

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

Scottie Mayfield for Congress

ADDRESS (number and street) ▼

PO Box 788

Check if different than previously reported. (ACC)

Athens

TN

37303

2. **FEC IDENTIFICATION NUMBER** ▼

C C00511691

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

TN

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 08 / 02 / 2012 in the State of TN

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on / / in the State of

5. Covering Period

07 / 01 / 2012 through 07 / 13 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Rush

Signature of Treasurer Richard Rush

[Electronically Filed]

Date

07 / 21 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Scottie Mayfield for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	19440	652784.71
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	19440	652784.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	218327.24	633033.37
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	218327.24	633033.37
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	169751.34	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	150000	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Scottie Mayfield for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17660	604256.78
(ii) Unitemized.....	1780	29069
(iii) TOTAL of contributions from individuals ▶	19440	633325.78
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		6500
(d) The Candidate.....		12958.93
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	19440	652784.71
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	150000	150000
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	150000	150000
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>		
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>		
<b>16. TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	169440	802784.71

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	218327.24	633033.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	218327.24	633033.37

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	218638.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	169440
25. SUBTOTAL (add Line 23 and Line 24).....	388078.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	218327.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	169751.34

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Marie Farrar Baldree**

Mailing Address 7333 Noah Reid Rd

City State Zip Code  
Chattanooga TN 37421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Orthodontist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN964**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John R Bierly**

Mailing Address 9317 Mountain Shade Dr

City State Zip Code  
Chattanooga TN 37421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Eye Surgery Center Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 13 / 2012**

**Transaction ID : SA11Ai-CN954**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert E Bledsoe Jr**

Mailing Address 1537 Crestway Dr

City State Zip Code  
Athens TN 37303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Athens Women & Clinic Physican

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 10 / 2012**

**Transaction ID : SA11Ai-CN951**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Nelson E Bowers**

Mailing Address 217 Colmore Cir

City State Zip Code  
Lookout Mountain TN 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Village Volkswagen Auto Dealer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2012

**Transaction ID : SA11Ai-CN953**

Amount of Each Receipt this Period  
1200

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David W Britain III**

Mailing Address 1208 Sunset Dr

City State Zip Code  
Signal Mountain TN 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2012

**Transaction ID : SA11Ai-CN912**

Amount of Each Receipt this Period  
250

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Susan D Brock**

Mailing Address 126 W Watkins St

City State Zip Code  
Lookout Mountain TN 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2012

**Transaction ID : SA11Ai-CN965**

Amount of Each Receipt this Period  
500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Christian C Caceres**

Mailing Address 906 W Brow Rd

City Lookout Mountain State TN Zip Code 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Hamilton Damily Dentistry Inc. Occupation Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11Ai-CN966**

Amount of Each Receipt this Period  
 250

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Christian C Caceres**

Mailing Address 906 W Brow Rd

City Lookout Mountain State TN Zip Code 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Hamilton Damily Dentistry Inc. Occupation Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11Ai-CN967**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher P Crimmins**

Mailing Address 219 Hooker St

City Lookout Mountain State TN Zip Code 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Chattanooga Land Co Occupation Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11Ai-CN968**

Amount of Each Receipt this Period  
 500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John C Crouch**

Mailing Address 808 Lee Ave

City Lookout Mountain State TN Zip Code 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Horizons Global Training Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11Ai-CN969**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Tamara Dillard**

Mailing Address 1740 Urban Trl # 118

City Chattanooga State TN Zip Code 37405

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11Ai-CN915**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Stokely E Doster Jr**

Mailing Address 312 Fairy Trail

City Lookout Mountain State TN Zip Code 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11Ai-CN970**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**750.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Howard C Glover III**

Mailing Address 803 W Brow Rd

City State Zip Code  
Lookout Mountain TN 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fischer Evans Jewelry Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN971**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Joey Grubb**

Mailing Address 6633 Sherwood Dr

City State Zip Code  
Knoxville TN 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fog Enterprise President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 13 / 2012**

**Transaction ID : SA11Ai-CN958**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Robertson Healy**

Mailing Address 31 Minnekahda Place  
Apt 1

City State Zip Code  
Chattanooga TN 37405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RH Apparel Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 02 / 2012**

**Transaction ID : SA11Ai-CN821**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jane Kline**

Mailing Address 1100 West Brow Road

City State Zip Code  
Lookout Mtn. TN 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN972**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Halbert Grant Law Jr**

Mailing Address PO Box 1367

City State Zip Code  
Chattanooga TN 37401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN973**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Sherri Parker Lee**

Mailing Address 5555 Cove Island Rd

City State Zip Code  
Knoxville TN 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11Ai-CN916**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles J Liner**

Mailing Address 1010 Crestway Dr

City Athens State TN Zip Code 37303

FEC ID number of contributing federal political committee. **C**

Name of Employer Athens Insurance Occupation Insurance

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : SA11Ai-CN947**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Chris Liner**

Mailing Address 2237 Breckenridge St

City Athens State TN Zip Code 37303

FEC ID number of contributing federal political committee. **C**

Name of Employer Athens Insurance Occupation Producer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11Ai-CN955**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Rick Mays**

Mailing Address PO Box 622

City Athens State TN Zip Code 37371

FEC ID number of contributing federal political committee. **C**

Name of Employer Bojangle's Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **960**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11Ai-CN985**

Amount of Each Receipt this Period  
**960**

In-Kind Received Food and Beverage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1460.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert M McAllester**

Mailing Address 814 W Brow Rd

City State Zip Code  
Lookout Mountain TN 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McAllester & McAllester Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN963**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Eras A Mines**

Mailing Address 4733 Cummings Cove Dr

City State Zip Code  
Chattanooga TN 37419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Eras A Mines Properties Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11Ai-CN917**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Deadrick C Montague**

Mailing Address PO Box 11066

City State Zip Code  
Chattanooga TN 37401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN974**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mitchell L Mutter**

Mailing Address 979 E 3rd St

City State Zip Code  
Chattanooga TN 37403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UT Erlanger Cardiology Cardiologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11Ai-CN975**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Bryan Patten**

Mailing Address 520 Lookout St

City State Zip Code  
Chattanooga TN 37403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Patten And Patten President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11Ai-CN960**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joel Craig Riley II**

Mailing Address 175 County Rd 610

City State Zip Code  
Etowah TN 37331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2012

**Transaction ID : SA11Ai-CN952**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Pete Rittenberry**

Mailing Address 904 Crownpoint Rd W

City	State	Zip Code
Signal Mountain	TN	37377

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11Ai-CN909**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James F Steffner Jr**

Mailing Address 1724 Central Ave

City	State	Zip Code
Chattanooga	TN	37408

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
EMS	Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN961**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James F Steffner Jr**

Mailing Address 1724 Central Ave

City	State	Zip Code
Chattanooga	TN	37408

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
EMS	Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN962**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Kim L Strang**

Mailing Address 1003 Evanwood Dr

City State Zip Code  
Lookout Mountain TN 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Crye-Leike Realtors Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 10 / 2012**

**Transaction ID : SA11Ai-CN950**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Terry Tucker**

Mailing Address 3768 Kings Rd.

City State Zip Code  
Chattanooga TN 37416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Investment Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN944**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William B Weigel**

Mailing Address 7104 Hickory Hills Dr

City State Zip Code  
Knoxville TN 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weigel's Inc Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : SA11Ai-CN977**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Shirley S Woodcock**

Mailing Address PO Box 537

City Sweetwater State TN Zip Code 37874

FEC ID number of contributing federal political committee. **C**

Name of Employer Sweetwater Valley Oil Occupation Business Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 13 / 2012**

**Transaction ID : SA11Ai-CN957**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**500.00**

**17660.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 28  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Mayfield**

Mailing Address 151 Highway 307

City Athens State TN Zip Code 37303

FEC ID number of contributing federal political committee. **C** H2TN03151

Name of Employer Scottie Mayfield Consulting Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 150000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : SA13a-LN1**

Amount of Each Receipt this Period  
 150000

Personal Funds

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

150000.00

150000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. David Patten</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012		
Mailing Address 318 N Crest Rd			Amount of Each Disbursement this Period 4791.34		
City Chattanooga	State TN	Zip Code 37404	Transaction ID : SB17-EX205		
Purpose of Disbursement PAYMENT: SEE BELOW		Category/ Type 001	PAYMENT: SEE BELOW		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. David Patten</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012		
Mailing Address 318 N Crest Rd			Amount of Each Disbursement this Period 4000.00		
City Chattanooga	State TN	Zip Code 37404	Transaction ID : SB17-EX206		
Purpose of Disbursement Campaign Management		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012		
Mailing Address 1609 S Congress Pkwy			Amount of Each Disbursement this Period 165.66		
City Athens	State TN	Zip Code 37303	Transaction ID : SB17-EX207		
Purpose of Disbursement Paper Folders and Labels		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4791.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kangaroo Express</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012		
Mailing Address 1026 Shallowford Rd			Amount of Each Disbursement this Period 625.68		
City Chattanooga	State TN	Zip Code 37411	Transaction ID : SB17-EX208		
Purpose of Disbursement Fuel Expense		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012		
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 7.33		
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX198		
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012		
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 3.95		
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX200		
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 3.20	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX196	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 8.37	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX197	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012	
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 9.61	
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX199	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Athens Utilities Board</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address PO Box 689		Amount of Each Disbursement this Period 178.28
City Athens	State TN	Zip Code 37371
Purpose of Disbursement Office Utilities	Category/ Type 001	
Candidate Name		<b>Transaction ID : SB17-EX204</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Office Utilities
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 426 S White St		Amount of Each Disbursement this Period 306.60
City Athens	State TN	Zip Code 37303
Purpose of Disbursement Internet Service	Category/ Type 001	
Candidate Name		<b>Transaction ID : SB17-EX217</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Internet Service
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hopper Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 203 N Fentress St		Amount of Each Disbursement this Period 54547.00
City Paris	State TN	Zip Code 38242
Purpose of Disbursement PAYMENT: SEE BELOW	Category/ Type 001	
Candidate Name		<b>Transaction ID : SB17-EX220</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	PAYMENT: SEE BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55031.88
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hopper Group LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2012
Mailing Address 203 N Fentress St		Amount of Each Disbursement this Period 24847.00
City Paris State TN Zip Code 38242	Purpose of Disbursement Media Buy Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX221 <b>[MEMO ITEM]</b>
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hopper Group LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2012
Mailing Address 203 N Fentress St		Amount of Each Disbursement this Period 11000.00
City Paris State TN Zip Code 38242	Purpose of Disbursement Campaign Management Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX222 <b>[MEMO ITEM]</b>
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Hopper Group LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2012
Mailing Address 203 N Fentress St		Amount of Each Disbursement this Period 500.00
City Paris State TN Zip Code 38242	Purpose of Disbursement Website Update Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17-EX223 <b>[MEMO ITEM]</b>
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hopper Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 203 N Fentress St		Amount of Each Disbursement this Period 18200.00
City Paris State TN Zip Code 38242	Purpose of Disbursement Direct Mail 001 Category/Type	
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Transaction ID : SB17-EX224  
[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Jessica Stephens</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 606 Deer Creek Dr		Amount of Each Disbursement this Period 2404.77
City Crossville State TN Zip Code 38571	Purpose of Disbursement PAYMENT: SEE BELOW 001 Category/Type	
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Transaction ID : SB17-EX209  
PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>c. Jessica Stephens</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 606 Deer Creek Dr		Amount of Each Disbursement this Period 2000.00
City Crossville State TN Zip Code 38571	Purpose of Disbursement Administrative Services 001 Category/Type	
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Transaction ID : SB17-EX210  
[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2404.77
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jessica Stephens</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 606 Deer Creek Dr		Amount of Each Disbursement this Period 404.77
City Crossville	State TN Zip Code 38571	
Purpose of Disbursement Mileage Reimbursement	Category/Type 001	Transaction ID : SB17-EX211  [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joe Hendrix</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 8678 Cherlee Dr		Amount of Each Disbursement this Period 1829.55
City Ooltewah	State TN Zip Code 37363	
Purpose of Disbursement PAYMENT: SEE BELOW	Category/Type 001	Transaction ID : SB17-EX212  PAYMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Joe Hendrix</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 8678 Cherlee Dr		Amount of Each Disbursement this Period 1700.00
City Ooltewah	State TN Zip Code 37363	
Purpose of Disbursement Administrative Services	Category/Type 001	Transaction ID : SB17-EX213  [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1829.55
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joe Hendrix</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 8678 Cherlee Dr		Amount of Each Disbursement this Period 219.55
City Ooltewah	State TN Zip Code 37363	
Purpose of Disbursement Mileage Reimbursement	Category/Type 001	Transaction ID : SB17-EX214  [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Abby Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 1594 Hwy 30 E		Amount of Each Disbursement this Period 2147.24
City Athens	State TN Zip Code 37303	
Purpose of Disbursement PAYMENT: SEE BELOW	Category/Type 001	Transaction ID : SB17-EX201  PAYMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Abby Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 1594 Hwy 30 E		Amount of Each Disbursement this Period 2000.00
City Athens	State TN Zip Code 37303	
Purpose of Disbursement Administrative Services	Category/Type 001	Transaction ID : SB17-EX202  [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2147.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Abby Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 1594 Hwy 30 E		Amount of Each Disbursement this Period 147.24
City Athens	State TN Zip Code 37303	
Purpose of Disbursement Mileage Reimbursement	Category/Type 001	<b>Transaction ID : SB17-EX203</b>  <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WestRogers LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 6075 Poplar Ave Ste 104		Amount of Each Disbursement this Period 150000.00
City Memphis	State TN Zip Code 38119	
Purpose of Disbursement Media Buy	Category/Type 004	<b>Transaction ID : SB17-EX215</b>  Media Buy
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Chattanooga.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address PO Box 2331		Amount of Each Disbursement this Period 500.00
City Chattanooga	State TN Zip Code 37409	
Purpose of Disbursement Online Advertising	Category/Type 004	<b>Transaction ID : SB17-EX216</b>  Online Advertising
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chattanooga.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address PO Box 2331		Amount of Each Disbursement this Period 500.00
City Chattanooga	State TN	Zip Code 37409
Purpose of Disbursement Online Advertising	Category/ Type 004	
Candidate Name	Transaction ID : SB17-EX227	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Online Advertising
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Rick Mays</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address PO Box 622		Amount of Each Disbursement this Period 960.00
City Athens	State TN	Zip Code 37371
Purpose of Disbursement IN-KIND RECEIVED Food and Beverage	Category/ Type	
Candidate Name	Transaction ID : SB17-CN985	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	In-Kind Received Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Transaction ID	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1460.00
<b>TOTAL</b> This Period (last page this line number only).....	218197.24

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1

Scottie Mayfield for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Charles Mayfield

Primary  
 General  
 Other (specify) ▼

Mailing Address  
151 Highway 307

City State ZIP Code  
Athens TN 37303

Original Amount of Loan 150000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 150000.00
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**TERMS**

Date Incurred: M 07 / D 06 / Y 2012  
Date Due: M 01 / D 01 / Y 2013  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	150000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	150000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.