04/15/2015 01 : 42

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee					Office Use Only				
NAME OF COMMITTEE (in	TYPE OR PF full)	RINT ▼	▼ Example: If typing, type over the lines. 12FE4M5						
Jim Tracy for C	Congress								
ADDRESS (number an	P.O. Box 33	32490							
Check if dif than previous reported. (A	usly Murfreesbo	oro		37133					
2. FEC IDENTIFIC C C0054063	CATION NUMBER ▼	CITY 3. IS THI REPO	IS 🗶 NE	W	STATE AMENE	ZIP CODE STATE ▼ DISTRICT DED TN			
(a) Quarterly R	Reports: 5 Quarterly Report (Q1) 5 Quarterly Report (Q2)	(b) 12-Day	PRE-Election Re Primary (12 Convention	General (* Special (1					
	r 15 Quarterly Report (Q3)	Election	on on	in the State of					
January	31 Year-End Report (YE)	(c) 30-Day	POST-Election R		Runoff (30	DR) Special (30S)			
Termination Report (TER)		Electio	on on	in the State of					
5. Covering Period	M M / D D D 01	/ Y Y Y Y 2015	through	M M M	/ 31 /	Y Y Y Y Y 2015			
I certify that I have e	examined this Report and		my knowledge and	d belief it is tr	ue, correct and	d complete.			
Signature of Treasure	er SHANE REEVES		[Electronicall	y Filed] [Date 04	/ D D / Y Y Y Y Y Y 2015			
	false, erroneous, or incon	nplete information	may subject the p	erson signing t	this Report to t	he penalties of 2 U.S.C. §437g.			
Office Use Only						FEC FORM 3 (Revised 02/2003)			

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2/8

Write or Type Committee Name

Jim Tracy for Congress

03 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 1517121.57 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 175050.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 1342071.57 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 3548.91 1337868.28 (from Line 17) (b) Total Offsets to Operating 0.00 250.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 3548.91 1337618.28 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D).....

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

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Jim Tracy for Congress

01 03 2015 01 2015 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 1201426.90 (i) Itemized (use Schedule A)..... 0.00 66646.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 1268072.90 from individuals 0.00 1000.00 Political Party Committees..... Other Political Committees 0.00 234621.00 (such as PACs)..... 0.00 13427.67 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 0.00 1517121.57 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 50000.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 50000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 250.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 1567371.57 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	3548.91	1337868.28		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19.	LOAN REPAYMENTS:				
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00		
	(b) Of All Other Loans	0.00	0.00		
	(c) TOTAL LOAN REPAYMENTS				
	(add Lines 19(a) and (b))	0.00	0.00		
20.	REFUNDS OF CONTRIBUTIONS TO:				
	(a) Individuals/Persons Other	0.00	101000 00		
	Than Political Committees	0.00	161000.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	200	11050.00		
	(such as PACs)	0.00	14050.00		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	175050.00		
21.	OTHER DISBURSEMENTS	0.00	0.00		
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	3548.91	1512918.28		
	III. CASH SI	JMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	3548.91		
24	TOTAL RECEIPTS THIS PERIOD (from Line	0.00			
25.	SUBTOTAL (add Line 23 and Line 24)		3548.91		
26	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	3548.91		
۷٠.	TOTAL DIODOTOLINENTO THIS FERIOD (III	JIII LIIIO 22)			
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	G PERIOD	0.00		

1mage# 15951143065 PAGE 5 / 8

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3N Transaction ID:

The Committee has reviewed all reimbursements to individuals for travel and subsistence and confirms all itemized memos are reported on Line 17 pursuant to the Commission regulations.

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 6 8 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b 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) Jim Tracy for Congress Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VIRGINIA Date of Disbursement 2015 Mailing Address PO BOX 365 03 31 City State Zip Code Amount of Each Disbursement this Period VA **MCLEAN** 22101 Purpose of Disbursement 3000.00 COMPLIANCE CONSULTING Transaction ID: SB.1 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) PARKING MANAGEMENT COMPANY Date of Disbursement Mailing Address 306 42ND AVE N 03 31 2015 City State Zip Code Amount of Each Disbursement this Period **NASHVILLE** TN 37209 Purpose of Disbursement PARKING SERVICE 250.00 Transaction ID: SB.3 Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. RACHEL BARRETT & COMPANY LLC Mailing Address PO BOX 331983 03 2015 31 City State Zip Code Amount of Each Disbursement this Period **NASHVILLE** TN 37203 298.91 Purpose of Disbursement TRAVEL - MILEAGE Transaction ID: SB.2 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 3548.91 SUBTOTAL of Disbursements This Page (optional)..... 3548.91

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

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

8

DANS			Detailed Summary		(check only or	ne)	_	13a 13b
AME OF COMMITTEE (In Full			Tran	saction	ID : SC.10			
lim Tracy for Congress	5							
LOAN SOURCE Full Name JIM TRACY	(Last, First, Middle	e Initial)	[PERSONAL FUNDS	·	ection: 2014 Primary General			
Mailing Address PO BOX 332490					Other (specify)	▼		
City	S	tate ZIP Co				CONAL FU	ND.	
MURFREESBORO		TN 37133	CANDI	DATEL	OAN FROM PER:	SONAL FU	ND.	S
Original Amount of Loan	(Cumulative Payment To	Date E	Balance	Outstanding at C	lose of Th	is F	² eriod
	50000.00	,	50000.00		7 7	0.	.00	
TERMS Date Incurred	2014 M	Date Due	Interest F	Rate 0.00		Secured:	×	
					% (apr)	Yes	_	No
List All Endorsers or Guar 1. Full Name (Last, First, N		oan Source	Name of Employer					
,								
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	. ,]	
2. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:]	
3. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	- 7]	
4. Full Name (Last, First, M	iddle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	7]	
SUBTOTALS This Period This	Page (optional)		·····		7	0	.00	
TOTALS This Period (last page	e in this line only)		·····		7 7	0	.00	
Carry outstanding balance on	v to LINE 3. Sched	ule D. for this line. If	no Schedule D. carry f	orward	to appropriate	line of Sur	— nm	arv.

1mage# 15951143068 PAGE 8 / 8

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SC/10 Transaction ID: SC.10

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule: Transaction ID: