

SUMMARY PAGE - SMC

11 . NAME OF COMMITTEE (In Full) <p style="text-align: center;">Nashvillians Who Support the Metro Charter</p>		12. REPORT COVERING THE FROM: 1/7/09 TO: 1/12/09	
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>6,150.00</u>	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.).....	\$	<u>6,150.00</u>	
14 LOANS RECEIVED THIS REPORTING PERIOD	\$	<u>0.00</u>	
15 INTEREST RECEIVED THIS REPORTING PERIOD	\$	<u>0.00</u>	
16 TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$	<u>6,150.00</u>	
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)	\$	<u>0.00</u>	
b. Itemized Expenditures (Over \$100 each payee this period)	\$	<u>3,000.00</u>	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b.)	\$	<u>3,000.00</u>	
18 LOAN REPAYMENTS MADE THIS PERIOD	\$	<u>0.00</u>	
19 TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$	<u>3,000.00</u>	
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>9,439.22</u>	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$	<u>9,439.22</u>	
21. LOANS			
LOANS OUTSTANDING (must be shown in item 10.e.).....	\$	<u>0.00</u>	
22. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	<u>0.00</u>	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	<u>0.00</u>	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 10.f.)	\$	<u>0.00</u>	

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1 NAME OF COMMITTEE Nashvillians Who Support the Metro Charter		2. REPORT COVERING THE PERIOD	
		FROM: 1/7/09	TO: 1/12/09
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 Lisa	M.I.	Last Name/Organization Name Pote	
Address 4604 Toddington Drive			
City Nashville	State TN	Zip Code 37215	
Occupation Manager			
Employer CNM			
			Amount of Contribution 50.00
First Name Tom	M.I.	Last Name/Organization Name Oreck	
Address 565 Marriott Drive, Suite 300			
City Nashville	State TN	Zip Code 37214	
Occupation Chairman			
Employer The Oreck Corporation			
			Amount of Contribution 5,000.00
First Name Will	M.I.	Last Name/Organization Name Cheek III	
Address 511 Union Street, Suite 1600			
City Nashville	State TN	Zip Code 37219	
Occupation Attorney			
Employer Bone, McAllister, Norton PLLC			
			Amount of Contribution 100.00
First Name	M.I.	Last Name/Organization Name Mid South Carpenters Regional Council	
Address 1811 Airline Drive			
City Nashville	State TN	Zip Code 37210	
Occupation			
Employer			
			Amount of Contribution
			1,000.00
First Name	M.I.	Last Name/Organization Name	
Address			
City	State	Zip Code	
Occupation			
Employer			
			Amount of Contribution
			6,150.00
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.)			6,150.00

ITEMIZED STATEMENT OF EXPENDITURES - SMC

1 NAME OF COMMITTEE <p style="text-align: center;">Nashvillians Who Support the Metro Charter</p>	2. REPORT COVERING THE PERIOD FROM: 1/7/2009 TO: 1/12/2009		
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 Last Name/Business Name Nashville for All of Us Address 1814 Church Street City Nashville	Middle Name State TN	Zip Code 37203	Purpose of Expenditure <p style="text-align: center;">Reimbursement for portion of marketing expenditures addressing Charter Amendment 2</p> Amount of Expenditure <p style="text-align: center;">3,000.00</p>
First Name Last Name/Business Name Address City	Middle Name State	Zip Code	Purpose of Expenditure Amount of Expenditure
First Name Last Name/Business Name Address City	Middle Name State	Zip Code	Purpose of Expenditure Amount of Expenditure
First Name Last Name/Business Name Address City	Middle Name State	Zip Code	Purpose of Expenditure Amount of Expenditure
First Name Last Name/Business Name Address City	Middle Name State	Zip Code	Purpose of Expenditure Amount of Expenditure
First Name Last Name/Business Name Address City	Middle Name State	Zip Code	Purpose of Expenditure Amount of Expenditure
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.)			3,000.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1 NAME OF COMMITTEE Nashvillians Who Support the Metro Charter		2 REPORT COVERING PERIOD FROM: 1/7/09 TO: 1/12/09		
3 TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0.00	
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 Floyd	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution	
Last Name/Organization Name Shechter		Billboards	5638.18	
Address 2900 Lebanon Road, Suite 200				
City Nashville	State TN			Zip Code 37214
Occupation President				
Employer SmartSpace, LLC				
First Name	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution	
Last Name/Organization Name Loews Vanderbilt Plaza		Catering	864.00	
Address 2100 West End Avenue				
City Nashville	State TN			Zip Code 37203
Occupation				
Employer				
First Name	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution	
Last Name/Organization Name XMI Realty		Office Space	1,000.00	
Address 618 Church Street				
City Nashville	State TN			Zip Code 37219
Occupation				
Employer				
First Name Chris	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution	
Last Name/Organization Name Wage		Photos for Website	350.00	
Address 150 2nd Avenue S. #305				
City Nashville	State TN			Zip Code 37201
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.)			7,852.18	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1 NAME OF COMMITTEE Nashvillians Who Support the Metro Charter		2 REPORT COVERING PERIOD FROM: 1/7/09 TO: 1/12/09		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 7,852.18	
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 John	Middle Name	Web Design	87.04	
Last Name/Organization Name Lamb				
Address 2724 Water Lane				
City Nolensville	State TN			Zip Code 37135
Occupation				
Employer				
First Name Stephen	Middle Name	Legal Services	1,500.00	
Last Name/Organization Name Zralek				
Address 511 Union, Suite 1600				
City Nashville	State TN			Zip Code 37219
Occupation Attorney				
Employer Bone, McAllister, Norton PLLC				
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 pges 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.)			9,439.22	