

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT <u>January 22, 2025</u>		2. NAME OF COMMITTEE Property Tax 4 Nashville Transit													
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)															
3. ADDRESS AND PHONE Street or Rural Route 1701 Sweetbriar Ave.		City Nashville	State TN												
		Zip Code 37212	Phone 615-289-1397												
4. MEASURES SUPPORTED OR OPPOSED Transit Improvement Program - oppose															
5.A. NAME OF POLITICAL TREASURER William W. Howell			5.B. DATE APPOINTED September 19, 2024												
6. CATEGORY OR REPORT (Check one) <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER</div><div><input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL</div></div> <div style="text-align: center; margin-top: 5px;">revised</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: 20px;"><div style="display: flex; justify-content: space-between;"><div style="text-align: center;"><u>William W. Howell</u> signature of political treasurer</div><div style="text-align: center;"><u>1/22/2025</u> date</div></div></div>															
9. WITNESS SIGNATURE <div style="text-align: right; margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="text-align: center;"><u>Travis H. Doherty</u> signature of witness</div><div style="text-align: center;"><u>January 22, 2025</u> 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>NA</u></td></tr><tr><td>b. TOTAL RECEIPTS THIS PERIOD</td><td style="text-align: right;">\$ <u>-0-</u></td></tr><tr><td>c. TOTAL DISBURSEMENTS THIS PERIOD</td><td style="text-align: right;">\$ <u>-0-</u></td></tr><tr><td>d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)</td><td style="text-align: right;">\$ <u>-0-</u></td></tr><tr><td>e. TOTAL LOANS OUTSTANDING</td><td style="text-align: right;">\$ <u>-0-</u></td></tr><tr><td>f. TOTAL OBLIGATIONS OUTSTANDING</td><td style="text-align: right;">\$ <u>-0-</u></td></tr></table>				a. BALANCE ON HAND LAST REPORT	\$ <u>NA</u>	b. TOTAL RECEIPTS THIS PERIOD	\$ <u>-0-</u>	c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>-0-</u>	d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>-0-</u>	e. TOTAL LOANS OUTSTANDING	\$ <u>-0-</u>	f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>-0-</u>
a. BALANCE ON HAND LAST REPORT	\$ <u>NA</u>														
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>-0-</u>														
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>-0-</u>														
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ <u>-0-</u>														
e. TOTAL LOANS OUTSTANDING	\$ <u>-0-</u>														
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>-0-</u>														



SS-1140 (Rev. 2/06)

RECEIVED

RDA 1159

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-weight: bold;">Property Tax 4 Nashville Transit</div>	12. REPORT COVERING THE PERIOD FROM: <u>7/23/2024</u> TO: <u>9/30/2024</u>
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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 period) \$ _____
 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.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 item 10.b.) \$ -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., printing, postage, gasoline)

Total of Expenditures (\$100 or less each payee) \$ _____

 b. Itemized Expenditures (Over \$100 each payee this period) \$ _____
 c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) \$ _____
 18. LOAN REPAYMENTS MADE THIS PERIOD \$ _____
 19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) \$ -0-

20. IN-KIND CONTRIBUTIONS
 a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 28.65
 b. Itemized in-kind contributions (over \$100 from each source this period) \$ 7,200.00
 c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) \$ 7,228.65

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

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-



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Property Tax 4 Nashville Transit			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	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				
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.)				\$0.00



ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Property Tax 4 Nashville Transit		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	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name		
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name		
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name		
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name		
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name		
Last Name/Business Name			
Address			
City	State Zip Code		
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.)			



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Property Tax 4 Nashville Transit				2. REPORT COVERING PERIOD FROM: 7/23/2024 TO: 9/30/2024				
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 William		Middle Name Watkins		Description of In-Kind Contribution Research, writing, organizing, administration		Value of In-Kind Contribution \$6,200		
Last Name/Organization Name Howell								
Address 1701 Sweetbriar Ave								
City Nashville		State TN					Zip Code 37212	
Occupation								
Employer								
First Name Bernella		Middle Name Rose		Description of In-Kind Contribution Consulting, administration		Value of In-Kind Contribution \$1,000		
Last Name/Organization Name Levin								
Address 1611 Forest Ave								
City Nashville		State TN					Zip Code 37206	
Occupation Retired								
Employer NA								
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 pgs 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.)					\$7,200			



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE Property Tax 4 Nashville Transit				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="font-size: 1.2em; font-weight: bold;">Property Tax 4 Nashville Transit</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	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

