CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COM	MITTEE				
10/28/24	Property Tax 4 Nashville Transit					
2. SHORT NAME OF COMMITTEE (IF APPLICA	BLE)					
ADDRESS AND PHONE Street or Rural Route	City	St	tate Zip	Code	Phone	
1701 Sweetbriar Ave. N	ashville	Т	•		615-289-1397	
4. MEASURES SUPPORTED OR OPPOSED						
Transit Improvement Program	n Referendum	1				
5.A. NAME OF POLITICAL TREASURER					TEAPPOINTED	
William W. Howell 6. CATEGORY OR REPORT (Check one)				Septer	mber 19, 2024	
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER F	PRE- P		MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD		7.B. ENDING DAT		G PERIOD		
October 1, 2024 8. (Check one)		October 26,	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. 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. **Additional Contributions** **Additional Contr						
9. WITNESS SIGNATURE	Connie	Oduum Signature of w	itness		10/28/24 date	
10. SUMMARY				_		
a. BALANCE ON HAND LAST REPORT			s <u>(</u>)	_	
b. TOTAL RECEIPTSTHIS PERIOD			\$ –	1,110.00	_	
c. TOTAL DISBURSEMENTS THIS PERIOD)		\$ _	497.11	_	
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.)				s <u>612.89</u>	
e. TOTAL LOANS OUTSTANDING					\$ <u>1,000.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDIN	IG				ş <u>0</u>	

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)		12. REPORT COVE	RING THE PERIOD
Property Tax 4 Nashville Transit		FROM:10/1/2024	TO: 10/26/2024
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this	period)	_{\$} 10.00	
b. Itemized Contributions (over \$100 from each source this perio	d)	s 100.00	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 1			s 110.00
14. LOANS RECEIVED THIS REPORTING PERIOD	. 1.000.00		
15. INTEREST RECEIVED THIS REPORTING PERIOD			° 0
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in ite	em 10.b.)		\$
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., printir	ng, postage,
QR Code services	\$ 40.95		
Bank Fees	_{\$} 1.23		
	\$		
	\$		
	\$		
	\$	a distribution and	
	Ψ		
Total of Expenditures (\$100 or less each payee)		\$ <u>42.18</u>	
b. Itemized Expenditures (Over \$100 each payee this period)		\$ <u>454.93</u>	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a.			\$ 497.11
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)	\$ 28.65	
b. Itemized in-kind contributions (over \$100 from each source this		•	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (ad	\$ 28.65		
21.LOANS		,	
LOANS OUTSTANDING (must be shown in item 10.e.)			\$ 1,000.00
22.OBLIGATIONS	NAME OF THE PARTY		
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.) (mu			s 0
5		,	* *************************************



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD
Property Tax 4 Nashville Transit FROM10/1/2024			TO:10/26/2024	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0
		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	
First Name William	^{M.I.} W,	Last Name/Organization Name Howell		Amount of Contribution \$100.00
1701 Sweetbriar Ave.				
Nashville	State TN	37212		
Occupation Retired				
Employer Retired				
First Name	M.i.	Last Name/Organization Name		Amount of Contribution
Address	I			
City	State	Zip Code		
Occupation	·			
Employer	SALUE-PRESENTATION OF PROPERTY			
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address	J			
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.)				\$100.00



ITEMIZED STATEMENT OF EXPENDITURES - SMC

NAME OF COMMITTEE				RING THE PERIOD		
Property Tax 4 Nashville Transit FROM10/1/20				FROM10/1/202	4 TO:10/26/2024	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0	
COMPLETE THE APPROPRIATE ITE must be itemized.)	MS FOR E	EACH ITEMIZED EXPEN	NDITURE (any expenditures totaling more than	\$100 to a sigle payee of	during the period,	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Adnet Payment Technologies			Clover Credit Card Re	\$153.12		
Address Amazon Marketplace						
City	State	Zip Code	1			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name American Press, Inc.			Print door hangers		\$196.93	
3990 Dickerson Pike		4				
Nashville	State	Zip Code 37207				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure \$104.88	
Last Name/Business Name Wordpress			Website	Website		
Address	Address					
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			1			
City	State	Zip Code	1			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			†			
City	State	Zip Code	†			
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Address		†				
		1				
City	State	Zip Code	1			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if		-			\$454.93	
(If this is the last page of campaign expe	nditures, th	nis amount must be shown	in item 17b. of summary.)		L	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

Property Tax 4 Nashville Transit FROM:10/1/202				FROM:10/1/2024	TO: 10/26/2024	
3. TOTAL ITEMIZED IN-KIND CONTRIBU	Amount \$0					
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 W.		Description of In-Kind Contribution	transit	Value of In-Kind Contribution	
Last Name/Organization Name			photocopies of 2018 referendum disclosu	\$28.65		
Howell						
Address 1701 Sweetbriar Ave.						
City Nashville	State TN	Zip Code 37212				
Occupation retired						
Employer						
retired	No. 10 No.		D		V-1 - (1-15-10-11-5	
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						
Employer						
First Name Middle Name				THE REPORT OF THE PERSON AND PARTY AND PARTY.	NAMES OF TAXABLE PARTY.	
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
First Name Last Name/Organization Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name	Middle Name	Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Address		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Address City		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Address City Occupation		Zip Code	Description of In-Kind Contribution Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name Address City Occupation Employer	State	Zip Code				
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code				
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code				
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Name					
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Name					
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Middle Name					
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation Employer	State Middle Name State	Zip Code pges of this form are to	Description of In-Kind Contribution			



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ITEMIZED STATEMENT OF LOANS - SMC

NAME OF COMMITTEE				ERING THE PERIOD		
Property Tax 4 Nashville						TO:10/26/2024
COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to			Outstanding Balance (Beginning	Loans Received	Loan Payments This	Outstanding Balance (End
the reporting period)			of Period)	This Period	Period	of Period)
First Name	Middle Name					
William	W.		-0-	\$1,000.00	0	\$1,000.00
Last Name/Business Name						
Howell						
1701 Sweetbriar Ave.						
City	State	Zip Code	Date of Loan			
Nashville	TN	37212	October 1,	2024		
First Name	Middle Na	me				
	<u> </u>	***************************************				
Last Name/Business Name						
Address						
Address						
City	State	Zip Code	Date of Loan	L		
			Date of Loan			
First Name	Middle Na	me			_	
I is remo	Wildare Ha					
Last Name/Business Name						
Address			1			l l
						T.
City	State	Zip Code	Date of Loan			
First Name	Middle Na	me				
LastMarra (Duvinosa Marra	<u></u>		1			
Last Name/Business Name						
Address			1			
City	State	Zip Code	Date of Loan	L		
						I I
First Name	Middle Na	me				
Last Name/Business Name		1				
]				
Address						
City	State	Zip Code	Date of Loan			
						
4. TOTALS (Total from "Outstanding Balance - (End of Period	d)" column	must also he shown				\$1,000.00
in item 21 on summary page.)	o, comili	i mast also be silowii				\$1,000.00
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ITEMIZED STATEMENT OF OBLIGATIONS - SMC

NAME OF COMMITTEE				RING THE PERIOD		
Property Tax 4 Nashville T			FROM10/1/2024	TO: 10/26/2024		
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		0			0
Last Name/Business Name		Ů				
Address						
City	State	Zip Code				
Description of Obligation	L				kana ay a a a a a a a a a a a a a a a a a	
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	L					
Address						
City	State	Zip Code				
Description of Obligation	Automatumous					,
First Name	Middle Na	ame				
Last Name/Business Name	1					
Address	alta assigliation (Albania de Albania)					
City	State	Zip Code				
Description of Obligation		•				
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS (Total from "Outstanding Balance - (End of Period)"	column m	uet also he shown				0
in item 22.b on summary page.)		uot aiou na silomii		7	7	
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