

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
CBRL Group, Inc. PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		29742.67
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	10940.93									
(c) Total Receipts (from Line 19)	2892.93	31178.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13833.86	60921.33								
7. Total Disbursements (from Line 31)	0.00	47087.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13833.86	13833.86								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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**

Write or Type Committee Name
CBRL Group, Inc. PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1672.26	9787.96
(i) Itemized (use Schedule A)	1181.00	20843.89
(ii) Unitemized	2853.26	30631.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2853.26	30631.85
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	39.67	546.81
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2892.93	31178.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2892.93	31178.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	37.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	37.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	33600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	75.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	75.00
29. Other Disbursements.....	0.00	13375.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	47087.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	47087.47

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2853.26	30631.85
34. Total Contribution Refunds (from Line 28(d))	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2853.26	30556.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	37.47
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	37.47

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 23	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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)
CBRL Group, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Wilson Bank & Trust

Mailing Address P.O. Box 768

City State Zip Code
Lebanon TN 37088-0768

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: 13398630

Amount of Each Receipt this Period
39.67

bank interest received for period 10/2/06 - 10/31/06

SUBTOTAL of Receipts This Page (optional)	▶	39.67
TOTAL This Period (last page this line number only)	▶	39.67

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. P. DOUG COUVILLION		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 176 ASHLAND POINT		Transaction ID: PR1008789617901	
City HENDERSONVILLE	State TN	Zip Code 37075-7701	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cracker Barrel Old Country Store, Inc.	Occupation SVP, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	P/R Deduction (\$20.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. DAVID L GILBERT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1027 TYNE BLVD		Transaction ID: PR1008789717901	
City NASHVILLE	State TN	Zip Code 37220-1026	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cracker Barrel Old Country Store, Inc.	Occupation Chief Administrative Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00	P/R Deduction (\$0.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. STEVE L HECKLE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5201 SHAW COURT		Transaction ID: PR1008789817901	
City BRENTWOOD	State TN	Zip Code 37027-3021	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer CRACKER BARREL OLD COUNTRY STORE, INC.	Occupation VP Risk Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 255.00	P/R Deduction (\$0.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 40.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. DOUGLAS E BARBER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1015692917901
Mailing Address 604 Five Oaks Blvd		Amount of Each Receipt this Period 50.00
City Lebanon	State TN	P/R Deduction (\$25.00 Semi-Monthly)
Zip Code 37087-1357		
FEC ID number of contributing federal political committee. C		
Name of Employer CRACKER BARREL OLD COUNTRY STORE, INC	Occupation Sr. V.P., Restaurant Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. BRENTLY G BAXTER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1032469817901
Mailing Address 3512 LEALAND LANE		Amount of Each Receipt this Period 40.00
City NASHVILLE	State TN	P/R Deduction (\$20.00 Semi-Monthly)
Zip Code 37204-3224		
FEC ID number of contributing federal political committee. C		
Name of Employer CRACKER BARREL OLD COUNTRY STORE	Occupation VP Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. ROBERT ASHBY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1076798817901
Mailing Address 11985 HWY 641 SOUTH		Amount of Each Receipt this Period 20.00
City HOLLADAY	State TN	P/R Deduction (\$10.00 Semi-Monthly)
Zip Code 38341-3838		
FEC ID number of contributing federal political committee. C		
Name of Employer Home Office	Occupation Director, Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	110.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. BART F. VIG		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2582 MALLARDS LANDING DRIVE		Transaction ID: PR1095456217901	
City State Zip Code POWELL OH 43065-6628	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cracker Barrel	Occupation Restaurant Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. JUDY A GRAHAM		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 114 ROOST CT		Transaction ID: PR1136090117901	
City State Zip Code LEXINGTON SC 29073-8789	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer CRACKER BARREL OLD COUNTRY STORE, INC	Occupation Gift Shop Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. KATHY ANGELIA LOCKE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5050 CYPRESS CREEK AVE EAST APT 803		Transaction ID: PR1140726617901	
City State Zip Code TUSCALOOSA AL 35405-6045	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer CRACKER BARREL OLD COUNTRY STORE, INC	Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 60.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. FORREST SHOAF		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3104 PALMER PLACE DRIVE		Transaction ID: PR1199747117901	
City State Zip Code LEBANON TN 37090-8907	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$100.00 Semi-Monthly) _____		
Name of Employer CBRL GROUP, INC.	Occupation Sr. VP Gen Counsel & Corp Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2100.00		

Full Name (Last, First, Middle Initial) B. DIANA S WYNNE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 413 RIDGECREST LANE		Transaction ID: PR1237946117901	
City State Zip Code LEBANON TN 37087-1351	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Semi-Monthly) _____		
Name of Employer CBRL Group, Inc.	Occupation Sr. VP Corporate Affairs, CBRL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 425.00		

Full Name (Last, First, Middle Initial) C. CHARLIE E AUSTIN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 14104 STEARNS ST		Transaction ID: PR73929717901	
City State Zip Code OVERLAND PARK KS 66221-8088	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Semi-Monthly) _____		
Name of Employer Cracker Barrel Old Country Store	Occupation Restaurant Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 290.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. CYRIL J TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 902 JENNIFER COURT		Transaction ID: PR73933417901
City State Zip Code MURFREESBORO TN 37129-5263	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Cracker Barrel Old Country Store	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 525.00	

Full Name (Last, First, Middle Initial) B. TERRY A MAXWELL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 350 DAVENPORT LANE		Transaction ID: PR73933517901
City State Zip Code CASTALIAN SPRINGS TN 37031-5529	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cracker Barrel Old Country Store, Inc.	Occupation Senior Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

Full Name (Last, First, Middle Initial) C. MARK W TANZER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6 BRECKENRIDGE		Transaction ID: PR73935217901
City State Zip Code NASHVILLE TN 37215-5833	Amount of Each Receipt this Period _____ 0.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$0.00 Semi-Monthly)
Name of Employer Cracker Barrel Old Country Store	Occupation Vice President, Product Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 70.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

A. Full Name (Last, First, Middle Initial) PHYLLIS J MULLER Mailing Address 92 SOUTH OAK STREET City MANTENO State IL Zip Code 60950-1520 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73935317901 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer: Cracker Barrel Old Country Store Occupation: Associate Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		

B. Full Name (Last, First, Middle Initial) STANLEY T WARNER Mailing Address 1506 SHAGBARK TRAIL City MURFREESBORO State TN Zip Code 37130-1132 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73935417901 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer: Cracker Barrel Old Country Store Occupation: Restaurant Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

C. Full Name (Last, First, Middle Initial) SANDI O BLEST Mailing Address 1927 FOREST HAVEN DR. City IMPERIAL State MO Zip Code 63052-3026 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73938117901 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer: Cracker Barrel Old Country Store Occupation: Retail District Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. MICHAEL ZYLSTRA		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 327 WHITWORTH WAY		Transaction ID: PR73940017901
City State Zip Code NASHVILLE TN 37205-5017	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Semi-Monthly) _____	
Name of Employer Cracker Barrel Old Country Store	Occupation Vice President & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 525.00	

Full Name (Last, First, Middle Initial) B. DWAYNE K EVANS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 412 SILVER SPRINGS LN		Transaction ID: PR73944917901
City State Zip Code MOUNT JULIET TN 37122-3081	Amount of Each Receipt this Period _____ 70.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$35.00 Semi-Monthly) _____	
Name of Employer Cracker Barrel Old Country Store	Occupation Restaurant District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 735.00	

Full Name (Last, First, Middle Initial) C. BETH J QUINN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 153 HIDDEN COVE COURT		Transaction ID: PR73945017901
City State Zip Code GALLATIN TN 37066-8756	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Semi-Monthly) _____	
Name of Employer Cracker Barrel Old Country Store	Occupation Retail Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 140.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. JOSEPH L JONES JR		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 436 SAVANNAH RIDGE DRIVE		Transaction ID: PR73945417901
City State Zip Code MURFREESBORO TN 37217	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Semi-Monthly) _____	
Name of Employer Cracker Barrel Old Country Store	Occupation VP, Innovation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

Full Name (Last, First, Middle Initial) B. KURT B LOUTZENHISER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9612 FREEDOM WAY		Transaction ID: PR73945917901
City State Zip Code ALBUQUERQUE NM 87109-6377	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Semi-Monthly) _____	
Name of Employer Cracker Barrel Old Country Store	Occupation Restaurant District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

Full Name (Last, First, Middle Initial) C. VANCE W FLETCHER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2 CORAL REEF COURT, SOUTH		Transaction ID: PR73950217901
City State Zip Code PALM COAST FL 32137-8327	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Semi-Monthly) _____	
Name of Employer Cracker Barrel Old Country Store	Occupation Restaurant District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 60.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. RICH A ALEXANDER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1037 PINEMEADOW DRIVE		Transaction ID: PR73951217901
City State Zip Code GARDENDALE AL 35071-2964	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cracker Barrel Old Country Store	Occupation Restaurant District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

Full Name (Last, First, Middle Initial) B. THOMAS R PATE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 309 WHITNEY DRIVE		Transaction ID: PR73951517901
City State Zip Code SMYRNA TN 37167-4439	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cracker Barrel Old Country Store	Occupation V.P., Training & Mgmt. Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

Full Name (Last, First, Middle Initial) C. ANTHONY P GUADAGNO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8961 WARWICKE LANE		Transaction ID: PR73952817901
City State Zip Code SHERRILLS FORD NC 28673-3003	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cracker Barrel Old Country Store	Occupation Restaurant Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 60.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

A. Full Name (Last, First, Middle Initial)
NELSON P GRIFFIN

Mailing Address 213 CAHABA COVE

City State Zip Code
HERMITAGE TN 37076-3344

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

Name of Employer Occupation
Cracker Barrel Old Country Store VP, Diversity & Outreach

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

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

Transaction ID: PR73953217901

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
ELIZABETH M WILSON

Mailing Address 2000 CASTLEMAN DR

City State Zip Code
NASHVILLE TN 37215-6119

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

Name of Employer Occupation
Cracker Barrel Old Country Store Sr. Staff Atty

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

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

Transaction ID: PR73957817901

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
JOSEPH W HARDMAN

Mailing Address 6492 WEST TRIMBLE ROAD

City State Zip Code
MILTON TN 37118-4309

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

Name of Employer Occupation
Cracker Barrel Old Country Store Sr. Director Loss Prevention

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

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

Transaction ID: PR73961217901

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. KELLY L WEST		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 718 WOODLAND DRIVE		Transaction ID: PR73964917901
City State Zip Code LEBANON TN 37087-3814	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$12.50 Semi-Monthly)
Name of Employer Cracker Barrel Old Country Store	Occupation Mgr, Mktg Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 251.02	

Full Name (Last, First, Middle Initial) B. NORMAN J HILL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1810 NEWTON STREET		Transaction ID: PR73975617901
City State Zip Code MURFREESBORO TN 37129-0806	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer CBRL Group, Inc.	Occupation President, Foundation CBRL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	

Full Name (Last, First, Middle Initial) C. SHEILA I MILAM		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 332 PEBBLESTONE DRIVE		Transaction ID: PR73989717901
City State Zip Code BECKLEY WV 25801-9528	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cracker Barrel Old Country Store	Occupation Retail District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 85.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. BRIAN D NEWMAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 324 S BRONCO		Transaction ID: PR73990917901	
City FLORENCE	State SC	Zip Code 29501-8619	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cracker Barrel Old Country Store	Occupation Restaurant District Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. JAMES A BLACK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5083 MELISSA WOODS		Transaction ID: PR73992617901	
City BARTLETT	State TN	Zip Code 38135-6194	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cracker Barrel Old Country Store	Occupation Restaurant District Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 285.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. GARY L ALESSIO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 241 HEATHSTONE CIRCLE		Transaction ID: PR73997617901	
City FRANKLIN	State TN	Zip Code 37069-4353	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cracker Barrel Old Country Store	Occupation Dir., Retail Systems & Enterprise Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 60.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. ROBERT J HARIG		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 613 BAYHILL COURT		Transaction ID: PR74035317901
City State Zip Code HERMITAGE TN 37076-1778	Amount of Each Receipt this Period _____ 200.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$100.00 Semi-Monthly) _____	
Name of Employer Cracker Barrel Old Country Store	Occupation Sr. V.P., Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2100.00	

Full Name (Last, First, Middle Initial) B. ROBERT H STEPHAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PO BOX 1410		Transaction ID: PR74038617901
City State Zip Code NORRIS TN 37828-1410	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Semi-Monthly) _____	
Name of Employer Cracker Barrel Old Country Store	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	

Full Name (Last, First, Middle Initial) C. DEBRA S MIKELS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1365 WINDMOOR DRIVE		Transaction ID: PR74057617901
City State Zip Code DUNEDIN FL 34698-4134	Amount of Each Receipt this Period _____ 24.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$12.00 Semi-Monthly) _____	
Name of Employer Cracker Barrel Old Country Store	Occupation RETAIL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 252.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 244.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. THOMAS L SANDERSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7657 WINDING CREEK DR		Transaction ID: PR75055017901	
City INDIANAPOLIS	State IN	Zip Code 46236-9778	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cracker Barrel Old Country Store	Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. WAYNE L GERLER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7 BRENTMOOR CT.		Transaction ID: PR75073617901	
City SAINT CHARLES	State MO	Zip Code 63303-6442	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cracker Barrel Old Country Store	Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 315.00		
		P/R Deduction (\$15.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. WILLIAM E CHASE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 131 RACCOON LANE		Transaction ID: PR75103517901	
City DANIELS	State TX	Zip Code 25832-9261	Amount of Each Receipt this Period _____ 22.64
FEC ID number of contributing federal political committee. C			
Name of Employer Cracker Barrel Old Country Store	Occupation ASSOCIATE MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 237.72		
		P/R Deduction (\$11.32 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 72.64
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. FRANK ZAPOTOCZNY JR		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4221 GEORGIA ST NW		Transaction ID: PR75114417901
City State Zip Code MASSILLON OH 44646-3269	Amount of Each Receipt this Period _____ 22.08	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$11.04 Semi-Monthly)	
Name of Employer Cracker Barrel Old Country Store	Occupation Rest. Sr. Associate Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 231.84	

Full Name (Last, First, Middle Initial) B. LAWRENCE P GREENE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3747 CACTUS TRAIL		Transaction ID: PR75145717901
City State Zip Code MARTINEZ GA 30907-2774	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Semi-Monthly)	
Name of Employer Cracker Barrel Old Country Store	Occupation Restaurant Associate Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

Full Name (Last, First, Middle Initial) C. MAURA FAYE CHASSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 10 STILLBROOK ROAD		Transaction ID: PR75172917901
City State Zip Code AVON CT 06001-2228	Amount of Each Receipt this Period _____ 26.38	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$13.19 Semi-Monthly)	
Name of Employer Cracker Barrel Old Country Store	Occupation Retail District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 276.99	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 68.46
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CBRL Group, Inc. PAC

Full Name (Last, First, Middle Initial) A. MELVIN H JONES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 526 THE NORTH CHASE		Transaction ID: PR75219517901
City ATLANTA	State GA	Zip Code 30328-4235
Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Cracker Barrel Old Country Store	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) B. MATTHEW S TURGEON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8950 HARRISON PKWY		Transaction ID: PR75221917901
City FISHERS	State IN	Zip Code 46038-3587
Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Cracker Barrel Old Country Store	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00	P/R Deduction (\$10.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. PATRICK J. SHEEHY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1634 WEST WILSON BLVD		Transaction ID: PR951098817901
City MT. JULIET	State TN	Zip Code 37122-9207
Amount of Each Receipt this Period _____ 62.50		
FEC ID number of contributing federal political committee. C		
Name of Employer CBRL Group, Inc.	Occupation Director, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 656.25	P/R Deduction (\$31.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 102.50
TOTAL This Period (last page this line number only) ▶	_____ 1672.26