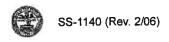
# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT  2. NAME OF C.  Property	омміттее Tax 4 Nashvill	e Transit					
2. SHORT NAME OF COMMITTEE (IF APPLICABLE)							
3. ADDRESS AND PHONE Street or Rural Route City  1701 Sweetbriar Ave. Nashville	Sta T		•	Phone 15-289-1397			
4. MEASURES SUPPORTED OR OPPOSED		072					
Transit Improvement Program Ref	rerenaum ————		5.B. DAT	EAPPOINTED			
5.A. NAME OF POLITICAL TREASURER William W. Howell			SHEET DESCRIPTION	mber 19, 2024			
6. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD FOURTH OLIARTER QUARTER QUARTER			ID-YEAR PLEMENTAL	YEAR-END SUPPLEMENTAL			
7.A. BEGINNING DATE OF REPORTING PERIOD	7.B. ENDING DATE	E OF REPORTING PI					
October 27, 2024  8. (Check one)	December	31, 2024					
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. X 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.  **Substant Provided Heading States**  **Substant Provided Heading Stat							
9. WITNESS SIGNATURE	signature of wit	Domina		January 22, 2015			
10. SUMMARY		76	6.01				
a. BALANCE ON HAND LAST REPORT		\$ <u></u>	0.00	8			
b. TOTAL RECEIPTS THIS PERIOD							
c. TOTAL DISBURSEMENTS THIS PERIOD	.,	s <u>20</u>	33.12	400.00			
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)			\$	482.89			
e. TOTAL LOANS OUTSTANDING			\$	1,000.00			
f. TOTAL OBLIGATIONS OUTSTANDING	SOIHLELIU	907.14	\$	1,000.00			
	OC .C UM 17	MAC 6288					



### **SUMMARY PAGE - SMC**

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD
Property Tax 4 Nashville Transit	FROM 0/27/20240: 12/31/2024
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.)	\$ <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.)	<u>0.00</u>
DISBURSEMENTS	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by gasoline)	category - e.g., printing, postage,
Bank & QR code fees \$84.12	
\$	_
\$	
\$	_
- <u></u> \$ <sub>-</sub>	
Total of Expenditures (\$100 or less each payee)	. \$84.12
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)	<u>283.12</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$0.00
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	
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)	\$ 18,600.00
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.)	\$ <u>1,000.00</u>
22.OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
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.)\$ 1,000.00



## ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				RING THE PERIOD
Property Tax 4 Nashville Transit FROM:10/27/20				
		The same of the sa	v	Amount
3. TOTAL ITEMIZED CAMPAIGN COM	NTRIBUT	IONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	from any contributor	during the period)
4. COMPLETE THE APPROPRIATE ITEMS		CHITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	Amount of Contribution
First Name	M.I.	Last Name/Organization Name		Although of Contribution
Address				
City	State	Zip Code		i
City	O#200201			
Occupation				
Employer				
First Name	M.i.	Last Name/Organization Name		Amount of Contribution
Address				
ADECOMO DAS	Orate	Tio Code		
City	State	Zip Code		
Occupation				
Employer				
First Name	M.i.	Last Name/Organization Name		Amount of Contribution
Address				
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		İ
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
	<u> </u>			
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, t	this amoun	t must be shown in item 13b. of summary.)		



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### **ITEMIZED STATEMENT OF EXPENDITURES - SMC**

				RING THE PERIOD		
Property Tax 4 Nashville Transit FROM10/27/20				241012/31/2024 Amount		
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 sigle payee during the period,						
must be itemized.)						
First Name	Middle Na	me	Purpose of Expenditure	t aanviaaa	Amount of Expenditure	
Last Name/Business Name		11.0	credit card merchan	i services	\$199.00	
Clover Netw	ork,	LLC				
https://www.clover	.com	٦/				
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Edd Name and State and Sta						
Address						
City	State	Zip Code				
	P 19. 11			·	A	
First Name	Middle Na	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	-					
Address		CL DOWN DELICES IN				
City	State	Zip Code				
First Name	Middle Nar	Te	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			á L			
City	State	Zlp Code				
First Name	Middle Nar	TIE	Purpose of Expenditure	****	Amount of Expenditure	
Last Name/Business Name						
Last (valitie) business (valitie						
Address						
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zlp Code				
5. TOTAL ITEMIZED EXPENDITURES					0400.00	
(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	



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## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING PERIOD		
Property Tax 4 Nashville Transit				FROM:10/27/2024	TO: 12/31/2024 Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBU	TIONS FROM F	RECEDING PAGE (	enter \$0 if first itemized page)			
TOTAL TEMIZED IN-KIND CONTRIBUTE     COMPLETE THE APPROPRIATE ITEM	S FOR EACH I	remized in-kind c	ONTRIBUTION (in-kind contributions	s totaling more than \$100 from an		
First Name William	Middle Name <b>V</b>	/atkins	Description of In-Kind Contribution research, writing, n organizing, presen	nedia,	Value of In-Kind Contribution \$17,600	
Last Name/Organization Name Howell			administration	ung, carreassing		
Address 1701 Sweetbriar Av	/e.	Water transfer of the second	2			
<sup>City</sup> Nashville	StateTN	Zip Code 37212				
retired						
Employer NA						
First Name Bernella	Middle Name R	ose	Description of In-Kind Contribution consulting, review,	administration	Value of In-Kind Contribution \$1,000	
Last Name/Organization Name Levin						
Address 1611 Forest Ave						
Nashville	State TN	<sup>Zip Code</sup> 37206	2			
retired	Occupation					
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						
Employex						
5. TOTAL ITEMIZED IN-KIND CONTR (Carry forward to item 3 of next p (If this is the last page of in-kind of	age if additional	pges of this form are us	sed.) wn in item 20.b. of summary.)		\$18,600	

#### **ITEMIZED STATEMENT OF LOANS - SMC**

NAME OF COMMITTEE				REPORT COVERING THE PERIOD		
Property Tax 4 Nashville Tr		3		4TO: 12/31/2024		
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED     LOAN (loans totaling more than \$100 owed to any person/business at the end of			Outstanding Balance (Beginning	Loans Received	Loan Payments This	Outstanding Balance (End
the reporting period)		of Period)	This Period	Period	of Period)	
First Name	Middle Na	me			00.00	\$1,000,00
William		Watkins	\$1,000.00	\$0.00	\$0.00	\$1,000.00
Last Name/Business Name			1			
Howell						
Address			† I			
1701 Sweetbriar Av	e.					
City	State	ZipCode	Date of Loan			
Nashville	TN"	37212	October	2, 2024		
First Name	Middle Na	me	1			
Last Name/Business Name			1 1			
Address			1			
			1			
City	State	ZipCode	Date of Loan			
	haraara bia					
First Name	Middle Na	me				
Last Name/Business Name						
Lastivarie/busillessivallie						
Address			1			
Addiess						
City	State	Zip Code	Date of Loan			
		nc. at 1 2 2 2				
First Name	Middle Na	me				
			1 1			
Last Name/Business Name						
Address						
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle Na	me				
Last Name/Business Name Address		1				
		1 1				
City	State	Zip Code	Date of Loan			et e
4. TOTALS	\" oolum=	must also be shown	\$1,000.00	\$0.00	\$0.00	\$1,000.00
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)			41,555.50			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,



### ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE						ERING THE PERIOD
Property Tax 4 Nashville Transit					FROM:10/27/202 Payments	40: 12/31/2024 Outstanding Balance
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	This Period	(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					Se.	
Nashville	State	<sup>Zip Code</sup> 37203				
Description of Obligation wages						
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	•		ž.			
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		0				
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zíp Code				
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		J				
4. TOTALS			\$800.00	4000 00	<b>AC 35</b>	\$1,000.00
(Total from "Outstanding Balance - (End of Period)" in item 22.b on summary page.)	(Total from "Outstanding Balance - (End of Period)" column must also be shown			\$200.00	\$0.00	φ1,000.00
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