

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 10/10/2024		2. NAME OF COMMITTEE Committee to Stop Unfair Tax														
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)																
3. ADDRESS AND PHONE <div style="display: flex; justify-content: space-between; font-size: small;">Street or Rural RouteCityStateZip CodePhone</div> 95 White Bridge Rd Ste. 207 Nashville, TN 37205 615-668-5659																
4. MEASURES SUPPORTED OR OPPOSED Opposing half percent sales tax increase for public transportation and other items																
5.A. NAME OF POLITICAL TREASURER James Troy Brewer			5.B. DATE APPOINTED 7/30/2024													
6. CATEGORY OR REPORT (Check one) <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input type="checkbox"/> FIRST QUARTER</div><div><input type="checkbox"/> SECOND QUARTER</div><div><input checked="" type="checkbox"/> THIRD QUARTER</div><div><input type="checkbox"/> FOURTH QUARTER</div><div><input type="checkbox"/> PRE-PRIMARY</div><div><input type="checkbox"/> PRE-GENERAL</div><div><input type="checkbox"/> MID-YEAR SUPPLEMENTAL</div><div><input type="checkbox"/> YEAR-END SUPPLEMENTAL</div></div>																
7.A. BEGINNING DATE OF REPORTING PERIOD 7/23/2024		7.B. ENDING DATE OF REPORTING PERIOD 9/30/2024														
8. (Check one) <div style="margin-top: 10px;">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.)</div> <div style="margin-top: 10px;">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.</div> <div style="text-align: right; margin-top: 40px;"><div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"> _____ signature of political treasurer</div><div style="margin-left: 20px; text-align: center;">10/10/2024 _____ date</div></div></div>																
9. WITNESS SIGNATURE <div style="text-align: right; margin-top: 40px;"><div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"> _____ signature of witness</div><div style="margin-left: 20px; text-align: center;">10/10/2024 _____ date</div></div></div>																
10. SUMMARY <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">a. BALANCE ON HAND LAST REPORT</td><td style="width: 20%; text-align: right;">\$ <u>0.00</u></td></tr><tr><td>b. TOTAL RECEIPTS THIS PERIOD</td><td style="text-align: right;">\$ <u>64,300.00</u></td></tr><tr><td>c. TOTAL DISBURSEMENTS THIS PERIOD</td><td style="text-align: right;">\$ <u>21,553.25</u></td></tr><tr><td>d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)</td><td style="text-align: right;">\$ <u>42,746.75</u></td></tr><tr><td>e. TOTAL LOANS OUTSTANDING</td><td style="text-align: right;">\$ <u>0.00</u></td></tr><tr><td>f. TOTAL OBLIGATIONS OUTSTANDING</td><td style="text-align: right;">\$ <u>0.00</u></td></tr></table>					a. BALANCE ON HAND LAST REPORT	\$ <u>0.00</u>	b. TOTAL RECEIPTS THIS PERIOD	\$ <u>64,300.00</u>	c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>21,553.25</u>	d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>42,746.75</u>	e. TOTAL LOANS OUTSTANDING	\$ <u>0.00</u>	f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>
a. BALANCE ON HAND LAST REPORT	\$ <u>0.00</u>															
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>64,300.00</u>															
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>21,553.25</u>															
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>42,746.75</u>															
e. TOTAL LOANS OUTSTANDING	\$ <u>0.00</u>															
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>															



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Committee to Stop Unfair Tax</div>	12. REPORT COVERING THE PERIOD <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">FROM: 7/23/2024</td><td style="width: 50%;">TO: 9/30/2024</td></tr></table>	FROM: 7/23/2024	TO: 9/30/2024
FROM: 7/23/2024	TO: 9/30/2024		
RECEIPTS			
13. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 800.00		
b. Itemized Contributions (over \$100 from each source this period)	\$ 63,500		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ 64,300		
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ 0.00		
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 0.00		
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ 64,300		
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)	\$ 0.00		
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 21,553.25		
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$ 21,553.25		
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ 0.00		
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ 21,553.25		
20. IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ 0.00		
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.)	\$ 0.00		
21. LOANS			
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ 0.00		
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.)	\$ 0.00		



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Committee to Stop Unfair Tax		2. REPORT COVERING THE PERIOD FROM: 7/23/2024 TO: 9/30/2024	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Lee	M.I.	Last Name/Organization Name Beaman	Amount of Contribution 50,000.00
Address 5341 Virginia Way			
City Brentwood	State TN	Zip Code 37027	
Occupation Owner			
Employer Beaman Automotive			
First Name Nancy	M.I.	Last Name/Organization Name Hearn	Amount of Contribution 1,000.00
Address 3701 West End Ave			
City Nashville	State TN	Zip Code 37205	
Occupation Retired			
Employer Retired			
First Name Bruce	M.I.	Last Name/Organization Name Carlock	Amount of Contribution 200.00
Address 115 Bellevue Dr South			
City Nashville	State TN	Zip Code 37205	
Occupation Retired			
Employer Retired			
First Name Dianne	M.I.	Last Name/Organization Name Neal	Amount of Contribution 500.00
Address 3721 West End Ave Unit C			
City Nashville	State TN	Zip Code 37205	
Occupation Instructor			
Employer Nashville School of Law			
First Name	M.I.	Last Name/Organization Name John Bouchard & Sons Co.	Amount of Contribution 5,000.00
Address 1024 Harrison St			
City Nashville	State TN	Zip Code 37203	
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.)			\$56,700



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Committee to Stop Unfair Tax		2. REPORT COVERING THE PERIOD FROM: 7/23/2024 TO: 9/30/2024	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$56,700
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Raphaela	M.I.	Last Name/Organization Name Keohane	Amount of Contribution 1,000.00
Address 117 30th Ave N Apt. 402			
City Nashville	State TN	Zip Code 37203	
Occupation Retired			
Employer Retired			
First Name Patsy	M.I.	Last Name/Organization Name Harvey	Amount of Contribution 1,000.00
Address 219 Jackson Blvd			
City Nashville	State TN	Zip Code 37205	
Occupation Homemaker			
Employer Homemaker			
First Name Nicholas	M.I.	Last Name/Organization Name Bailey	Amount of Contribution 500.00
Address 4700 Elkins Ave			
City Nashville	State TN	Zip Code 37209	
Occupation Attorney			
Employer Self-Employed			
First Name Jane	M.I.	Last Name/Organization Name Young	Amount of Contribution 950.00
Address 415 Church St #2312			
City Nashville	State TN	Zip Code 37219	
Occupation Homemaker			
Employer Homemaker			
First Name John	M.I.	Last Name/Organization Name Hollis	Amount of Contribution 250.00
Address 4704 Chalmers Dr			
City Nashville	State TN	Zip Code 37215	
Occupation Owner			
Employer John Hollis Pharmacy			
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.)			\$60,400.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <div style="text-align: center;">Committee to Stop Unfair Tax</div>		2. REPORT COVERING THE PERIOD FROM: 7/23/2024 TO: 9/30/2024	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$60,400.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Don	M.I.	Last Name/Organization Name Rollis	
Address 212 Woodford Pl			Amount of Contribution 200.00
City Nashville	State TN	Zip Code 37215	
Occupation President			
Employer Rollins Associates LP			
First Name Andrew	M.I.	Last Name/Organization Name Bosarge	
Address 4528 Oleander St			Amount of Contribution 250.00
City Bellaire	State TX	Zip Code 77401	
Occupation CEO			
Employer Quantlab			
First Name Sondra	M.I.	Last Name/Organization Name Morris	
Address 3601 Brighton Rd			Amount of Contribution 1,000.00
City Nashville	State TN	Zip Code 37205	
Occupation Homemaker			
Employer Homemaker			
First Name Mary	M.I.	Last Name/Organization Name Allen	
Address 326 Lynnwood Blvd			Amount of Contribution 150.00
City Nashville	State TN	Zip Code 37205	
Occupation Homemaker			
Employer Homemaker			
First Name Wendi	M.I.	Last Name/Organization Name Mahoney	
Address 34 Old Club Ct			Amount of Contribution 500.00
City Nashville	State TN	Zip Code 37219	
Occupation Homemaker			
Employer Homemaker			
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.)			\$62,500.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE		2. REPORT COVERING THE PERIOD	
Committee to Stop Unfair Tax		FROM: 7/23/2024	TO: 9/30/2024
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$62,500.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Ben	M.I.	Last Name/Organization Name Cunningham	Amount of Contribution 1,000.00
Address 140 Mockingbird Trail			
City Gallatin	State TN	Zip Code 37066	
Occupation Retired			
Employer Retired			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
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.)			\$63,500.00



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE <div style="text-align: center;">Committee to Stop Unfair Tax</div>		2. REPORT COVERING THE PERIOD FROM: 7/23/2024 TO: 9/30/2024	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0.00
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	Digital Advertising	440.00
Last Name/Business Name Facebook			
Address 1 Hacker Way			
City Menio Park	State CA Zip Code 94025		
First Name	Middle Name	Credit Card Fees	171.10
Last Name/Business Name Anedot			
Address 1340 Poydras St Ste. 1770			
City New Orleans	State LA Zip Code 70112		
First Name	Middle Name	Yard Signs	4870.91
Last Name/Business Name Dynamark			
Address 1422 Lebanon Pike			
City Nashville	State TN Zip Code 37210		
First Name	Middle Name	Digital Advertising	16,000.00
Last Name/Business Name The DFM Agency			
Address 1025 Westhaven Blvd #250			
City Franklin	State TN Zip Code 37064		
First Name	Middle Name	Office Supplies	71.24
Last Name/Business Name Harland Clarke			
Address 1599 La Cantera Parkway			
City San Antonio	State TX Zip Code 78256		
First Name	Middle Name		
Last Name/Business Name			
Address			
City	State Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			\$21,113.25



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE <div style="text-align: center; margin-top: 5px;">Committee to Stop Unfair Tax</div>			2. REPORT COVERING PERIOD <div style="display: flex; justify-content: space-between; font-size: small;"> FROM: 7/23/2024 TO: 9/30/2024 </div>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <div style="font-size: large;">0.00</div>		
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 Last Name/Organization Name Address <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip Code </div> Occupation Employer		Middle Name 		Description of In-Kind Contribution 	Value of In-Kind Contribution
First Name Last Name/Organization Name Address <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip Code </div> Occupation Employer		Middle Name 		Description of In-Kind Contribution 	Value of In-Kind Contribution
First Name Last Name/Organization Name Address <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip Code </div> Occupation Employer		Middle Name 		Description of In-Kind Contribution 	Value of In-Kind Contribution
First Name Last Name/Organization Name Address <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip Code </div> Occupation Employer		Middle Name 		Description of In-Kind Contribution 	Value of In-Kind Contribution
<div style="display: flex; justify-content: space-between;"> <div> 5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS <div style="font-size: small;"> (Carry forward to item 3 of next page if additional pges 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.) </div> </div> <div style="text-align: center; font-size: large;">0.00</div> </div>					



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE <div style="text-align: center;">Committee to Stop Unfair Tax</div>				2. REPORT COVERING THE PERIOD FROM: 7/23/2024 TO: 9/30/2024			
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.)							0.00



ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE <div style="text-align: center;">Committee to Stop Unfair Tax</div>				2. REPORT COVERING THE PERIOD FROM: 7/23/2024 TO: 9/30/2024	
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				
Description of Obligation					
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State				
Description of Obligation					
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State				
Description of Obligation					
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State				
Description of Obligation					
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State				
Description of Obligation					
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)					

