CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE	E OF REPOR	रा 01/27/	2025	2. NAMEOFCO	MMITTEE (Green Li	ghts F	or Nashville	PAC
2. SH	ORTNAME	OF COMMITTE	EE (IF APPLICAE	BLE)					
Stre	DRESS AN	Route		City		State		ip Code	Phone
	1 Vanta	ige Way	Suite C140 OR OPPOSED) Na:	shville		TN	37228	615-423-7037
4. ME	ASURES S	UPPORTED C	R OPPOSED						
5.A. NA	AME OF POL	ITICAL TREAS						5.B. DAT	EAPPOINTED
			Jef	ff Morris				07/30	/2024
FIF	- RST	R REPORT (C SECOND QUARTER	Check one) THIRD QUARTER	FOURTH QUARTER	PRE-	PRE- GENERA	Ĺ	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
		TE OF REPOR			7.B. END	ING DATE OF	REPORT	ING PERIOD	
10	/27/202	24			01/	15/2025			
8. (Chec									
•	 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. 								
			-		-!	/			1/27/25 date
					signature	of political tre	asurer		date
9. WIT	TNESS SIG	NATURE			() 134	78		1/27/25
					signati	re of witness	<u> </u>		date
10. SUI	MMARY							18,037.90	i
a.	BALANCE	ON HAND LA	ST REPORT				\$	10,007.00	
b.	TOTALRE	CEIPTSTHISF	PERIOD	••••••	••••••	***************************************	\$	507,000.00)
c.	TOTALDIS	SBURSEMENT	STHIS PERIOD				\$	524,800,43	
d.	BALANCE	E ON HAND (1	0.a. plus 10.b. r	minus 10.c.)		***************************************		\$	237.47
e.	TOTAL LO	DANS OUTST	ANDING				7	\$	0
									0
f.	TOTAL O	BLIGATIONS	OUTSTANDING	ì				\$	

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVE	ERING THE PERIOD
Green Lights for Nashville PAC	FROM 0/27/2024	то: 01/15/202
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$0	_
b. Itemized Contributions (over \$100 from each source this period)	\$507,000.0	-13
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)		_{\$} 507,000.00
14. LOANS RECEIVED THIS REPORTING PERIOD		
15. INTEREST RECEIVED THIS REPORTING PERIOD		\$0
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		\$ <u>507,000.0</u> 0
DISBURSEMENTS		
17. EXPENDITURES (other than loan payments)		
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by	category - e.g., print	ting, postage,
gasoline)		
\$		
<u> </u>		
<u> </u>	 _	
\$		
\$ <u></u>		
\$	 0	
Total of Expenditures (\$100 or less each payee)		_
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>524,800.4</u>	<u>3</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)		\$ 524,800.43
18. LOAN REPAYMENTS MADE THIS PERIOD		
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)		\$ 524,800.43
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)	\$ <u>209,142.36</u>	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ 209,142.36
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)	\$0	— :
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item		\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE 2. REPORT COVER							
Green Lights for Nashville PAC FROM/27/2024							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)							
TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 it his tremized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor of the contribution).							
First Name	M.I.	Last Name/Organization Name Nashville Moves Action Fund		Amount of Contribution			
Address		Traditino tilotos / losoii i and		507,000.00			
1 Vantage Way Suite C14) State	Zip Code					
Nashville	TN	37228					
Occupation							
Employer							
First Name	M.I.	Last Name/Organization Name		Amount of Contribution			
Address							
City	State	Zip Code					
Constitute							
Occupation							
Employer							
First Name	M.1.	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							
Сообрами							
Employer							
First Name	M.I.	Last Name/Organization Name		Amount of Contribution			
Address							
City	State	Zip Code					
Occupation							
Employer							
5.TOTAL ITEMIZED CONTRIBUTIONS	_						
	additional	pages of this form are used.)		507,000.00			
(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	liabta	for N	achvilla I	DAC	2. REPORT COVERING THE PERIOD	
Green Lights for Nashville PAC FROM 0/27/2024						
The state of the s						
TOTAL ITEMIZED EXPENDITURES F COMPLETE THE APPROPRIATE ITEM	IS FOR E	ACH ITEM	IIZED EXPEN	NDITURE (any expenditures totaling more than	\$100 to a sigle payee of	during the period,
must be itemized.)						
First Name	Middle Na	me		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				Digital Media		36,939.15
Facebook Meta				_		
Address 1 Hacker Way						
City Menlo Park	State CA	Zip Code	94025			
First Name	Middle Na		34020	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				Text/SMS Media		1957.87
Peerly						
Address 400 N Pine Island Rd Suit	e 300					
City		Zip Code	22224	1		
Plantation	State FL Middle Na		33324	Purpose of Expenditure		Amount of Expenditure
First Name	miudia Na			Direct Mail/Digital Media		369,119.16
Last Name/Business Name GDA Wins				Direct Main Digital Media		
Address 3430 Connecticut Ave NW #	‡ 11813					
City Washington	State DC	Zip Code	20008			
First Name	Middle Na	me		Purpose of Expenditure		Amount of Expenditure
Last Name (Distance Name				TV, Radio, Digital Media		96,363.60
Last Name/Business Name McKenna Media						
Address 3000 Chestnut Ave Suite 10)1					
сіу Baltimore	State MD	Zip Code	21211			
First Name	Middle Na	me		Purpose of Expenditure		Amount of Expenditure 1,815.38
Last Name/Business Name Stokes Media				Digital/Video Media		1,010.30
Address PO BOX 22092						
City Nashville	State TN	Zip Code	37202			
First Name	Middle Na	ime		Purpose of Expenditure Television Media		Amount of Expenditure 2,000.00
Last Name/Business Name WSMV						_,555.55
Address 5700 Knob Rd						
Nashville	State TN	Zip Code	37209			
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.)						508,195.16
(ii uns is the last page of campaigh expen	unulco, (no amount I	HANT DO SHOWI	The state of the s		

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE 2. REPORT COVE							
Green Lights for Nashville PAC FROM 0/27/2024							
TOTAL STREET TYPES TOTAL PROPERTY OF THE STREET THE STREET TOTAL PROPERTY OF THE STREET							
3. TOTAL ITEMIZED EXPENDITURES F	ROM PE	ACH ITEMIZED EXPE	NDITURE (any expenditures totaling more than	\$100 to a sigle payee during	508,195.16 the period.		
4. COMPLETE THE APPROPRIATE ITEM must be itemized.)	IS FOR E	AOR ITEMIZED EXTE	NOTIONE (any expenditures localing more than	Troo to doigio payer rainig	, 2.0 (202.)		
First Name	Middle Nar	ne	Purpose of Expenditure	Amou	unt of Expenditure		
rist Name	middle Hai		Print/Digital Media		8,694.00		
Last Name/Business Name FW Publishing					0,054.00		
Address 615 Main Street Suite 102							
City Nashville	State TN	Zip Code 37206					
First Name	Middle Nan		Purpose of Expenditure	Amor	unt of Expenditure		
Last Name/Business Name			Digital Media (Social Ads)		900.00		
Nashville Noticia	s LLC						
Address 609 Hamilton Crossin	as		7				
		Zip Code	-				
Antioch	State TN	37013		T Amo	unt of Expenditure		
First Name	Middle Nan	ne	Purpose of Expenditure	Allio	1,385.27		
Last Name/Business Name PCS Marketing G	roup		Yard Signs		1,000.27		
Address 2534 Commerce Blvd							
City Cincinnati	State OH	Zip Code 45241					
First Name	Middle Nar	ne	Purpose of Expenditure	Amo	unt of Expenditure		
			Radio Media		1,224.00		
Last Name/Business Name Silva Entertainme	ent LLC	;					
Address 2514 Eugenia Ave							
City Nashville	State TN	Zip Code 37211					
First Name	Middle Nar		Purpose of Expenditure	Amo	unt of Expenditure		
			Print Media		3,402.00		
Last Name/Business Name Tennessee Tribu	ne New	paper					
Address 1501 Jefferson Street							
City Nashville	State TN	Zip Code 37208	1				
First Name	Middle Nar	ne	Purpose of Expenditure	Amo	unt of Expenditure		
Last Name/Business Name			Broadcast Media		1,000.00		
WNVL-FM / TBL	C Holdi	ngs Inc.					
Address 3715 N Natches Ct.							
City Nashville	State TN	Zip Code 37211					
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.)							



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Gree	en Liahts	for Nashville	PAC	2. REPORT COVER	
0100		101111111111111111111111111111111111111		FROM: 10/27/2024	Amount 0
3. TOTAL ITEMIZED IN-KIND CONTRIBUTED A. COMPLETE THE APPROPRIATE ITEM	ITIONS FROM	PRECEDING PAGE (enter \$0 if first itemized page) CONTRIBUTION (in-kind contributions	s totaling more than \$100 from ar	
FirstName	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
			Campaign Services/ P	aid Field	190,517.50
Last Name/Organization Name Nashville N	Noves Actio	n Fund]		
Address 1 Vantage Way Suite	C140				
^{City} Nashville	State TN	Zip Code 37228			
Occupation	L				
Employer			1		
FirstName	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
			Phonebanking and	canvassing	546.37
Last Name/Organization Name Davidson County Democra	tic Party				
Address 1814 Hayes St					
City Nashville	State	Zip Code 37203			
Occupation		101200			
Employer			-		
Linkoyei			1		
	Middle Nome		Description of In-Kind Contribution		Value of In-Kind Contribution
First Name	Middle Name		Description of In-Kind Contribution Voter Education and	Social Media	Value of In-Kind Contribution
First Name Last Name/Organization Name Stand Up Nashville INC	Middle Name			Social Media	
First Name Last Name/Organization Name	Middle Name			Social Media	
First Name Last Name/Organization Name Stand Up Nashville INC Address	Middle Name State TN	Zip Code 37221		Social Media	
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City	State	Zip Code 37221		Social Media	
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville	State	Zip Code 37221		Social Media	
FirstName LastName/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville Occupation	State	Zip Code 37221	Voter Education and		1,724.65 Value of In-Kind Contribution
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville Occupation Employer First Name Last Name/Organization Name	State TN Middle Name	37221	Voter Education and		1,724.65
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville Occupation Employer First Name Last Name/Organization Name Southern Alliance for Clean	State TN Middle Name	37221	Voter Education and		1,724.65 Value of In-Kind Contribution
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville Occupation Employer First Name Last Name/Organization Name Southern Alliance for Clean Address 117 S Gay Street	State TN Middle Name	37221	Voter Education and		1,724.65 Value of In-Kind Contribution
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville Occupation Employer First Name Last Name/Organization Name Southern Alliance for Clear Address 117 S Gay Street City Knoxville	State TN Middle Name	37221	Voter Education and		1,724.65 Value of In-Kind Contribution
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville Occupation Employer First Name Last Name/Organization Name Southern Alliance for Clean Address 117 S Gay Street City	State TN Middle Name n Energy	37221 Zip Code	Voter Education and		1,724.65 Value of In-Kind Contribution
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville Occupation Employer First Name Last Name/Organization Name Southern Alliance for Clear Address 117 S Gay Street City Knoxville	State TN Middle Name n Energy	37221 Zip Code	Voter Education and		1,724.65 Value of In-Kind Contribution
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville Occupation Employer First Name Last Name/Organization Name Southern Alliance for Clean Address 117 S Gay Street City Knoxville Occupation	State TN Middle Name n Energy State TN	37221 Zip Code	Voter Education and		1,724.65 Value of In-Kind Contribution
First Name Last Name/Organization Name Stand Up Nashville INC Address 810 Dominican Dr City Nashville Occupation Employer First Name Last Name/Organization Name Southern Alliance for Clean Address 117 S Gay Street City Knoxville Occupation Employer	State TN Middle Name n Energy State TN State TN	37221 Zip Code 37902	Description of In-Kind Contribution Phonebanking and		1,724.65 Value of In-Kind Contribution

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVER	
Green	Lights for	Nashville		FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBU	TIONS FROM D	RECEDING PAGE (enter \$0 if first itemized page)		Amount 204,186.36
4. COMPLETE THE APPROPRIATE ITEM	S FOR EACH IT	EMIZED IN-KIND C	ONTRIBUTION (in-kind contributions	s totaling more than \$100 from an	y contributor during the period)
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
			Phonebanking and o	canvassing	4,956.00
Last Name/Organization Name TIRRC Vote	s PAC				
Address			1		
3310 Ezell Rd	State	Zip Code	1		
Nashville	TN	37211	ļ		
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Last Name Organization Name					
Address					
City	State	Zip Code			
Occupation					
Employer					
Епроус					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			
Occupation			-		
Оссираноп					
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	ļ				
Address			+		
	Louis	Zip Code			
City	State	ZIP Code			
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTR	RIBUTIONS				
(Carry forward to item 3 of next p	age if additional r	oges of this form are	used.)		209,142.36
(If this is the last page of in-kind of	contributions, this	wn in item 20.b. of summary.)			

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Page____of____

RDA 1159

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE					2. REPORT COVE				
Green Lig	thts fo	r Nashville PAC				TO: 01/15/202			
COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to the reporting period)	FOR EA any pers	CH ITEMIZED on/business at the end of	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									
City	State	Zip Code	Date of Loan						
First Name	Middle Na	ите							
Last Name/Business Name									
Address									
City	ty State Zip Code			Date of Loan					
First Name	irst Name Middle Name								
LastName/Business Name									
Lastivalile/ Dusilitess (valile									
Address									
City	State	Zip Code	Date of Loan						
First Name	Middle Na	ame							
LastName/Business Name			.						
Lastivarie/Dusiriess (varie									
Address									
City	State	Zip Code	Date of Loan						
First Name	Middle Na	ame							
LastName/Business Name									
Address									
City	State	Zip Code	Date of Loan						
4. TOTALS (Total from "Outstanding Balance - (End of Period	d)" colum	n must also be shown				0			
in item 21 on summary page.)									

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

					1	
1. NAME OF COMMITTEE Green Lig	ghts fo	r Nashville PAC			2. REPORT COVER FROM 0/27/2024	TO: 01/15/2025
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more than state and of the reporting period)	FOR EA 100 owe	CH ITEMIZED d to any person/vendor at	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	_					
	PACALL N			·	†	
First Name	Middle N	ате				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	-					
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle N	атте				
Last Name/Business Name				10		
Address			-			
City	State	Zip Code				
Description of Obligation	<u> </u>					
			-		7	
4. TOTALS (Total from "Outstanding Balance - (End of Period)"	column m	ust also be shown				0
in item 22.b on summary page.)						

