



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

| | | | |
|---|---|--|--|
| 1. DATE OF REPORT <u>January 22, 2024</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 Referendum | | | |
| 5.A. NAME OF POLITICAL TREASURER William W. Howell | | | 5.B. DATE APPOINTED September 19, 2024 |
| 6. CATEGORY OR REPORT (Check one) | | | |
| <input type="checkbox"/> FIRST QUARTER | <input type="checkbox"/> SECOND QUARTER | <input checked="" type="checkbox"/> THIRD QUARTER | <input checked="" type="checkbox"/> FOURTH QUARTER |
| <input type="checkbox"/> PRE-PRIMARY | | <input type="checkbox"/> PRE-GENERAL | |
| <input type="checkbox"/> MID-YEAR SUPPLEMENTAL | | <input type="checkbox"/> YEAR-END SUPPLEMENTAL | |
| 7.A. BEGINNING DATE OF REPORTING PERIOD October 27, 2024 | | 7.B. ENDING DATE OF REPORTING PERIOD December 31, 2024 | |
| 8. (Check one) | | | |
| 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.) | | | |
| 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. | | | |
|  signature of political treasurer | | <u>1/22/2024</u> date | |
| 9. WITNESS SIGNATURE | | | |
|  signature of witness | | <u>January 22, 2025</u> date | |
| 10. SUMMARY | | | |
| a. BALANCE ON HAND LAST REPORT | \$ <u>766.01</u> | | |
| b. TOTAL RECEIPTS THIS PERIOD | \$ <u>0.00</u> | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | \$ <u>283.12</u> | | |
| d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) | \$ <u>482.89</u> | | |
| e. TOTAL LOANS OUTSTANDING | \$ <u>1,000.00</u> | | |
| f. TOTAL OBLIGATIONS OUTSTANDING | \$ <u>1,000.00</u> | | |



SUMMARY PAGE - SMC

| | |
|---|---|
| 11. NAME OF COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Property Tax 4 Nashville Transit</div> | 12. REPORT COVERING THE PERIOD FROM <u>10/27/2024</u> TO <u>12/31/2024</u> |
|---|---|

RECEIPTS
 13. CONTRIBUTIONS (other than loans and interest)

| | |
|---|----------------|
| a. Unitemized Contributions (\$100 or less from each source this period) | \$ <u>0.00</u> |
| b. Itemized Contributions (over \$100 from each source this period) | \$ <u>0.00</u> |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) | \$ <u>0.00</u> |

 14. LOANS RECEIVED THIS REPORTING PERIOD \$ 0.00
 15. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0.00
 16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) \$ 0.00

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) | |
| <u>Bank & QR code fees</u> | \$ <u>84.12</u> |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total of Expenditures (\$100 or less each payee) | \$ <u>84.12</u> |

 b. Itemized Expenditures (Over \$100 each payee this period) \$ 199.00
 c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.) \$ 283.12
 18. LOAN REPAYMENTS MADE THIS PERIOD \$ 0.00
 19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.) \$ 283.12

20.IN-KIND CONTRIBUTIONS

| | |
|--|---------------------|
| a. Unitemized in-kind contributions (\$100 or less from each source this period) | \$ <u>0.00</u> |
| b. Itemized in-kind contributions (over \$100 from each source this period) | \$ <u>18,600.00</u> |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) | \$ <u>18,600.00</u> |

21.LOANS
 LOANS OUTSTANDING (must be shown in item 10.e.) \$ 1,000.00

22.OBLIGATIONS

| | |
|---|--------------------|
| a. Unitemized Obligations Outstanding (\$100 or less each) | \$ <u>0.00</u> |
| b. Itemized Obligations Outstanding (Over \$100 each) | \$ <u>1,000.00</u> |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.) | \$ <u>1,000.00</u> |



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

| | | | | |
|--|-------|-----------------------------|--|--------|
| 1. NAME OF COMMITTEE Property Tax 4 Nashville Transit | | | 2. REPORT COVERING THE PERIOD FROM: 10/27/2024 TO: 12/31/2024 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount |
| 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.) | | | | |



ITEMIZED STATEMENT OF EXPENDITURES - SMC

| | | | |
|--|-------------|-------------------------------|-----------------------|
| 1. NAME OF COMMITTEE | | 2. REPORT COVERING THE PERIOD | |
| Property Tax 4 Nashville Transit | | FROM 10/27/2024 | TO 12/31/2024 |
| 3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount |
| 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 | | credit card merchant services | \$199.00 |
| Clover Network, LLC | | | |
| Address | | | |
| https://www.clover.com/ | | | |
| City | State | Zip Code | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | |
| Address | | | |
| City | | | |
| State | Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | |
| Address | | | |
| City | | | |
| State | Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | |
| Address | | | |
| City | | | |
| State | Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | |
| Address | | | |
| City | | | |
| State | Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| 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.) | | | |
| | | | \$199.00 |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

| | | | | | | |
|---|--|---------------------------------------|--|--|-----------------|--|
| 1. NAME OF COMMITTEE Property Tax 4 Nashville Transit | | | | 2. REPORT COVERING PERIOD FROM: 10/27/2024 TO: 12/31/2024 | | |
| 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, media, organizing, presenting, canvassing, administration | | Value of In-Kind Contribution \$17,600 |
| Last Name/Organization Name Howell | | | | | | |
| Address 1701 Sweetbriar Ave. | | | | | | |
| City Nashville | | State TN Zip Code 37212 | | | | |
| Occupation retired | | | | | | |
| Employer NA | | | | | | |
| First Name Bernella | | Middle Name Rose | | Description of In-Kind Contribution consulting, review, 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 | | | | | \$18,600 | |
| (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.) | | | | | | |



ITEMIZED STATEMENT OF LOANS - SMC

| | | | | | | | |
|---|--|-------------------------------|--------------------------|--|----------------------------------|---------------------------------|---|
| 1. NAME OF COMMITTEE Property Tax 4 Nashville Transit | | | | 2. REPORT COVERING THE PERIOD FROM: 0/27/2024 TO: 12/31/2024 | | | |
| 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 William | | Middle Name Watkins | | \$1,000.00 | \$0.00 | \$0.00 | \$1,000.00 |
| Last Name/Business Name Howell | | | | | | | |
| Address 1701 Sweetbriar Ave. | | | | | | | |
| City Nashville | | State TN | Zip Code 37212 | Date of Loan October 2, 2024 | | | |
| 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.) | | | | \$1,000.00 | \$0.00 | \$0.00 | \$1,000.00 |



ITEMIZED STATEMENT OF OBLIGATIONS - SMC

| 1. NAME OF COMMITTEE | | | | 2. REPORT COVERING THE PERIOD | | | |
|--|-----------|-------------|---|---------------------------------|----------------------------|---|------------|
| Property Tax 4 Nashville Transit | | | | FROM: 10/27/2024 TO: 12/31/2024 | | | |
| 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 | Ashlee | Middle Name | (X) | \$800.00 | \$200.00 | \$0.00 | \$1,000.00 |
| Last Name/Business Name | | | Carter | | | | |
| Address | | | 1062 Capitol View | | | | |
| City | Nashville | State | TN | | | | |
| Description of Obligation | | | | | | | |
| wages | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | | State | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | | State | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | | State | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | | State | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | | State | | | | | |
| Description of Obligation | | | | | | | |
| 4. TOTALS | | | | \$800.00 | \$200.00 | \$0.00 | \$1,000.00 |
| (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.) | | | | | | | |

