CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMITTEE
1/16/2024	Committee to Stop Unfair Tax

2. SHORT NAME OF COMMITTEE (IF APPLICABLE)

3. ADDRESS AND PHONE

Street or Rural Route	City	State	Zip Code	Phone
65 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	5.B. DATE APPOINTED
James Troy Brewer	7/30/2024

6. CATEGORY OR REPORT (Check one)

☐ FIRST QUARTER ☐ SECOND QUARTER ☐ THIRD QUARTER ☒ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☐ MID-YEAR SUPPLEMENTAL ☐ YEAR-END SUPPLEMENTAL

7.A. BEGINNING DATE OF REPORTING PERIOD	7.B. ENDING DATE OF REPORTING PERIOD
10/27/2024	1/15/2025

8. (Check one)

A. ☒ 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. ☐ 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 — 1/16/25 date

9. WITNESS SIGNATURE

signature of witness — 1/16/25 date

10. SUMMARY

a.	BALANCE ON HAND LAST REPORT	$ 11,461.59
b.	TOTAL RECEIPTS THIS PERIOD	$ 3935
c.	TOTAL DISBURSEMENTS THIS PERIOD	$ 14,462.92
d.	BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	$ 933.67
e.	TOTAL LOANS OUTSTANDING	$ 0
f.	TOTAL OBLIGATIONS OUTSTANDING	$ 0

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD	
Committee to stop unfair tax	FROM: 10/27/24	TO: 1/15/25

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 135.00

b. Itemized Contributions (over $100 from each source this period) ..... $ 3800.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) ..... $ 3935.00

14. LOANS RECEIVED THIS REPORTING PERIOD ..... $ _____

15. INTEREST RECEIVED THIS REPORTING PERIOD ..... $ _____

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) ..... $ 3935.00

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)

Credit Card fees	$ 41.30
	$
	$
	$
	$
	$

Total of Expenditures ($100 or less each payee) ..... $ 0

b. Itemized Expenditures (Over $100 each payee this period) ..... $ 14421.62

c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..) ..... $ 14462.92

18. LOAN REPAYMENTS MADE THIS PERIOD ..... $ _____

19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) ..... $ 14,462.92

20.IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions ($100 or less from each source this period) ..... $ 0

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

21.LOANS

LOANS OUTSTANDING (must be shown in item 10.e.) ..... $ 0

22.OBLIGATIONS

a. Unitemized Obligations Outstanding ($100 or less each) ..... $ 0

b. Itemized Obligations Outstanding (Over $100 each) ..... $ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.) ..... $ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD	
Committee to Stop Unfair Tax	FROM: 10/1/24	TO: 1/15/25
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page)		Amount 0

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
Anne		Russell	
Address: 1218 Chickering Rd			
City: Nashville	State: TN	Zip Code: 37215	$1000.00
Occupation: Home Maker			
Employer: Home Maker			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Nicholas		Bailey	
Address: 4700 Elkins Ave			
City: Nashville	State: TN	Zip Code: 37209	$200.00
Occupation: Attorney			
Employer: Self-Employed			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Elizabeth		Campbell	
Address: 4000 Hillsboro Pike #914			
City: Nashville	State: TN	Zip Code: 37215	$100.00
Occupation: Retired			
Employer: Retired			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Patsy		Harvey	
Address: 219 Jackson Blvd			
City: Nashville	State: TN	Zip Code: 37205	1500.00 $[illegible]
Occupation: Homemaker			
Employer: Homemaker			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Paul		Huddleston	
Address: 923 Westview Ave			
City: Nashville	State: TN	Zip Code: 37205	$500.00
Occupation: Retired			
Employer: Retired			

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.)	$3300.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: Committee to stop unfair tax

2. REPORT COVERING THE PERIOD: FROM: 10/27/24 TO: 1/15/25

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page): Amount 3300.00

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
John		Rochford	
Address			
215 Belle Meade Blvd			
City	**State**	**Zip Code**	$250.00
Nashville	TN	37205	
Occupation			
Attorney			
Employer			
Rochford Lawyers			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Christopher		Rimke	
Address			
934 Kendall Dr			
City	**State**	**Zip Code**	$150.00
Nashville	TN	37209	
Occupation			
Retired			
Employer			
Retired			

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Antoinette		Olesen	
Address			
Cele 32 Jocelyn Hollow Rd			
City	**State**	**Zip Code**	$100.00
Nashville	TN	37205	
Occupation			
Homemaker			
Employer			
Homemaker			

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: $3,800.00

(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 EXPENDITURES - SMC

1. NAME OF COMMITTEE: Committee to Stop Unfair Tax

2. REPORT COVERING THE PERIOD: FROM: 10/27/24 TO: 11/5/25

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 sigle payee during the period, must be itemized.)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
		Fox Printing	931 old Lebanon Dirt Rd	Hermitage	TN	37076	Direct Mail	$9238.50
		Renasant Bank	2200 Abbott Martin Rd	Nashville	TN	37215	Bank fees	$29.00
		Dyna Mark Graphics	1422 Lebanon Pike	Nashville	TN	37210	Yard signs	$13165.63
[redacted] Facebo		Facebook	1 Hacker Way	Menlo Park	CA	94025	Online advertising	$758.49
		Facebook	1 Hacker Way	Menlo Park	CA	94025	Online advertising	$900.00
		Political Financial management	95 White Bridge Rd Ste. 207	Nashville	TN	37205	Compliance/accounting	$680.00

5. TOTAL ITEMIZED EXPENDITURES: $21,921.62
(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 EXPENDITURES - SMC

1. NAME OF COMMITTEE: Committee to stop unfair tax

2. REPORT COVERING THE PERIOD FROM: 10/27/24 TO: 1/15/25

3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page) — Amount: 12,921.60

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than $100 to a sigle payee during the period, must be itemized.)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
Kirk	Clements		105 Broadway	Nashville	TN	37201	Legal fees	1,500.00

5. TOTAL ITEMIZED EXPENDITURES — 14421.60
(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	2. REPORT COVERING PERIOD	
Committee to Stop Unfair Tax	FROM: 10/27/24	TO: 1/15/25
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page)		Amount 0

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 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.)	0

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD	
Committee to stop unfair tax	FROM: 10/23/24	TO: 1/15/25

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			
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	
Committee to Stop Unfair tax	FROM: 10/27/24	TO: 1/15/25

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