS		PHOTOS		2000-	
Address 2906 N State S City _		PHONEDANKING		J2'020_	
2906 N Style S	street Ste 106	DIGITAL ADS			
City _	State Zip Code				
City JACKSON First Name	MS 39216				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
			1001		
Last Name/Business Name			5201		
CALINIB		POBICALLS	151/	2 2	
Address			137	973	
			121		
City	State Zip Code		150 /		
220 January 10 10 10 10 10 10 10 10 10 10 10 10 10					
irst Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
4 1 - 27			107 03		
Last Name/Business Name		10 n			
FEDEY OFFICE		PEINTING		100.03	
	49			,	
City Control May	State Zip Code				
" MENPHIS	TN 38133				
5. TOTAL ITEMIZED EXPENDITURES			NEED TO A CONTRACT OF THE PARTY		
(Cany forward to item 3, of next page		sed i		54,849.07	
(If this is the last page of campaign ex				- ')" '" '	
The time is the last page of campaight ex	chenoriares, ima amount must be sho	within item 37b. of Sunmary.)			

1. NAME OF COMMITTEE 2. F					ERING THE PERIOD
SAVE IRV, Inc.				FROM:	TO:
					Amount
3. TOTAL ITEMIZED EXPENDITURES					54849 07
 COMPLETE THE APPROPRIATE ITE must be itemized.) 	MS FOR EACH IT	EMIZED EXPE	NDITURE (any expenditures totaling mon	e than \$100 to a sigle payee	during the period,
First Name	Middle Name		Purpose of Expenditure	776	Amount of Expenditure
Last Name/Business Name	1	· · · · · · · · · · · · · · · · · · ·	Parin	21, (123, V	
DIAMOND PUNTING			PRINTING	3. 129 DV	50995.74
611 N Third St				1001.64	
City	State Zip Code		- 		
MEMPINS		157			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	_1]
PHBLIC POLICY PO	JU NG		Polling		200
Address 2912 Highwoods					3500.00
city Highwoods	15104 PK	. 201			
RALEIGH	State Zip Code	7624			
First Name	Middle Name		Purpose of Expenditure	······································	Amount of Expenditure
had Mary Down and Mary		·····		16 N 301	Į.
Last Name/Business Name I HEAUT MEDIA			PADIO ADS	・ 報 30 ×	
Address			4	১৯৪১ তি	18446.90
20880 Stone Day PAYKWay		1		1286 NV	
City	State Zip Code			344 00	
SAU AUTOPIO First Name	Middle Name	528	Purpose of Expenditure	₹ 1,5€ × 13 v5	Amount of Expenditure
ANTONIO				17357	Amount of Experiolate
Last Name/Business Name			PRINTING	52 H W	
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City	State Zip Code		†		;
Characteristics of the Control of th					
First Name	Middle Name		Purpose of Expenditure	Eg as V	Amount of Expenditure
Last Name/Business Name			1	1	
MCGHEE			Course SERVICE	(50,)	_
Address				, 5/	315,00
City 2810 MUTAGEE	State Zip Code			TH INV	
. = 4 PHIS		114	}		
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Last Name/Business Name					
CENTER FOL EXIM.	GEN DEA	€Q.a.v.			97 m 15
Address		- GUAUI	y Chnuass eas		72,000.00
500 tast 61st St	Und B		1		
Chicago	State Zip Code	- 37		Í	
5. TOTAL ITEMIZED EXPENDITURES	, - , - ,				70.7.4C t 2
(Carry forward to item 3, of next page if a					120282.63
(if this is the last page of campaign expen-	ditures, this amount	must be shown i	n item 17b, of summary.)		1
				_	

1. NAME OF COMMITTEE					
SAVEIN, Inc.				FROM: IO 1 1	
2 TOTAL ITEMIZED EXPENDITURE	. ==0.	22525244			Amount
TOTAL ITEMIZED EXPENDITURES COMPLETE THE APPROPRIATE IT	FROM	PRECEDING PAGE	(enter \$0 if first itemized page)		150285-68
must be itemized.)	=MS FU	R EACH ITEMIZED EX	(PENDITURE (any expenditures totaling more	than \$100 to a sigle payee	during the period,
First Name	Middle	Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			PADIO APS		
BOTT RADIO A	EM	SAL			1382-46
Address		51			1 302 0
10500 BANKLEY		Ste 108			
City Oberland PANK	State	Zip Code			
First Name	Middle		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					2 Autourt of Experionale
			CANVASSERS		
Address	·				200.00
City	State	Zip Code			
First Name	Middle	Name	Purpose of Expenditure	F-12	Amount of Expenditure
Last Name/Business Name	 _	 		513, w V	
Address Address	13		SHIRTS	615.08	
Address 769 S. Cupaa S	\				613.08
City City	10111	7:0-4			
MEMPINS	State	Zip Code 38154			
First Name	Middle		Purpose of Expenditure		Amount of Expenditure
				50 /	
Last Name/Business Name			DIGNAL ADS	1300	
FACEBOOK					<u>ვთ.აა</u>
Address 1 H A C V = 2 1 1 1 - 4			ļ		
CHACLER WAY CHY MENLO PARK	State	Zip Code			
MENLO PARL	CA	94025			
First Name	Middle N	lame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>			2807.73	
AI PRINTING SEN	, NCE	,	PRINTHG	1282 KON	
Address			 	ļ	5091.06
810 E BENUES R	7				
MEM PMS	State TN	Zip Code 38116			
First Name	Middle N		Purpose of Expenditure		
			t urposo of Experimental		Amount of Expenditure
Last Name/Business Name			DIGNAL DESIGN		
REPRESENT. US			- STOTIFIC DESIGN		20,000.00
10. Box 60008					
City	State	Zip Code	 		
FLORENCE	M¥	01062			
5. TOTAL ITEMIZED EXPENDITURES					177874.28
(Carry forward to item 3, of next page if a				-	14.101
(If this is the last page of campaign expen	uitures, II	ns amount must be show	// In item 1/b. of summary.)		

1. NAME OF COMMITTEE			2. REPORT COVERING THE PER		
SAVE IRV,	Inc.		FROM:	TO:	
2 TOTAL ITEMIZED EVENING	TUDES EDGLI PRESERVIS SASE			Amount	
	TURES FROM PRECEDING PAGE		777111-1	177874.28	
must be itemized.)	ATE ITEMS FOR EACH ITEMIZED EX	PENDITURE (any expenditures totaling i	more than \$100 to a sigle payee	during the period,	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		70.1	5305- 1		
CUMULUS MED	AL	Radio ad	1600 V	19800.00	
Address	hr		5300 V	1410.00	
Address S629 MURRAL City MENPHS	3 12 Code		U659 V		
MENPHS	State Zip Code				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name				·	
	and a second				
Address	mpus West ID	Para		500.00	
400 MADISON	Ave Islan Zacada	PRINTING			
City	Otate , I Zip Code				
First Name	Middle Name	Purpose of Expenditure			
	MANAGE MATTIC	Purpose of Experiantife		Amount of Expenditure	
Last Name/Bus ness Name					
Address					
City	State Zip Code	 			
and the first plant has been supported by					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
10.00					
Last Name/Business Name	•				
Address		_			
City	State Zip Code	*****			
First Name					
(II SC FEELING	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		-			
			i		
Address					
City	State Zip Code				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		_			
· Standard Halle				ļ	
Address					
0	· · · · · · · · · · · · · · · · · · ·				
City	State Zip Code				
5. TOTAL ITEMIZED EXPENDITU	IDEC				
	oage if additional pages of this form are us	ed.)		198174.28	
	n expenditures, this amount must be show				
		CI	L		

1. NAME OF COMMITTEE				2. REPORT COVE	RING PERIOD
SAVEURV, Inc.				FROM: 13/1/18	10: 10/27/17
3. TOTAL ITEMIZED IN-KIND CONTRIBU	ITIONS FROM P	PRECEDING PAGE	- (enter \$0 if first itemized nage)	, .	Amount
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH I	TEMIZED IN-KIND	CONTRIBUTION (in-kind contributions	totaling more than \$100 from a	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	<u> </u>	falue of In-Kind Contribution
Last Name/Organization Name	<u> </u>	**************************************	1		
Address		** · · · · · · · · · · · · · · · · · ·	-		
City	State	Zip Code			
Occupation	.		-		
Employer					
First Name	liddle Name		Description of In-Kind Contribution	V	alue of In-Kind Contribution
Last Name/Organization Name	J				
Address					
City	State	Zip Code	-]		
Occupation]		
Employer					
First Name 1	iiddle Name		Description of In-Kind Contribution	V	lue of In-Kind Contribution
Last Name/Organization Name			1		
Address			<u> </u>		
City	State	Zip Code			
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRI (Carry forward to item 3 of next page (If this is the last page of in-kind or	ige if additional pg	es of this form are u	used.) wn in item 20.b. of summary.)		-0-

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE					2. REPORT COVERING THE PERIOD			
SMEIRY, Inc.					FROM: 6/118	TO: 60 27 (13		
COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	ame						
Last Name/Business Name					}			
Address								
7 dd 550								
City	Stale	Zip Code	Date of Loan		L			
·		·	2400 01 2041					
First Name	Middle Na	me						
Last Name/Business Name	l	·						
Address								
State Zip Code		Date of Loan						
First Name	Middle Na	ime						
Last Name/Business Name	<u> </u>							
Lastivaliza Dusaless value								
Address	.							
City	State	Zip Code	Date of Loan		<u>[</u>			
First Name	Middle Na	me		and the second s		:		

Last Name/Business Name								
Address								
Address								
City	State	Zip Code						
~~~,	2100		Date of Loan					
First Name	Middle Na	me	i i					
T BOCTMICA	NUMBER 1981	, i i i						
Last Name/Business Name	<u></u>		}					
Address								
					]			
City	State	Zip Code	Date of Loan		<u> </u>			
4. TOTALS			]					
(Total from "Outstanding Balance - (End of Period	)" column	must also be shown				-0-		
in item 21 on summary page.)								

#### **ITEMIZED STATEMENT OF OBLIGATIONS - SMC**

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD	
SANG IRW, Inc.			FROM: 10 1118	TO: 10 27/18	
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 Mid	die Name				
Last Name/Business Name					
Address					
City	te Zip Code				
Description of Obligation	I,	L	L		<del> </del>
First Name Middle Name					
i. ast Name/Business Name					
Address					
City Sta	le Zip Code				
Description of Obligation					
				Talle control of the Paris	
First Name Mic	Middle Name				
Last Name:Business Name				:	
Address					
City	e Zip Code				
Description of Obligation					
First Nam . Mid			or the second		
Last Name/Business Name					
Address					
City Star	e Zip Code				
Description of Obligation					· • • • • • • • • • • • • • • • • • • •
First Nam: Mid	die Name				
Last Name/Business Name					
Address					
City Stat	e Zip Code	- Indiana			
Description of Obligation					
A TOTALS	The state of the s				na na mana ang mananana ang mananana
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column in item 22.b on summary page.)				-0-	