CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COM	IMITTEE		•		
10/09/24	Green Lights	s for Nash	ville PA	С		
2. SHORT NAME OF COMMITTEE (IF APPLICAE	BLE)					
ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code		Phone
, , , , , , , , , , , , , , , , , , , ,	lashville		TN	37228	61	15-423-7037
4. MEASURES SUPPORTED OR OPPOSED						
5.A. NAME OF POLITICAL TREASURER						FEAPPOINTED
Jeff Morris 6. CATEGORY OR REPORT (Check one)					8/8/202	.4
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER F		PRE- GENERAL	SUPPLE] YEAR MENTAL	YEAR-END SUPPLEMENTAL
7.A. BEGINNING DATE OF REPORTING PERIOD		7.B. ENDING 9/30/2024		PORTING PERI	OD	
7/23/2024 8. (Check one)		9/30/202	4			
A. This committee is exempt from detail expenditures total \$1,000 or less for is true and that the committee has co and 10f must also be completed.) B. This committee is required to file a de \$1,000 and/or expenditures total mor tained in this statement is true and the tures required to be reported by political committees.	this reporting period. Implied with all application retailed financial disclusive than \$1,000 for this at the following page	. I do solemnly cable provisions losure because is reporting perie(s) are a comp	swear or aff s of the Cam contribution: od. I do sold lete and acc ampaign Fina	irm that the info paign Financia s (including in- emnly swear or curate accounti ancial Disclosu	ormation con il Disclosur kind) receive affirm that ing of all co	ontained in this statement e Act. (Items 10d., 10e. yed total more than t the information con-
9. WITNESS SIGNATURE	8	nu. Cant	4a D			
		en Gast	of witness			10/28/2024 date
		3ignature (or withess			date
10. SUMMARY						
a. BALANCE ON HAND LAST REPORT				\$		_
b. TOTAL RECEIPTS THIS PERIOD				\$ _707,1	22.75	-
c. TOTAL DISBURSEMENTS THIS PERIOD						-
d. BALANCE ON HAND (10.a. plus 10.b. r						\$
e. TOTAL LOANS OUTSTANDING						§ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING						<u>0</u>

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)		12. REPORT COVI	ERING THE PERIOD
Green Lights for Nashville PAC		FROM: 7/23/24	то: 9/30/24
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this	period)	\$	_
b. Itemized Contributions (over \$100 from each source this perio	d)	\$	_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 1	3.a. and 13.b.)		\$
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 ite	m 10.b.)		\$ 707,122.75
DISBURSEMENTS			
17. EXPENDITURES (other than loan payments)			
 a. Unitemized Expenditures (\$100 or less each payee this period) (gasoline) 	must be listed by	category - e.g., prin	ting, postage,
Facebook Digital Media	\$		
	\$		
- -	\$		
	\$		
	\$		
	\$		
Total of Expenditures (\$100 or less each payee)		s 99.01	
b. Itemized Expenditures (Over \$100 each payee this period)			_
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a.	and 17 h)		 542311.55
18. LOAN REPAYMENTS MADE THIS PERIOD			
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in			
20.IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source	this period)	\$ 99.01	_
b. Itemized in-kind contributions (over \$100 from each source this p			
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (ad	\$ 87,221.76		
21.LOANS			
LOANS OUTSTANDING (must be shown in item 10.e.)			\$
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.) (mus	st be shown i item	10.f.)	\$

SS-1145 (Rev. 4/02)

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

Nashville Moves Action Fund 620,000.00	NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR RACHITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period) First Name M.1. Last Name Question Fund Account of Contribution Nashville TN	Green Lights for Nashville PA	<u> </u>		FROM: 7/23/24	TO:9/30/24		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the seried) First Name MI. Last Name/Cognition Name One Vanitage Way Suite C140 Washville One Vanitage Way Suite C140 Washville TN 37228 Cospillon Employer First Name MI. Last Name/Cognition Name Amount of Certificition Address City Sinite Zip Code Amount of Certificition Amount of Certificition Address City Sinite Zip Code Cospilion Employer First Name MII. Last Name/Cognition Name Amount of Certificition Address City Cospilion Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to Item 3. of next page if additional pages of this form are used.)					Amount		
International Communities International			<u> </u>				
Mashville Moves Action Fund One Verlage Way Suite C140 Washville TN Sale Tp Coore Mashville TN 37228 Amount of Cortibution Affires City Sale Tribane Mil. Last NameOrganization Name Amount of Cortibution Affires City Sale Tribane Mil. Last NameOrganization Name Amount of Cortibution Affires City Sale Tribane Mil. Last NameOrganization Name Amount of Cortibution Affires City Sale Tribane Mil. Last NameOrganization Name Amount of Cortibution Affires City Sale Tribane Mil. Last NameOrganization Name Amount of Cortibution Affires City Sale Tribane Mil. Last NameOrganization Name Amount of Cortibution Affires City Sale Tribane Mil. Last NameOrganization Name Amount of Cortibution Affires City Sale Tribane Mil. Last NameOrganization Name Amount of Cortibution Affires City Sale Tribane Mil. Last NameOrganization Name Amount of Cortibution Amount of Cortibut	4. COMPLETE THE APPROPRIATE ITEM	S FOR EA	CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	during the period)		
One Vantage Way Suite C140 One Vantage Way Suite TN 37228 Occupitor Employer First Name Mil. Lest Name/Operation Name Amount of Cerribution Employer First Name Mil. Last Name/Operation Name Amount of Cerribution First Name Address City Sale Zo Code Cocupition Employer First Name Mil. Lest Name/Operation Name Amount of Cerribution First Name And Cerribution First Name Mil. Lest Name/Operation Name Address City Sale Zo Code Cocupition Employer First Name Mil. Lest Name/Operation Name Amount of Cerribution Amount of Cerribution Amount of Cerribution Amount of Cerribution First Name Amount of Cerribution Amount of Cerribution First Name Amount of Cerribution Amount of Cerribution First Name Amount of Cerribution Amount of C	First Name	M.I.					
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Nashville TN 37228 Employer M.I. Last Name-Organization Name Advances Croupation Employer Croupation M.I. Last Name-Organization Name Advances Croupation M.I. Last Name-Organization Name Advances Cry State Zip Code Croupation Employer First Name M.I. Last Name-Organization Name Advances Cry State Zip Code Croupation Employer First Name M.I. Last Name-Organization Name Advances Cry State Zip Code Croupation First Name M.I. Last Name-Organization Name Advances Cry State Zip Code Croupation Employer First Name M.I. Last Name-Organization Name Advances Cry State Zip Code Croupation Employer First Name M.I. Last Name-Organization Name Advances Cry State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	One Vantage Way Suite C140						
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Employer First Name M.L. Lest Nome Organization Name Address City State Zip Code Cocapation Employer First Name M.L. Lest Nome Organization Name Amount of Contribution Address City State Zip Code Cocapation Employer Final Name M.L. Lest Name Organization Name Amount of Contribution Address City State Zip Code Cocapation Employer Final Name M.L. Lest Name Organization Name Address City State Zip Code Cocapation Employer Final Name M.L. Lest Name Organization Name Address City State Zip Code Cocapation Employer Final Name M.L. Lest Name Organization Name Amount of Contribution Address City State Zip Code Cocapation Employer Final Name M.L. Lest Name Organization Name Amount of Contribution Amount of Contribution Address City State Zip Code Cocapation Employer Final Name Amount of Contribution Amount of Contrib		IIN	37228				
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Anount of Combution Address City State Zip Code Anount of Combution Employer First Name M.I. Last Name/Organization Name Anount of Combution Address City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Anount of Combution Address City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Anount of Combution Address City State Zip Code Cocupation Employer 5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to litem 3, of next page if additional pages of this form are used.)	Employer						
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City State Zip Code Employer First Name M.L. Last Name-Cryptication Name Activess City State Zip Code Cocupation Employer First Name M.L. Last Name-Cryptication Name Activess City State Zip Code Cocupation Employer First Name M.L. Last Name-Cryptication Name Activess City State Zip Code Cocupation Employer First Name M.L. Last Name-Cryptication Name Activess City State Zip Code Cocupation Employer First Name M.L. Last Name-Cryptication Name Activess City State Zip Code Cocupation Employer First Name M.L. Last Name-Cryptication Name Activess City State Zip Code Cocupation Employer First Name M.L. Last Name-Cryptication Name Activess City State Zip Code Cocupation Employer 5.TOTAL InteMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	Address						
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City State Zip Code Occupation Employer First Name M.I. Last Name/Organization Name City State Zip Code Occupation Employer First Name M.I. Last Name/Organization Name Amount of Contribution Address City State Zip Code Occupation Employer City State Zip Code Occupation Employer 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.)							
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Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Amount of Contribution Employer City State Zip Code Cocupation City State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)							
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Address City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	Employer						
Address City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
City State Zip Code Cocupation Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)							
Occupation Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	Address						
Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	City	State	Zip Code		ł		
Employer First Name M.I. Last Name/Organization Name Address City State Zip Code Cocupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)							
First Name M.I. Last Name/Organization Name 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.)	Occupation						
First Name M.I. Last Name/Organization Name 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.)							
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.)	Employer						
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.)	First Name	Тмт	Last Name/Organization Name		Amount of Contribution		
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.)	Histinanie	IVI.I.	Last Namer Organization Name		Amount of Contribution		
Occupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	Address						
Occupation Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	City	State	Zip Code				
Employer 5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)							
5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	Occupation		1				
5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)							
(Carry forward to item 3. of next page if additional pages of this form are used.)	Employer						
(Carry forward to item 3. of next page if additional pages of this form are used.)							
	5.TOTAL ITEMIZED CONTRIBUTIONS				620,000.00		
	(Carry forward to item 3. of next page if additional pages of this form are used.)						

aya y

ITEMIZED STATEMENT OF EXPENDITURES - SMC

NAME OF COMMITTEE		2. REPORT C	OVERING THE PERIOD					
Green Lights for Nashville PAC FROM:					TO:			
3. TOTAL ITEMIZED EXPENDITE	TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)							
COMPLETE THE APPROPRIAT must be itemized.)	E ITEMS FOR I	EACH ITEMIZED E	XPENDITURE (any expenditures totaling more than \$	3100 to a sigle pa	yee during the period,			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			Television Media/Broado	cast	529,725.00			
Old Town Media LLC								
Address 114 Quay St								
Alexandria	State VA	Zip Code 22314						
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			—— Digital Media		500.00			
Facebook/Meta								
Address								
1 Hacker Way	State	Zip Code						
Menlo Park	ČA	94025						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure 8655.36			
Last Name/Business Name			Yard Signs	─ Yard Signs				
PCS Marketing								
Address 2534 Commerce Blvd								
Cincinnati	State	Zip Code 45241						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure 2215.35			
Last Name/Business Name			Yard Signs	2213.33				
PCS Marketing								
Address 2534 Commerce Blvd								
Cincinnati	State OH	Zip Code 45241						
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			—— Yard Signs & Promo Mate	erials	1116.83			
Super Cheap Signs								
Address								
9200 Waterford Centre	Blvd. Suite State	100 Zip Code						
Austin	TX	78758						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
5. TOTAL ITEMIZED EXPENDITU	L RES	I	ı					
(Carry forward to item 3. of next p	page if additional p	-			542,212.54			



RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	2. REPORT COVERING PERIOD						
Green Lights for Nashville PA	FROM:	TO:					
3. TOTAL ITEMIZED IN-KIND CONTRIBU	Amount						
4. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH	ITEMIZED IN-KIND	CONTRIBUTION (in-kind contributions	s totaling more than \$100 from ar	y contributor during the period)		
First Name	Middle Name		Description of In-Kind Contribution Phonebanking and Canv	assing	Value of In-Kind Contribution 2685.00		
Last Name/Organization Name TIRRC Votes PAC				Ü			
Address 3310 Ezell Rd							
^{City} Nashville	State TN	Zip Code 37211	_				
Occupation							
Employer							
First Name	Middle Name		Description of In-Kind Contribution Staff Time, Supplies and	Literature	Value of In-Kind Contribution 4635.95		
Last Name/Organization Name Stand Up Nashville INC	•						
810 Dominican Dr	Louis						
City Nashville Occupation	State TN	Zip Code 37221					
Employer							
First Name	Middle Name		Description of In-Kind Contribution Transit Organizing		Value of In-Kind Contribution 2250.00		
Last Name/Organization Name The Equity Alliance Fund				2230.00			
PO Box 331821	Louis						
Nashville	State TN	Zip Code 37203					
Occupation							
Employer							
First Name	Middle Name		Description of In-Kind Contribution Phonebanking and Canv	rassing	Value of In-Kind Contribution 239.30		
Last Name/Organization Name Davidson County Democratic				239.30			
Address 1814 Hayes St,	Lau	Lario					
Nashville State Zip Code TN 37203							
Occupation							
Employer							
5. TOTAL ITEMIZED IN-KIND CONTR	9810.25						
(Carry forward to item 3 of next p (If this is the last page of in-kind o							
					1		

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE	2. REPORT COVER					
				FROM:	TO: Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBU						
4. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH IT	TEMIZED IN-KIND C	CONTRIBUTION (in-kind contributions	totaling more than \$100 from ar	y contributor during the period)	
First Name	Middle Name		Description of In-Kind Contribution Campaign Services / Paid	Value of In-Kind Contribution 77,312.50		
Nashville Moves Action Fund			Meta/Facebook			
1 Vantage Way Suite C140						
Nashville	State TN	Zip Code 37228				
Occupation						
Employer						
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name	<u> </u>		-			
Address						
City	State	Zip Code				
Occupation	<u> </u>					
Employer						
First Name Middle Name			Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name	1					
Address						
City	State	Zip Code				
Occupation	1	1				
Employer						
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name			<u> </u>			
Last Name/Organization Name						
Address						
City	State	Zip Code				
Occupation						
Employer						
5. TOTAL ITEMIZED IN-KIND CONTR	87,122.75					
(Carry forward to item 3 of next p (If this is the last page of in-kind c						
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SS-1143 (Rev. 2/06)

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ITEMIZED STATEMENT OF LOANS - SMC

NAME OF COMMITTEE					2. REPORT COVI	ERING THE PERIOD
					FROM:	TO:
	LOAN (loans totaling more than \$100 owed to any person/business at the end of			Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame				
Last Name/Business Name						
Address			1			
City	State	Zip Code	Date of Loan			
First Name	Middle Na	ame				
			_			
Last Name/Business Name						
Address			-			
City	State	Zip Code	Date of Loan			-
First Name	Middle Na	ame				
Last Name/Business Name						
Address			-			
City	State	Zip Code	Date of Loan			
			Bate of Lean			
First Name	Middle Na	ame				
Last Name/Business Name						
Address			_			
, add osc						
City	State	Zip Code	Date of Loan			
			2419 01 29411			
First Name	Middle Na	ame				
Last Name/Business Name	•]			
			1			
Address						
City	State	Zip Code	Doto of Lasa			
	00		Date of Loan			
4. TOTALS (Total from "Outstanding Balance - (End of Perio	d)" colum	n must also be shown				
in item 21 on summary page.)	., σσιαίτι					



ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE					2. REPORT COVE	ERING THE PERIOD
					FROM:	TO:
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 Na	ame				
Last Name/Business Name	1					
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name	•					
Address						
City	State	Zip Code				
Description of Obligation		•				
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
	,					_
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	1	1	!	<u>I</u>	<u> </u>	
First Name	Middle Na	ame				
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>					<u> </u>
4. TOTALS (Total from "Outstanding Balance - (End of Period)" in item 22.b on summary page.)	column mı	ust also be shown				

