CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

		of offigie-meas			
1. DA	ATE OF REPORT	2. NAME OF CON	MITTEE		
Octob	ber 23, 2024	Winstead PC			
	HORT NAME OF COMMITTEE (IF APPLI	CABLE)			
3 AD	DRESS AND PHONE				
	eet or Rural Route	City	State	Zip Code	Phone
	Broadway, Suite 2030	Nashville	TN	37023	615-949-2350
4		-D			
4. ME	EASURES SUPPORTED OR OPPOSE	:D			
Ordin	ance BL2024-427 (TRANSIT IMPRO	OVEMENT PROGRAM	1 REFERENDUM ELEC	TION)	
<u> </u>				1	
	AME OF POLITICAL TREASURER				DATEAPPOINTED
Emily	Lamb			Octo	ber 3, 2024
6. CA	TEGORY OR REPORT (Check one)	_			_
L		FOURTH		MID-YEAR	YEAR-END
	rst second third Arter quarter quarte		PRE- PRE- PRIMARY GENERA		
	GINNING DATE OF REPORTING PERIO		7.B. ENDING DATE OF		
Octo	ber 1, 2024		October 26, 2024		
8. (Che			0010001 20, 2024		
o. (One	ck one)				
B.	This committee is required to file \$1,000 and/or expenditures total tained in this statement is true an tures requried to be reported by p	more than \$1,000 for th d that the following pag	is reporting period. I do a e(s) are a complete and a	solemnly swear or affirm accurate accounting of al Financial Disclosure Act.	that the information con-
9. WI	TNESS SIGNATURE	Ben	signature of witness	nel	<u>10/23/24</u> date
10. SU	MMARY				
-	BALANCE ON HAND LAST REPORT			\$_0.00	
a.	DALANCE ON HAND LAST REPORT			Φ	
b.	TOTAL RECEIPTS THIS PERIOD			\$	
C.	TOTAL DISBURSEMENTS THIS PERIO	OD		\$ 10,000.00	
d.	BALANCE ON HAND (10.a. plus 10.	.b. minus 10.c.)			\$ _0.00
e.	TOTAL LOANS OUTSTANDING				\$ _0.00
f.	TOTAL OBLIGATIONS OUTSTAND	ING			\$ <u>0.00</u>



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVE	RING THE PERIOD
Winstead PC	FROM: 10/3/2024	TO: 10/23/2024
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.)	\$	
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.)		\$ _10,000.00
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., printir	ng, postage,
\$		
\$		
\$		
\$		
\$		
\$		
Total of Expenditures (\$100 or less each payee)	\$0.00	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ _10,000.00	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)		\$_10,000.00
18. LOAN REPAYMENTS MADE THIS PERIOD		\$
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)		\$10,000.00
20.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ _0.00	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$_0.00	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)		\$_0.00
21.LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)		\$_0.00
22.OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$_0.00	-
b. Itemized Obligations Outstanding (Over \$100 each)	\$0.00	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	10.f.)	\$

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ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	ERING THE PERIOD		
Winstead PC FROM:10/3/2024						
				Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS	S FOR EA	CH 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		Winstead PC		\$10,000.00		
1221 Broadway, Suite 2030						
City	State	Zip Code				
Nashville	TN	37023				
Occupation						
Employer						
First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
Address						
City	State	Zip Code				
Occupation						
Employer						
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.)						
(lif this is the last page of contributions, this amount must be shown in item 13b. of summary.)						
נה מהיה היה מהי שמער הי כהתמשמותה, מהיה מחוסמת חומה של החוסשו זה תכוח השט. היה המתחותמו א.)						

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE 2. REPORT COVER								
Winstead PC FROM: 10/3/2024					TO: 10/23/2024 Amount			
 TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a sigle payee during the period, 								
 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 Nar	me	Purpose of Expenditure		Amount of Expenditure			
	inidale ria		Contribution regarding Ordinance BL2024-427 (TRANS	SIT IMPROVEMENT	\$10,000.00			
Last Name/Business Name Nashville Moves Action Fund			PROGRAM REFERENDUM ELECTION) in the Novem					
Address			+					
1 Vantage Way, Suite C140								
City Nashville	State TN	Zip Code 37228						
First Name	Middle Nar		Purpose of Expenditure		Amount of Expenditure			
					·			
Last Name/Business Name								
Address			+					
City	State	Zip Code						
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address			+					
- Address								
City	State	Zip Code						
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			1					
Address			+					
Address								
City	State	Zip Code	1					
First Name	Middle Nar	na	Purpose of Expenditure		Amount of Expenditure			
T II SU VALITE	muule mai	iie			Amount of Expenditure			
Last Name/Business Name			1					
Address			+					
Address								
City	State	Zip Code						
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
First Name Middle Name					Amount of Expenditure			
Last Name/Business Name Address			1					
			$\frac{1}{2}$					
City	State	Zip Code						
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if and 	dditional n	ages of this form are used	.)		\$10,000.00			
(If this is the last page of campaign expendence)								

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVER	RING PERIOD			
Winstead PC		FROM: 10/3/2024	TO: 10/23/2024				
3 TOTAL ITEMIZED IN-KIND CONTRIBU	Amount ^{\$0}						
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) \$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	ame Middle Name				Value of In-Kind Contribution		
Last Name/Organization Name	1						
Address							
City	State	Zip Code					
Occupation	•						
Employer							
FirstName	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution		
Last Name/Organization Name			1				
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							
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 CONTR					\$0		
(Carry forward to item 3 of next p (If this is the last page of in-kind c							



ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD			
Winstead PC			FROM: 10/3/2024	TO: 10/23/2024			
3. COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to the reporting period)	Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)			
First Name	Middle Na	ime					
Last Name/Business Name			-				
Address			1				
Address							
City	State	ZipCode	Date of Loan			ł	
First Name	Middle Na	ime					
Last Name/Business Name			-				
Address			-				
City	State	ZipCode	Date of Loan				
First Name	Middle Na	me					
Last Name/Business Name	1		-				
Address							
City	State	ZipCode	Date of Loan				
First Name	Middle Na	ime					
Last Name/Business Name							
Address			_				
Address							
014	Chata	Zin Co da					
City	State	ZipCode	Date of Loan				
					1		
First Name	Middle Na	ime					
Last Name/Business Name Address							
			-				
City	State	ZipCode	Date of Loan				
4. TOTALS (Total from "Outstanding Balance - (End of Perio	d)" colum-	n must also ho shown	\$0	\$0	\$0	\$0	
in item 21 on summary page.)	ΨΟ	֥	**	ΨŬ			

ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD					
Winstead PC			FROM: 10/3/2024	TO: 10/23/2024				
 COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more than \$ 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								
Address								
City	State	Zip Code						
Description of Obligation	1							
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	First Name Middle Name							
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation	1	1	<u> </u>	1	<u> </u>	ļ		
First Name	First Name Middle Name							
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation	Description of Obligation							
4. TOTALS			\$0	\$0	\$0	\$0		
(Total from "Outstanding Balance - (End of Period)" in item 22.b on summary page.)	ψυ	7 *	**	÷				