# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Single-Measure Committees (SMC)

1. DATI	E OF REPORT	2. NAME OF COM					
	27/25	Nashville M	loves Actio	n Fund Bal	llot Commit	tee	
2. SH	HORT NAME OF COMMITTEE (IF APPLICATION	BLE)					
	DRESS AND PHONE eet or Rural Route	City		State	Zîp Code		Phone
	Vantage Way Suite C140	Nashville		TN	37228		615-260-3112
	ASURES SUPPORTED OR OPPOSED	14401141110					
	ashville Transit - Referendum						
5.A. N	AME OF POLITICAL TREASURER					5.B. DAT	TEAPPOINTED
J	leff Morris					11-	5-24
FI	TEGORY OR REPORT (Check one)  RST SECOND THIRD RTER QUARTER QUARTER	5 FOURTH QUARTER F	PRE-	PRE- GENERAL	MID- SUPPLE	] YEAR MENTAL	YEAR-END SUPPLEMENTAL
7.A.BE	RTER QUARTER QUARTER GINNING DATE OF REPORTING PERIOD	QUATTER	7.B. ENDING		PORTING PERI		
10	/27/24		1/15/2	5			
8. (Che	ck one)						
А.	This committee is exempt from detail expenditures total \$1,000 or less for is true and that the committee has cound 10f must also be completed.)  This committee is required to file a d \$1,000 and/or expenditures total more tained in this statement is true and the tures required to be reported by political expenditures.	this reporting period omplied with all appli etailed financial disc re than \$1,000 for the	I do solemnly icable provision losure because is reporting per e(s) are a comnittees by the C	y swear or affin as of the Camp a contributions fied. I do sole plete and accu	rm that the into paign Financia (including in-kemnly swear or urate accountin incial Disclosur	ormation co Disclosur sind) receiv affirm that ag of all co	red total more than
			Signotare V	)			
9. WI	TNESS SIGNATURE			01			
				HB			1/27/25
			signature	of witness			date
10. SU	MMARY				425,2	36.74	
a.	BALANCE ON HAND LAST REPORT				\$		_
b.	TOTAL RECEIPTS THIS PERIOD				\$ 239,4	41.20	_
					507,0	00.00	
C.	TOTAL DISBURSEMENTS THIS PERIOD				Ф		- 157 727 Q <i>l</i>
d.	BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.)			.,,		\$
e.	TOTAL LOANS OUTSTANDING						\$
f.	TOTAL OBLIGATIONS OUTSTANDING	G					\$



#### **SUMMARY PAGE - SMC**

11. NAME OF COMMITTEE (In Full)	12. REPORT COV	RING THE PERIOD
Nashville Moves Action Fund Ballot Committee	FROM: 10/27	TO: 1/15
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)		
a. Uniternized Contributions (\$100 or less from each source this period)	\$	
b. Itemized Contributions (over \$100 from each source this period)	\$_239,441.20	<u></u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)		\$ 239,441.20
14. LOANS RECEIVED THIS REPORTING PERIOD		\$ 0
15. INTEREST RECEIVED THIS REPORTING PERIOD		\$
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		\$
DISBURSEMENTS		
17. EXPENDITURES (other than loan payments)		
<ul> <li>a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by gasoline)</li> </ul>	category - e.g., prin	ting, postage,
\$		
\$		
<u> </u>		
Total of Expenditures (\$100 or less each payee)	\$	-
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 507,000.00	_
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)		\$ 507,000.00
18. LOAN REPAYMENTS MADE THIS PERIOD		
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)	\$	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)		\$
21.LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)		\$
22.OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	<b>—</b> 23
b. Itemized Obligations Outstanding (Over \$100 each)	\$	<del>_</del> s
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	10.f.)	\$



1. NAME OF COMMITTEE				RING THE PERIOD
Nashville Moves Action Fund	Ballot	Committee	FROM: 10/27	TO: 1/15
				Amount
3. TOTAL ITEMIZED CAMPAIGN COM	NTRIBUT	IONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	ge)	0
4. COMPLETE THE APPROPRIATE ITEM	SFOREA	CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
kY Caleb Address		Nix		30.00
1507 Andy St				
City Nashville	State TN	<sup>Zip Code</sup> 37216		
Occupation Communications				
Employer State of Tennessee	24			
First Name	M.I.	Last Name/Organization Name Parrish		Amount of Contribution
Address D- A-+ B206		Falloli		52.00
4425 Westlawn Dr Apt B306	State	Zip Code		
Nashville	TN	37209		
Occupation				
Communications				
Employer Greenways for Nashville				
First Name	M.I.	Last Name/Organization Name Consor Engineering		Amount of Contribution 30,000.00
Address		Consor Engineering		30,000.00
101 Westpark Drive, Suite 300	State	Zip Code		
City Brentwood	TN	37027		
Occupation				
Employer			_	
First Name	M.I.	Last Name/Organization Name Material Managers & Engineers dba 2MNEXT		Amount of Contribution 5,175.25
Address 3715 Northside Parkway, Building 3	00, Suite	± 200		
City	State	Zip Code		
Atlanta	GA	30327		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Nashville Downtown Partnership		Amount of Contribution 25,000.00
Address 150 4th Ave N, Suite 110				
City	State	Zip Code		
Nashville	TN	37209		
Occupation				
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS				\$60,257.25
(Carry forward to item 3. of next page if		pages of this form are used.) t must be shown in item 13b. of summary.)		
(if this is the last page of contributions, t	mis amoun	i indec de endwir in nem 190. Or edmillery,		

1. NAME OF COMMITTEE			2. REPORT COV	ERING THE PERIOD		
Nashville Moves Action Fund Ballot Committee FROM: 10/27						
		TIONS FROM PRECEDING PAGE (enter \$0 if first itemized pa		\$60,257.25		
		CHITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	Amount of Contribution		
First Name	M.I.	Last Name/Organization Name CDM Smith		15,000.00		
Address 75 State Street, Suite 701						
City Boston	State MA	Zip Code 02109				
Occupation						
Employer						
First Name	M.I.	Last Name/Organization Name Jigsaw PAC		Amount of Contribution 10,000.00		
Address 1224 6th Ave N						
Nashville	TN	Zip Code 37208				
Occupation						
Employer						
First Name	M.I.	Last Name/Organization Name RC Mathews Contractor		Amount of Contribution 5,000.00		
Address PO Box 24687						
City Nashville	State TN	Zip Code 37202				
Occupation						
Employer						
First Name	M.I.	Last Name/Organization Name MA Mortensen Contractor		Amount of Contribution		
Address 401 Church St #2200				2,000.00		
City Nashville	State TN	Zip Code 37219				
Occupation						
Employer				1		
First Name James	M.I.	Last Name/Organization Name Roberts		Amount of Contribution 1,035.25		
Address 6300 Edinburgh Dr				1,,,,,,,		
City Nashville	State	Zip Code   37221				
Occupation						
Attorney  Employer Baler Donelson						
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.)						
(if this is the last page of contributions,	uns amoun	it must be shown in item 130. Of summary.		J		

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD	
Nashville Moves Action Fund Ball	ot Com	mittee	FROM: 10/27	TO: 1/15	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	Amount of Contribution	
First Name Kyonzte	M.i.	Last Name/Organization Name Toombs		52.00	
Address 3383 William Bailey Dr					
City Nashville	State TN	Zip Code 37207			
Occupation Council Member		·			
Employer Metro Nashville					
First Name Michael	M.I. A	Last Name/Organization Name Carter		Amount of Contribution 517.75	
Address 1028 Vaughn Crest Dr					
City Franklin	State TN	Zip Code 37069			
Occupation Owner					
Employer Self-Employed					
First Name Erin	M.I.	Last Name/Organization Name Donnelly		Amount of Contribution 259.00	
Address 2908 Oakland Ave					
City Nashville	State TN	Zip Code 37212			
Occupation President					
Employer ThinkTennessee					
First Name Jonathon	M.I.	Last Name/Organization Name Reeser		Amount of Contribution 5,175.25	
Address 1 Hanover Sq					
City New York	State NY	Zip Code 10004			
Occupation Administrator					
Employer SomeraRoad					
First Name	M.I.	Last Name/Organization Name Marketstreet Management LLC		Amount of Contribution 22,000.00	
Address 333 11th Avenue South, Suite 400					
City Nashville	State TN	Zip Code 37203			
Occupation					
Employer					
5.TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if		pages of this form are used.) must be shown in item 13b. of summary.)			
(ii tille is tile last page of contributions, ti	amount				

NAME OF COMMITTEE			2. REPORT COV	/ERING THE PERIOD	
1. NAME OF COMMITTEE  Nashville Moves Action Fund Ballot Committee  FROM: 10/27					
Tradition Moves / Calent and Ba				Amount	
3. TOTAL ITEMIZED CAMPAIGN CO	NTRIBU	TIONS FROM PRECEDING PAGE (enter \$0 if first itemized p	age)	121,796.50	
4. COMPLETE THE APPROPRIATE ITEM	IS FOR E	ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$10	0 from any contributo	r during the period)	
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
		BBS Good Government		20,000.00	
Address 150 Third Avenue South, Suite 2800					
City	State	Zip Code		1	
Nashville	TN	37201		4	
Occupation					
				1	
Employer	V50				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address		River Partners II LLC		_ 20,000.00	
5111 Maryland Way, Suite 201					
City	State	Zip Code			
Brentwood	TN	37027		-	
Occupation					
Employer				-	
Employer					
First Name	M,I.	Last Name/Organization Name		Amount of Contribution	
Address		Lipscomb University		5,000.00	
1 University Park Drive					
City Nashville	State	Zip Code 37204			
		07204		-	
Occupation					
Employer					
				A	
First Name	M.I.	Last Name/Organization Name HW Lochner Inc		Amount of Contribution 5,000.00	
Address				70,000.00	
225 W Washington Street, 12th Floo	State	Zin Code		-	
Chicago	IL	60606			
Occupation				<u> </u>	
Employer					
	Tu	Last Name/Organization Name		Amount of Contribution	
First Name John	M.I. C.	McDearman		2587.75	
Address S4				7	
623 W Main St.	State	Zip Code		1	
Lebanon	TN	37087			
Occupation					
CEO				_	
Employer Wilson Bank & Trust					
				174,384.25	
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 amou	nt must be shown in item 13b. of summary.)			

Nashville Moves Action Fund Ballot Committee  3	1. NAME OF COMMITTEE			2. REPORT COVI	ERING THE PERIOD		
Amount   A		ot Com	mittee				
Computer   First Name	Nastiville ivioves Action i und Ballot Committee						
Marken	13. TOTAL TENIZED CANIFAIGN CONTRIBOTIONS TRESESTAS TRES (Since 45 in instruments page)						
Amount of Correbution Soft Companies  Amount of Correbution Soft Companies  Amount of Correbution Amount of Co	4. COMPLETE THE APPROPRIATE ITEM	S FOR EA	CHITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor			
Mathematics   State	First Name	M.I.					
Solit	Address		I Alliance Bernstein		. 10,000.00		
Nashville   TN   37203	501 Commerce St				.		
Comparison   Com			· ·				
Fire Name Seth Seth Seth Seth Seth Seth Seth Set							
Sate   Swhert   Swh	Employer						
Sale   Sale   TN   37221	First Name Seth	M.I.	-				
Nashville  Coopation Principal  Eriptoyer Metro Nashville Public Schools  First Name Nancy  ML G Morris  ML G Morris  MIL G Morris  Address 905 Paddock Park  City Nashville  Coopation Vice President  Employer Freeman Webb Company  Frixt Name ML Caleb MJ Nix  Advance  Nix  Aproxid of Corribution Nix  Advance  Nix  Aproxid of Corribution 30.00  Advance  Tn N Nix  Nix  Aproxid of Corribution 30.00  Advance  Sale Sale To Code Nix  Aproxid of Corribution 30.00  Advance  Sale Sale To Code Nix  Aproxid of Corribution 30.00  Advance  Sale Sale To Code To Nashville To Nashville Coopation Communications  Frat Name Corre Civic of Tennessee LLC  Advance Sale of Tennessee Frat Name Corre Civic of Tennessee LLC  Advance Sale To Coopation Communications  Frat Name Corre Civic of Tennessee LLC  Advance Sale To Coopation Tn N Nashville Coopation Communications Correction Correction Correction Tn N Nashville Correction Correctio							
Employer   Mark   Last Name/Organization Name   20.95							
Metro Nashville Public Schools First Name Nancy							
Prisy Name   Call   Morris   Address   State   TN   Nashville   TN   Nashv	I						
905 Paddock Park City Nashville TN 37220  Cocupation Vice President  Employer Freeman Webb Company First Name Caleb J Nix Address 1507 Andy St City Nashville TN 37216  Cocupation Communications  Employer State of Tennessee  First Name M.I. Last Name/Organization Name Nix  Amount of Contribution 37216  Cocupation Communications  Employer State of Tennessee  First Name M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City State of Tennessee  First Name M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City State of Tennessee  First Name M.I. State Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City State Of Tennessee  Employer State Of Tennessee Name Name Name Name Name Name Name Na			•				
Nashville	905 Paddock Park						
Vice President  Employer Freeman Webb Company  Fits Name M.I. Last Name/Organization Name Nix  Address 1507 Andy St  City State Trun 37216  Cocupation Communications  Employer  First Name M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City State Zip Code TN 37027  City Code Trun 37027  City State Stat	<sup>City</sup> Nashville						
Freeman Webb Company  First Name Caleb  M.I. Last Name/Organization Name Nix  1507 Andy St  City State TN 37216  Cocupation Communications  Employer State of Tennessee  First Name M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City State TN 37027  Cocupation  Cocupation  Cocupation  Employer  5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)							
First Name Caleb  Address 1507 Andy St  City Nashville TN 37216  Cocupation Communications  Employer State of Tennessee  First Name M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City Brentwood TN 37027  Cocupation  Cocupation  Employer  5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)	Employer Freeman Webb Company						
Address 1507 Andy St  City Nashville TN 37216  Coupation Communications  Engloyer State of Tennessee  First Name M.i. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City State TN 37027  Coupation  Employer  5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)					Amount of Contribution		
City Nashville  Cccupation Communications  Employer State of Tennessee  First Name  M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City State 7N 37027  Ccupation  Cmployer  5.TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page if additional pages of this form are used.)	Address	IJ	NIX		30.00		
Nashville  Occupation Communications  Employer State of Tennessee  First Name  M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City State Zip Code Brentwood  Occupation  Employer  5.TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page if additional pages of this form are used.)		State	7in Coda		1		
Communications  Employer State of Tennessee  First Name  M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City Brentwood  TN 37027  Cocupation  Employer  5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)		10000000			]		
Employer State of Tennessee  First Name  M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City Brentwood  TN 37027  Cocupation  Employer  5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)							
First Name  M.I. Last Name/Organization Name Core Civic of Tennessee LLC  Address 5501 Virginia Way Suite 110  City State TN 37027  Cocupation  Employer  5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)  Amount of Contribution 50,000.00  50,000.00  4mount of Contribution 50,000.00  50,000.00  234,441.20							
5501 Virginia Way Suite 110  City State Zip Code TN 37027  Occupation  Employer  5.TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.)		M.I.	Last Name/Organization Name Core Civic of Tennessee LLC				
Brentwood  Occupation  Employer  5.TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page if additional pages of this form are used.)							
Employer  5.TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page if additional pages of this form are used.)	•						
5.TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page if additional pages of this form are used.)	Occupation						
(Carry forward to item 3. of next page if additional pages of this form are used.)	Employer						
(Carry forward to item 3. of next page if additional pages of this form are used.)	5.TOTAL ITEMIZED CONTRIBUTIONS						
(If this is the last page of contributions, this amount must be snown in item 130. of summary.)	(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.)						

MA.

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD	
Nashville Moves Action Fund Ball	ot Com	mittee	FROM: 10/27	TO: 1/15	
				Amount	
3. TOTAL ITEMIZED CAMPAIGN CON	ITRIBUT	IONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	ge)	234,441.20	
4. COMPLETE THE APPROPRIATE ITEMS	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		TTL ĬNC		5,000.00	
3516 Greensboro Ave #1128					
City	State	Zip Code			
Tuscaloosa	AL	35403			
Occupation					
r-alous					
Employer					
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address					
Address					
City	State	Zip Code			
Occupation					
5-alone					
Employer	77				
First Name	M.I.:	Last Name/Organization Name		Amount of Contribution	
Address				1	
City	State	Zip Code			
Convention					
Occupation					
Employer					
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
				1	
Address					
City	State	Zip Code		Ī	
Occupation					
Fools				†	
Employer					
First Name	M.I.:	Last Name/Organization Name		Amount of Contribution	
Address					
City	State	Zip Code			
				1	
Occupation					
Employer					
5.TOTAL ITEMIZED CONTRIBUTIONS				239,441.20	
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(Carry forward to item 3. or 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.)					
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## **ITEMIZED STATEMENT OF EXPENDITURES - SMC**

1. NAME OF COMMITTEE				2. REPORT COVE	RING THE PERIOD		
Nashville Moves Action Fund Ballo	t Com	mittee		FROM: 10/27	TO: 1/15		
Nashville Weves Assert and Dallet Committee							
3. TOTAL ITEMIZED EXPENDITURES F	ROM PE	RECEDING PAGE	(enter \$0 if first itemized page)		0		
4. COMPLETE THE APPROPRIATE ITEM	S FOR E	ACH ITEMIZED E	XPENDITURE (any expenditures totaling more than	\$100 to a sigle payee	during the period,		
must be itemized.)							
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
I list reality			Contribution		507,000.00		
Last Name/Business Name			Contribution				
Green Lights for Nashville							
Address  1 Vantage Way Suite C140							
City	State	Zip Code	<del></del>				
Nashville	TN	37228					
First Name	Middle Na	mė	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	l		<del> </del>				
Lost Mariles Dusiness Marile							
Address			<del></del>				
City	State	Zip Code					
	Middle Na		Purpose of Expenditure		Amount of Expenditure		
First Name	Wilddle Na	ile	Pulpose of Experiment		,		
Last Name/Business Name							
Address							
	la.	T-0-1					
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			<del>-  </del>				
Address							
O'r.	State	Zip Code					
City	State	Zip Gode					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
,							
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Land Marco //Dusiness Namo							
Last Name/Business Name							
Address			-				
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES  (Corp. forward to item 3, of next page if a	dditional r	names of this form are	e used.)		507,000.00		
(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.)							
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1. NAME OF COMMITTEE				<ol><li>REPORT COVER</li></ol>	
Nashville Moves Action Fund Ballot	Committee			FROM: 10/27	TO: 1/15
	TIONS FROM R	DECEDING DAGE /	enter CO if first itemized page)		Amount
3. TOTAL ITEMIZED IN-KIND CONTRIBUTAL COMPLETE THE APPROPRIATE ITEM	S FOR EACH IT	EMIZED IN-KIND C	ONTRIBUTION (in-kind contribution:	s totaling more than \$100 from ar	y contributor during the period)
	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
First Name	Middle Name		Description of in-rang 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					
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	200440000000000	Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name  Address  City	200440000000000	Zip Code	Description of In-Kind Contribution		
Last Name/Organization Name  Address  City  Occupation	200440000000000	Zip Code	Description of In-Kind Contribution  Description of In-Kind Contribution		Value 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  Employer	State  Middle Name				
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation  Employer  Attorney	State  Middle Name  State	Zip Code	Description of In-Kind Contribution		

Page 1 of 1

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

NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD		
Nashville Moves Action Fund			FROM: 10/27	TO: 1/15		
3. COMPLETE THE APPROPRIATE ITEMS	Outstanding Balance	Loans Received	Loan Payments This	Outstanding Balance (End		
LOAN (loans totaling more than \$100 owed to the reporting period)	(Beginning of Period)	This Period	Period	of Period)		
First Name	Middle Na	ame				
Tist Name						
Last Name/Business Name			<del> </del>			
Lastrania Sasmas Mania						
Address			İ l			
City	State	Zip Code	Date of Loan			
First Name	Middle Na	ame				
			]			
Last Name/Business Name						
			4			
Address						
Ch.	State	Zip Code	Date of Loan			
City	June	Zip oode	Date of Loan			
First Name	Middle Na	ame				
Last Name/Business Name			1			
Leativalie Dualies Sivelie						
Address			1			
City	State	Zip Code	Date of Loan			
First Name	Middle Na	ame				
Last Name/Business Name			1			
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle N	ame				
			1			
Last Name/Business Name						
Address			4			
City	State	ZipCode	Date of Loan		<u> </u>	
City			Date of Loan			
	<u></u>					<u> </u>
4. TOTALS	سام مانس	a must also be shows				
(Total from "Outstanding Balance - (End of Perion in item 21 on summary page.)	ia) colum	III IIIUSI AISO DE SIIUWII				



#### ITEMIZED STATEMENT OF OBLIGATIONS - SMC

NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD		
Nashville Moves Action Fu			FROM: 10/27	TO: 1/15		
COMPLETE THE APPROPRIATE ITEMS	Outstanding Balance	Debt	Payments	Outstanding Balance		
OBLIGATION (obligations totaling more than the end of the reporting period)	(Beginning of Period)	Incurred This Period	This Period	(End of Period)		
the end of the reporting period)			or renod)	This chou	1 5/105	
First Name	Middle Na	ime				
	<u> </u>					1
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
			γ			
First Name	Middle Na	ame	1 1			
Last Name/Business Name			1 1			
			]			
Address						
	To	T- 0.1	- 1			
City	State	Zip Code				
Description of Obligation						
					,	
First Name	Middle Na	ame				
Last Name/Business Name						
			i i			
Address						
City	State	Zip Code	1			
Description of Obligation						
					<b></b>	
First Name	Middle Na	ame				
Last Name/Business Name	<u> </u>		1			
Last Maille/Dusilless Maille						
Address			1			
			1			
City	State	Zip Code				
Description of Obligation						
Zanasara osagawa						
First Name	Middle N	ame				
Last Name/Business Name						
			-			
Address						
City	State	Zip Code	1			
City State Zip Code						
Description of Obligation			-			<u></u>
4 TOTALS			1	ľ		
4. TOTALS (Total from "Outstanding Balance - (End of Period)"	column m	ust also be shown				
in item 22.b on summary page.)						

