CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMITTEE
10/29/2024	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
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	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
10/1/2024	10/26/2024

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 requried to be reported by political campaign committees by the Campaign Financial Disclosure Act.

J. Troy Brewer — signature of political treasurer — 10/29/2024 — date

9. WITNESS SIGNATURE

signature of witness — 10/29/2024 — date

10. SUMMARY

a.	BALANCE ON HAND LAST REPORT	$ 42,746.75
b.	TOTAL RECEIPTS THIS PERIOD	$ 6,870.00
c.	TOTAL DISBURSEMENTS THIS PERIOD	$ 38,155.16
d.	BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	$ 11,461.59
e.	TOTAL LOANS OUTSTANDING	$ 0.00
f.	TOTAL OBLIGATIONS OUTSTANDING	$ 0.00

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD	
Committee to Stop Unfair Tax	FROM: 10/1/2024	TO: 10/26/2024

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions ($100 or less from each source this period)	$ 370	
b. Itemized Contributions (over $100 from each source this period)	$ 6,500	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)		$ 6,870
14. LOANS RECEIVED THIS REPORTING PERIOD		$ 0
15. INTEREST RECEIVED THIS REPORTING PERIOD		$ 0
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		$ 6,870

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	$ 57.50
	$
	$
	$
	$
	$

Total of Expenditures ($100 or less each payee)	$ 57.50	
b. Itemized Expenditures (Over $100 each payee this period)	$ 38,097.66	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b..)		$ 38155.16
18. LOAN REPAYMENTS MADE THIS PERIOD		$ 0.00
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)		$ 38155.16

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.)		$ 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 i item 10.f.)		$ 0.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD	
Committee to Stop Unfair Tax	FROM: 10/1/2024	TO: 10/26/2024

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	M.I.	Last Name/Organization Name	Amount of Contribution
John		Roberts	500.00

Address: 2610 Hillsboro Blvd
City: Manchester | State: TN | Zip Code: 37355
Occupation: Auto Dealer
Employer: Self-Employed

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
		John Bouchard & Sons Co.	5000.00

Address: 1024 Harrison St
City: Nashville | State: TN | Zip Code: 37203
Occupation:
Employer:

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Chris		Walker	250.00

Address: 1550 Old Hickory Blvd
City: Brentwood | State: TN | Zip Code: 37027
Occupation: Consultant
Employer: Self-Employed

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Jane		Young	300.00

Address: 415 Church St #2312
City: Nashville | State: TN | Zip Code: 37219
Occupation: Homemaker
Employer: Homemaker

First Name	M.I.	Last Name/Organization Name	Amount of Contribution
John		Rochford	450.00

Address: 25 Belle Meade Blvd
City: Nashville | State: TN | Zip Code: 37205
Occupation: Attorney
Employer: Rochford Lawyers

5. TOTAL ITEMIZED CONTRIBUTIONS — $6,500.00

(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	2. REPORT COVERING THE PERIOD	
Committee to Stop Unfair Tax	FROM: 10/1/2024	TO: 10/26/2024

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 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
		Ledbetter Signs	848 Cumberland Dr	Clarksville	TN	37040	Yard Signs	2,890.80
		Fox Printing	931 Old Lebanon Dirt Rd	Hermitage	TN	37076	Direct Mail	31,000.26
		Facebook	1 Hacker Way	Menlo Park	CA	94025	Online Advertising	4,206.60

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.)	$38,097.66

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING PERIOD	
Committee to Stop Unfair Tax	FROM: 10/1/2024	TO: 10/26/2024

3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page) — Amount

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	Last Name/Organization Name	Address	City	State	Zip Code	Occupation	Employer	Description of In-Kind Contribution	Value of In-Kind Contribution

5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS — 0.00

(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.)

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING THE PERIOD	
Committee to Stop Unfair Tax	FROM: 10/1/2024	TO: 10/26/2024

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				
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
Committee to Stop Unfair Tax

2. REPORT COVERING THE PERIOD
FROM: 10/1/2024 TO: 10/26/2024

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 / 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.)				0.00