

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 Jim Tracy for Congress

ADDRESS (number and street) P.O. Box 332490 Check if different than previously reported. (ACC) Murfreesboro TN 37133

2. FEC IDENTIFICATION NUMBER C C00540633 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT TN 04

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 M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2013 through M M / D D / Y Y Y Y 12 / 31 / 2013

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 SHANE REEVES

Signature of Treasurer SHANE REEVES [Electronically Filed] Date M M / D D / Y Y Y Y 12 / 30 / 1899

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Jim Tracy for Congress**

Report Covering the Period: From:   /     To:   /

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 153834.88               | 1075484.67                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 2450.00                 | 12050.00                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 151384.88               | 1063434.67                         |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 74501.05                | 218746.41                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 74501.05                | 218746.41                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 844688.26               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**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

**Jim Tracy for Congress**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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).....   | 93050.00                              | 899605.00                                  |
| (ii) Unitemized.....   | 13175.00                              | 58677.00                                   |
| (iii) TOTAL of contributions from individuals ▶  | 106225.00                             | 958282.00                                  |
| (b) Political Party Committees.....  | 0.00                                  | 1000.00                                    |
| (c) Other Political Committees (such as PACs).....   | 42250.00                              | 102775.00                                  |
| (d) The Candidate.....   | 5359.88                               | 13427.67                                   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 153834.88                             | 1075484.67                                 |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 0.00                                       |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 0.00                                       |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 153834.88                             | 1075484.67                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 74501.05                      | 218746.41                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 2450.00                       | 3500.00                            |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 8550.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 2450.00                       | 12050.00                           |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 76951.05                      | 230796.41                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 767804.43 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 153834.88 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 921639.31 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 76951.05  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 844688.26 |

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

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

FOR LINE NUMBER: PAGE 5 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LEE ADCOCK**

Mailing Address 1152 HWY 130W

City State Zip Code  
SHELBYVILLE TN 37160-6527

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

Name of Employer Occupation  
LEE ADCOCK CONST.CO. INC. GENERAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2013

**Transaction ID : SA11.1777**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. WILFRED L. ALCORN D.D.S.**

Mailing Address 901 MADISON ST.

City State Zip Code  
SHELBYVILLE TN 37160-3522

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11.1605**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 208 LYNWOOD TERRACE

City State Zip Code  
NASHVILLE TN 37205-2914

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : SA11.1649**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 6 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

A. Full Name (Last, First, Middle Initial)  
**ROBERT E. ARNOLD**  
 Mailing Address **204 SUNNYDALE DR**  
 City State Zip Code  
**CHAPEL HILL TN 37034**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**SELF-EMPLOYED FARMER**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 07 2013**  
**Transaction ID : SA11.1855**  
 Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**CARYLON BAKER**  
 Mailing Address **P.O. BOX 101261**  
 City State Zip Code  
**NASHVILLE TN 37224-1261**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**N/A HOMEMAKER**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 22 2013**  
**Transaction ID : SA11.1646**  
 Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**JULIAN B. BAKER JR.**  
 Mailing Address **P.O. BOX 101261**  
 City State Zip Code  
**NASHVILLE TN 37224-1261**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**SPRINT LOGISTICS TRUCKING**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**2850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 22 2013**  
**Transaction ID : SA11.1645**  
 Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

**700.00**

**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 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JIM G. BARRIER**

Mailing Address 1766 HAMPSHIRE PIKE

City COLUMBIA State TN Zip Code 38401-5645

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

Name of Employer SMELTER SERVICE CORP Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : SA11.1787**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 1525 BROADWAY

City NASHVILLE State TN Zip Code 37203-3121

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

Name of Employer BEAMAN AUTOMOTIVE Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11.1466**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address 1525 BROADWAY

City NASHVILLE State TN Zip Code 37203-3121

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 11 / 2013

**Transaction ID : SA11.1545**

Amount of Each Receipt this Period  
 2400.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**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 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LEE BEAMAN**

Mailing Address 1525 BROADWAY

City State Zip Code  
NASHVILLE TN 37203-3121

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

Name of Employer Occupation  
BEAMAN AUTOMOTIVE OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2013

**Transaction ID : SA11.1546**

Amount of Each Receipt this Period  
-2400.00

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**DR. VICTOR BECK JR.**

Mailing Address 3189 OAK HILL FARM RD.

City State Zip Code  
COLUMBIA TN 38401-8529

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 18 / 2013

**Transaction ID : SA11.1574**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 1410 BROADLANDS DR

City State Zip Code  
MURFREESBORO TN 37130-5972

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE AND CONSTRUCTION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1798**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**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 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL BINKLEY**

Mailing Address 104 ST. MICHAELS LN.

City State Zip Code  
SMYRNA TN 37167-6322

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

Name of Employer Occupation  
TN FARMERS CO-OP SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2013

**Transaction ID : SA11.1576**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NORMAN G. BROWN JR.**

Mailing Address 833 COMPTON RD.

City State Zip Code  
MURFREESBORO TN 37130-3332

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

Name of Employer Occupation  
ROSCOE BROWN INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1822**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 2343 RIVER TERRACE DR

City State Zip Code  
MURFREESBORO TN 37129-1340

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1806**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**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 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CYNTHIA W. BUTTRY**

Mailing Address 6404 RIDGEWALK LN

City State Zip Code  
KNOXVILLE TN 37931-1867

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2013

**Transaction ID : SA11.1669**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 121 HIGHLAND CIRCLE

City State Zip Code  
SHELBYVILLE TN 37160-5415

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

Name of Employer Occupation  
FIRST COMMUNITY MORTGAGE MORTGAGE BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 04 / 2013

**Transaction ID : SA11.1774**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 4330 SNEED RD

City State Zip Code  
NASHVILLE TN 37215-3242

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1792**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2000.00

**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 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**OLIVER CARMICHAEL**

Mailing Address 4330 SNEED RD

City State Zip Code  
NASHVILLE TN 37215-3242

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 31 2013

**Transaction ID : SA11.1793**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 1715 WATERFORD RD.

City State Zip Code  
MURFREESBORO TN 37129-6517

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

Name of Employer Occupation  
IMPLANT & GENERAL DENTISTRY OF MIDDLEBURY ACCOUNTS PAYABLE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 28 2013

**Transaction ID : SA11.1591**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 535 GAITHER ROAD

City State Zip Code  
SHELBYVILLE TN 37160-6867

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

Name of Employer Occupation  
FIRST COMMUNITY BANK OF BEDFORD COUNTY BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 31 2013

**Transaction ID : SA11.1790**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

2500.00

**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 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ADAM F. COGGIN**

Mailing Address 919 SPRINGLEAF CT.

City MURFREESBORO State TN Zip Code 37130-9002

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

Name of Employer ADAM'S PLACE Occupation DIRECTOR OF INDEPENDENT LIVING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11.1587**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 919 SPRINGLEAF CT.

City MURFREESBORO State TN Zip Code 37130-9002

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

Name of Employer ADAM'S PLACE Occupation DIRECTOR OF INDEPENDENT LIVING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1802**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1942 DILTON-MANKIN RD

City MURFREESBORO State TN Zip Code 37127-6902

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1837**

Amount of Each Receipt this Period  
 2100.00  
 CONTRIBUTION

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

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

3350.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 13 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM ROBERT COGGIN**

Mailing Address 1919 TURFLAND DR.

City MURFREESBORO State TN Zip Code 37127-5979

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

Name of Employer NATIONAL HEALTHCARE CORPORATION Occupation BUSINESSMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1834**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address PO BOX 150039

City NASHVILLE State TN Zip Code 37215-0039

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

Name of Employer WALLER Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : SA11.1647**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 3577 COBLE RD.

City LEWISBURG State TN Zip Code 37091-6553

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

Name of Employer WASTE MANAGEMENT Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11.1856**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 14 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL E. CULLUM D.D.S.**

Mailing Address 105 BERRYWOOD DR.

City State Zip Code  
COLUMBIA TN 38401-6409

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

Name of Employer Occupation  
SELF-EMPLOYED ORAL & MAXILLOFACIAL SURGERY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 28 2013

**Transaction ID : SA11.1597**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 614 EAST CLARK BLVD.

City State Zip Code  
MURFREESBORO TN 37130-2121

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 28 2013

**Transaction ID : SA11.1599**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 4684 NASHVILLE HWY.

City State Zip Code  
CHAPEL HILL TN 37034-2126

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

Name of Employer Occupation  
FARM BUREAU INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 14 2013

**Transaction ID : SA11.1634**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

1600.00

**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 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAY G. DAVIS**

Mailing Address 105 STANLEY DAVIS CIR.

City State Zip Code  
SHELBYVILLE TN 37160-7707

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2013

**Transaction ID : SA11.1572**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 115 LYNNWOOD TERRACE

City State Zip Code  
NASHVILLE TN 37205-2911

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

Name of Employer Occupation  
SHERMAN DIXIE CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 22 / 2013

**Transaction ID : SA11.1771**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 219 HAYNES HAVEN LN.

City State Zip Code  
MURFREESBORO TN 37129-1564

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2013

**Transaction ID : SA11.1577**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**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 16 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. STAN M. DICKERSON**

Mailing Address 2508 SHANGRILA TRL.

City State Zip Code  
COLUMBIA TN 38401-5801

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED OPTOMETRIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1602**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 120 LAURAL HILL DR

City State Zip Code  
SMYRNA TN 37167-4906

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DELIOTTE'S BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1741**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HOWARD H. ELEY JR.**

Mailing Address 212 ENNISMORE LN

City State Zip Code  
BRENTWOOD TN 37027-4459

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ICA INC PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1635**

Amount of Each Receipt this Period

CONTRIBUTION

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

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

**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 17 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA A. EVANS**

Mailing Address 155 CUMBERLAND DR

City Hendersonville State TN Zip Code 37075-5301

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1761B**

Amount of Each Receipt this Period  
 -2600.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION TO GENERAL

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

Mailing Address 155 CUMBERLAND DR

City Hendersonville State TN Zip Code 37075-5301

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1764**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION FROM PRIMARY

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

Mailing Address 1132 NORTH RUTHERFORD BLVD

City Murfreesboro State TN Zip Code 37130-8114

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

Name of Employer EVANS AUTO EXCHANGE Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013

**Transaction ID : SA11.1772**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

**500.00**

**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 18 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN EVANS**

Mailing Address 155 CUMBERLAND DR

City Hendersonville State TN Zip Code 37075-5301

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

Name of Employer SELF-EMPLOYED Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11.1715**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

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

Mailing Address 155 CUMBERLAND DR

City Hendersonville State TN Zip Code 37075-5301

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1761**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED  
 (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

Mailing Address 155 CUMBERLAND DR

City Hendersonville State TN Zip Code 37075-5301

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

Name of Employer SELF-EMPLOYED Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1715B**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

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

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

5000.00

**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 19 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN EVANS**

Mailing Address 155 CUMBERLAND DR

City Hendersonville State TN Zip Code 37075-5301

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

Name of Employer SELF-EMPLOYED Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1762B**

Amount of Each Receipt this Period  
 -2400.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION TO GENERAL

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

Mailing Address 155 CUMBERLAND DR

City Hendersonville State TN Zip Code 37075-5301

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

Name of Employer SELF-EMPLOYED Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1763**

Amount of Each Receipt this Period  
 2400.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION FROM PRIMARY

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

Mailing Address 1122 BRINKLY AVE.

City Murfreesboro State TN Zip Code 37129-1718

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

Name of Employer CRF PROPERTIES Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11.1667**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**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 20 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN M. FARRIS**

Mailing Address 999 S SHADY GROVE RD STE 500

City MEMPHIS State TN Zip Code 38120-4128

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

Name of Employer FARRIS BOBANGO BRANAN PLC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : SA11.1712**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 1413 SE BROAD ST

City MURFREESBORO State TN Zip Code 37130-5616

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

Name of Employer FOX DEVELOPMENT INC Occupation PRINCIPLE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : SA11.1709**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address PO BOX 2476

City HENDERSONVILLE State TN Zip Code 37077-2476

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

Name of Employer RETAINING WALL OF T Occupation SELF-EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1731**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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

850.00

**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 21 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT GEORGE**

Mailing Address **947 TYNE BOULEVARD**

City **NASHVILLE** State **TN** Zip Code **37220-1506**

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

Name of Employer **TCW, INC.** Occupation **TRANSPORTATION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 15 / 2013**

**Transaction ID : SA11.1768**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **241 INDUSTRIAL WAY SW**

City **CLEVELAND** State **TN** Zip Code **37311-7110**

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

Name of Employer **GIBCO CONSTRUCTION** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : SA11.1465**

Amount of Each Receipt this Period  
**5200.00**  
 CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address **241 INDUSTRIAL WAY SW**

City **CLEVELAND** State **TN** Zip Code **37311-7110**

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

Name of Employer **GIBCO CONSTRUCTION** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 04 / 2013**

**Transaction ID : SA11.1470**

Amount of Each Receipt this Period  
**-2600.00**  
 CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

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

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

**500.00**

**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 22 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DUANE GILBERT**

Mailing Address **241 INDUSTRIAL WAY SW**

City **CLEVELAND** State **TN** Zip Code **37311-7110**

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

Name of Employer **GIBCO CONSTRUCTION** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 04 / 2013**

**Transaction ID : SA11.1469**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

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

Mailing Address **PO BOX 56  
124 EVENINGSIDE DR.**

City **CHAPEL HILL** State **TN** Zip Code **37034-0056**

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

Name of Employer **PHARMACIST** Occupation **H&S PHARMACY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 07 / 2013**

**Transaction ID : SA11.1860**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **19 MASON PLACE**

City **DECHERD** State **TN** Zip Code **37324-3991**

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

Name of Employer **GLENN DENTAL** Occupation **DENTAL HYGENIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 06 / 2013**

**Transaction ID : SA11.1626**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**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:<br>(check only one)   | PAGE 23 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOAN P. GREGORY**

Mailing Address 105 CARSTIL RD

City BRISTOL State TN Zip Code 37620

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

Name of Employer SJ STRATEGIC INVESTMENTS Occupation VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11.1868**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 105 CARSTIL RD

City BRISTOL State TN Zip Code 37620

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

Name of Employer SJ STRATEGIC INVESTMENTS Occupation MANAGING PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11.1867**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 661 BAY POINT DRIVE

City GALLATIN State TN Zip Code 37066-4404

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1788**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

6200.00

**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 24 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CARL HALEY**

Mailing Address 112 CHURCH STREET

City State Zip Code  
FRANKLIN TN 37064-2632

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

Name of Employer Occupation  
SELF-EMPLOYED ENTREPRENEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.1775**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address 2938 LONGFORD DR

City State Zip Code  
MURFREESBORO TN 37129-5815

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

Name of Employer Occupation  
CITY AUTO INDEPENDENT BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1821**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. MARK F. HARDISON**

Mailing Address 2123 RIVERVIEW DR.

City State Zip Code  
MURFREESBORO TN 37129-1326

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2013

**Transaction ID : SA11.1588**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

4100.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 25 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ASHLEY P. HARDISON**

Mailing Address 2123 RIVERVIEW DR.

City MURFREESBORO State TN Zip Code 37129-1326

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

Name of Employer N.A. Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1628**

Amount of Each Receipt this Period  
900.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**DR. MARK F. HARDISON**

Mailing Address 2123 RIVERVIEW DR.

City MURFREESBORO State TN Zip Code 37129-1326

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1588B**

Amount of Each Receipt this Period  
-900.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**GUS L. HARGETT JR.**

Mailing Address 3910 REGENCY PARK DR

City MURFREESBORO State TN Zip Code 37129

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1739**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

500.00

**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 26 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL L. HAYES**

Mailing Address **230 COUNCIL BLUFF PKWY**

City **MURFREESBORO** State **TN** Zip Code **37127-6388**

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

Name of Employer **HAYES ACCOUNTING** Occupation **CPA**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.1818**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

Mailing Address **1431 KEITH KOVE**

City **LEWISBURG** State **TN** Zip Code **37091-4246**

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

Name of Employer **LEWISBURG INDUS & WLDG, INC.** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11.1567**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

Mailing Address **3415 MEADOWCREST DRIVE**

City **MURFREESBORO** State **TN** Zip Code **37129-0836**

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

Name of Employer **BELMONT UNIVERSITY** Occupation **PROFESSOR/ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 17 / 2013**

**Transaction ID : SA11.1780**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**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 27 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRYAN K. HOLCOMB**

Mailing Address 114 SPENCE CREEK LN

City MURFREESBORO State TN Zip Code 37128-5378

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1742**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 1419 VERANDA CIR

City MURFREESBORO State TN Zip Code 37130-3265

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

Name of Employer TN SUPREME CT Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1729**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

Mailing Address 726 CHEROKEE CT.

City MURFREESBORO State TN Zip Code 37130-3111

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

Name of Employer HUDDLESTON OIL COMPANY Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11.1449**

Amount of Each Receipt this Period  
 4200.00  
 CONTRIBUTION

**[MEMO ITEM]**

**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 28 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHRIS HUDDLESTON**

Mailing Address 726 CHEROKEE CT.

City MURFREESBORO State TN Zip Code 37130-3111

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2013

**Transaction ID : SA11.1467**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

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

Mailing Address 726 CHEROKEE CT.

City MURFREESBORO State TN Zip Code 37130-3111

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

Name of Employer HUDDLESTON OIL COMPANY Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2013

**Transaction ID : SA11.1468**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

Mailing Address 1478 TATE LANE

City MT JULIET State TN Zip Code 37122-2816

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

Name of Employer HUNTER INSURANCE Occupation INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1789**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

250.00

**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 29 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ORRIN INGRAM**

Mailing Address 1475 MORAN ROAD

City FRANKLIN State TN Zip Code 37069-6301

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

Name of Employer INGRAM INDUSTRIES Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11.1783**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 1211 MULLBERRY CT.

City MURFREESBORO State TN Zip Code 37130-1137

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11.1578**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address PO BOX 217

City LASCASSAS State TN Zip Code 37085-0217

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

Name of Employer SOUTHLAND SUPPLY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1745**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3750.00

**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 30 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT J. JOSLIN JR.**

Mailing Address 4117 BRANDYWINE POINTE BLVD

City State Zip Code  
OLD HICKORY TN 37138-1935

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

Name of Employer Occupation  
JOSLIN SIGN OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 31 / 2013

**Transaction ID : SA11.1833**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 1511 BRADBERRY DR.

City State Zip Code  
MURFREESBORO TN 37130-1142

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

Name of Employer Occupation  
RELIANT REALTY REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 30 / 2013

**Transaction ID : SA11.1727**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 176 PINE POINT DR

City State Zip Code  
ZEPHYR COVE NV 89448

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

Name of Employer Occupation  
NATURES PLUS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 18 / 2013

**Transaction ID : SA11.1725**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

3250.00

**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 31 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARJORIE N. MAHER**

Mailing Address **PO BOX 6812727**

City **FRANKLIN** State **TN** Zip Code **37068**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.1809**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **7859 LEROUX LN.**

City **MANASSAS** State **VA** Zip Code **20112-4655**

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

Name of Employer **CHRISTOPHER HOLLIS INTERNATIONAL** Occupation **ASSOCIATE PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11.1570**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **7859 LEROUX LN.**

City **MANASSAS** State **VA** Zip Code **20112-4655**

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

Name of Employer **CHRISTOPHER HOLLIS INTERNATIONAL** Occupation **ASSOCIATE PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 18 / 2013**

**Transaction ID : SA11.1718**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**2500.00**

**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 32 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DANIELLE M. MAURER**

Mailing Address 2507 N

City ARLINGTON State VA Zip Code 22207

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

Name of Employer FIERCE, ISAKOWITZ AND BLALOCK Occupation SVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11.1782**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT A. MCCABE JR.**

Mailing Address 4418 HOEBURT PL

City NASHVILLE State TN Zip Code 37215

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

Name of Employer PINNACLE FINANCIAL PARTNERS Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.1636**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 926 SHOREHAM ST.

City MURFREESBORO State TN Zip Code 37130-9505

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

Name of Employer EXIT REALTY BOB LAMB & ASSC. Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1730**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

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

700.00

**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 33 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL MCFARLIN**

Mailing Address 1692 OLD HILLSBORO RD

City FRANKLIN State TN Zip Code 37069-4702

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

Name of Employer THE M&W LOGISTICS GROUP Occupation TRANSPORTATION & LOGISTICS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : SA11.1642**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 939

City COOKEVILLE State TN Zip Code 38503-0939

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

Name of Employer CASH EXPRESS LLC Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11.1668**

Amount of Each Receipt this Period  
 2400.00

CONTRIBUTION

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

Mailing Address P.O. BOX 939

City COOKEVILLE State TN Zip Code 38503-0939

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

Name of Employer CASH EXPRESS LLC Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1668B**

Amount of Each Receipt this Period  
 -2400.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

3400.00

**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 34 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TERESA MCNABB**

Mailing Address P.O. BOX 939

City State Zip Code  
COOKEVILLE TN 38503-0939

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

Name of Employer Occupation  
CASH EXPRESS LLC PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 30 / 2013

**Transaction ID : SA11.1765**

Amount of Each Receipt this Period  
2400.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address 1603 BUCKINGHAM DR

City State Zip Code  
MURFREESBORO TN 37129-5890

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

Name of Employer Occupation  
FIRSTBANK VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 19 / 2013

**Transaction ID : SA11.1713**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 1918 DAUGHTRY RD

City State Zip Code  
CHAPEL HILL TN 37064

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

Name of Employer Occupation  
NASHVILLE FERTILITY CENTER EMBRYOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 07 / 2013

**Transaction ID : SA11.1853**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

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

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

550.00

**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 35 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**J. G. MITCHELL III**

Mailing Address **PO BOX 1336**

City **MURFREESBORO** State **TN** Zip Code **37133-1336**

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

Name of Employer **ATTORNEY** Occupation **SELF-EMPLOYED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 19 / 2013**

**Transaction ID : SA11.1714**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **1831 FRANKLIN PIKE**

City **LEWISBURG** State **TN** Zip Code **37091-6917**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 14 / 2013**

**Transaction ID : SA11.1633**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **7400 PARK TERRACE DR**

City **ALEXANDRIA** State **VA** Zip Code **22307-2039**

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

Name of Employer **CAPITOL COUNSEL LLC** Occupation **PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 19 / 2013**

**Transaction ID : SA11.1711**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 36 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. MAX L. MOSS**

Mailing Address 1728 SHAGBARK TRL.

City MURFREESBORO State TN Zip Code 37130-1135

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11.1589**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 10201 PAW PAW SPRINGS RD.

City ARRINGTON State TN Zip Code 37014-4834

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1747**

Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

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

Mailing Address 837 GOLF CLUB RD.

City MCMINNVILLE State TN Zip Code 37110-9403

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11.1600**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1400.00

**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 37 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT M. NISWONGER**

Mailing Address **PO BOX 938**

City **GREENEVILLE** State **TN** Zip Code **37744-0938**

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

Name of Employer **NISWONGER FOUNDATION** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 03 / 2013**

**Transaction ID : SA11.1671**

Amount of Each Receipt this Period  
**5200.00**

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

**B.** Full Name (Last, First, Middle Initial)  
**DR. TRACY L. PACK D.D.S.**

Mailing Address **147 E CLARK BLVD.**

City **MURFREESBORO** State **TN** Zip Code **37130-2112**

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

Name of Employer **SELF-EMPLOYED** Occupation **ORTHODONTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2013**

**Transaction ID : SA11.1590**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. JOHN E. PETTY**

Mailing Address **3401 LEDFORD MILL RD.**

City **WARTRACE** State **TN** Zip Code **37183-8035**

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

Name of Employer **SELF-EMPLOYED** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2013**

**Transaction ID : SA11.1595**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

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

**5950.00**

**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 38 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ERIC L. PIRTLE**

Mailing Address 1002 VIRGINIA HILL DR

City MOUNT JULIET State TN Zip Code 37122-2863

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

Name of Employer SELF-EMPLOYED Occupation NATIONWIDE INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : SA11.1785**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GINA R. PITTENGER D.D.S.**

Mailing Address 2604 BAUGH RD.

City THOMPSONS STATION State TN Zip Code 37179-9275

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11.1573**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address 1423 AVELLINO CIR.

City MURFREESBORO State TN Zip Code 37130-7601

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1623**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 39 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

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

Mailing Address 124 APPLETREE CT

City MURFREESBORO State TN Zip Code 37129-1296

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

Name of Employer SELF Occupation COSMETOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11.1778**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 135 BLACKBERRY LN.

City MURFREESBORO State TN Zip Code 37130-6885

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1803**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 1558 BEAR BRANCH CV

City MURFREESBORO State TN Zip Code 37130-1999

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

Name of Employer SELF-EMPLOYED Occupation INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : SA11.1786**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 40 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TRACY RICHARDSON**

Mailing Address 5019 WILLOWBEND DR.

City MURFREESBORO State TN Zip Code 37128-3730

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11.1601**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN R. ROBERTS SR.**

Mailing Address 2747 HILLSBORO BLVD.

City MANCHESTER State TN Zip Code 37355-6540

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

Name of Employer SELF-EMPLOYED Occupation AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11.1773**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 171 TRENTON HWY

City MILAN State TN Zip Code 38358-6628

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

Name of Employer MILAN EXPRESS Occupation MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : SA11.1770**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 41 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN G. ROTHROCK**

Mailing Address 1208 WATERSTONE BLVD

City State Zip Code  
FRANKLIN TN 37069-7208

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

Name of Employer Occupation  
US CONGRESS CHIEF OF STAFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : SA11.1652**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. DAVID R. SAIN D.D.S., D.**

Mailing Address 1849 MEMORIAL BLVD.

City State Zip Code  
MURFREESBORO TN 37129-1522

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1622**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 415 CHURCH ST, APT 3015

City State Zip Code  
NASHVILLE TN 37219-1849

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

Name of Employer Occupation  
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11.1717**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 42 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD SCHOTT**

Mailing Address 410 BELLWOOD DR

City State Zip Code  
MURFREESBORO TN 37130-4902

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1819**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address 320 COLLEGE ST

City State Zip Code  
SAVANNAH TN 38372-2073

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

Name of Employer Occupation  
HARDIN COUNTY TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1811**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 6112 MONTCREST DRIVE

City State Zip Code  
NASHVILLE TN 37215-5622

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

Name of Employer Occupation  
AT&T SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 18 / 2013

**Transaction ID : SA11.1781**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

3750.00

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 43 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRYAN D. SPICER**

Mailing Address 1081 SUNSET RD.

City State Zip Code  
BRENTWOOD TN 37027-8277

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

Name of Employer Occupation  
CARMEN AND SPICER ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2013

**Transaction ID : SA11.1571**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. RONDA G. SPIVEY**

Mailing Address 2268 OAKLAIGH DR.

City State Zip Code  
MURFREESBORO TN 37129-0833

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

Name of Employer Occupation  
MURFREESBORO ORAL SURGERY & IMPLAI ORAL AND MAXILLO FACIAL SURGEON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2013

**Transaction ID : SA11.1603**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 1128 OLD LACASSAS RD

City State Zip Code  
MURFREESBORO TN 37130-1747

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

Name of Employer Occupation  
REALTOR AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1804**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**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: PAGE 44 OF 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. ROY THOMPSON**

Mailing Address 2102 WINDSOR ST

City State Zip Code  
MURFREESBORO TN 37130-1721

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

Name of Employer Occupation  
DENTIST SELF-EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : SA11.1653**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1100 SEVEN OAKS BLVD.

City State Zip Code  
SMYRNA TN 37167-6450

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

Name of Employer Occupation  
N/A RETIRED MILITARY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11.1575**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 1491 AVELLINO CIR.

City State Zip Code  
MURFREESBORO TN 37130-7601

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

Name of Employer Occupation  
SELF ORTHODONTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1624**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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:<br>(check only one)   | PAGE 45 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT P. TUMA JR.**

Mailing Address 3625 BARFIELD CRESCENT RD.

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>MURFREESBORO | State<br>TN | Zip Code<br>37128-5754 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>SELF-EMPLOYED | Occupation<br>DENTIST |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1598**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 113 PAGE RD.

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>NASHVILLE | State<br>TN | Zip Code<br>37205-4421 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

|  |                                  |
|--|----------------------------------|
| Name of Employer<br>VAUGHN DEVELOPMENT GROUP, INC. | Occupation<br>AFFORDABLE HOUSING |
|--|----------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1644**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address PO BOX 249  
8325 HIGHWAY 60

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>GEORGETOWN | State<br>TN | Zip Code<br>37336-0249 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

|  |                             |
|--|-----------------------------|
| Name of Employer<br>INDEPENDENT HEALTH CARE PROPERRTIE | Occupation<br>PRESIDENT/CEO |
|--|-----------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1722**

Amount of Each Receipt this Period

CONTRIBUTION

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

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

**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 46 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL P. WAGGONER**

Mailing Address 6027 NASHVILLE HWY.

City State Zip Code  
CHAPEL HILL TN 37034-2524

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

Name of Employer Occupation  
NASHVILLE FIRE DEPARTMENT FIRE FIGHTER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 07 / 2013

**Transaction ID : SA11.1857**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

Mailing Address 5035 MACOMB STREET NW

City State Zip Code  
WASHINGTON DC 20016-2674

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

Name of Employer Occupation  
ROBERTI+WHITE, LLC CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2013

**Transaction ID : SA11.1779**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 453

City State Zip Code  
PORTLAND TN 37148-0453

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

Name of Employer Occupation  
THE FARMERS BANK, PORTLAND, TN. BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1795**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

950.00

**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 47 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID G. WILSON**

Mailing Address 8002 BIRCH DRIVE

City State Zip Code  
CHATTANOOGA TN 37421-1523

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

Name of Employer Occupation  
TENNESSEE CREDIT UNION LEAGUE ASSOCIATION EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2013

**Transaction ID : SA11.1797**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 5214 COUNTRY CLUB RD

City State Zip Code  
BRENTWOOD TN 37027-5172

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

Name of Employer Occupation  
RUSH TRUCK CENTER SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 22 2013

**Transaction ID : SA11.1643**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 1119 COURIER PLACE

City State Zip Code  
SMYRNA TN 37167-6209

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

Name of Employer Occupation  
SELF-EMPLOYED PROPERTY MGT.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 18 2013

**Transaction ID : SA11.1579**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**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:<br>(check only one)   | PAGE 48 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

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

Mailing Address 734 SASCO HILL RD

City State Zip Code  
FAIRFIELD CT 06824-6345

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

Name of Employer Occupation  
AUTISM SPEAKS FOUNDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1836**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. RONALD T. WRIGHT D.D.S.**

Mailing Address 2477 RIVER RD.

City State Zip Code  
MURFREESBORO TN 37129-5892

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2013

**Transaction ID : SA11.1568**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 810 CARLETON AVE.

City State Zip Code  
CARUTHERSVILLE MO 63830-1839

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2013

**Transaction ID : SA11.1322**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**[MEMO ITEM]  
SEE ATTRIBUTION BELOW**

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

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

3100.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 49 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GERALD KESSLER**

Mailing Address 548 BROADHOLLOW RD.

City MELVILLE State NY Zip Code 11747-3722

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

Name of Employer BOXWOOD PLANTATION, LLC Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2013

**Transaction ID : SA11.1504**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**FARRAR & BATES LLP**

Mailing Address 211 7TH AVE N STE 500

City NASHVILLE State TN Zip Code 37219-1823

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1817**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUESTED

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

Mailing Address 625 N HIGHLAND AVE.

City MURFREESBORO State TN Zip Code 37130-2495

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11.1503**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**[MEMO ITEM]**  
SEE ATTRIBUTION BELOW

**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 50 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**REITA N. AGARWAL**

Mailing Address 625 N HIGHLAND AVE.

City State Zip Code  
MURFREESBORO TN 37130-2495

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

Name of Employer Occupation  
GOOD HEALTH CLINIC PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2013

**Transaction ID : SA11.1632**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address 1503 MEADOW SPRINGS DR

City State Zip Code  
JEFFERSON CITY TN 37760-2047

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

Name of Employer Occupation  
Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2013

**Transaction ID : SA11.1648**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

SEE ATTRIBUTION

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

Mailing Address 1503 MEADOW SPRINGS DR

City State Zip Code  
JEFFERSON CITY TN 37760-2047

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

Name of Employer Occupation  
HAYES AND ASSOCIATES REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2013

**Transaction ID : SA11.1848**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**  
ATTRIBUTION TO PARTNERS REQUESTED

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

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

500.00

**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 51 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LANDERS DRILLING**

Mailing Address 102 ASHE RD

City State Zip Code  
SHELBYVILLE TN 37160-3784

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 18 2013

**Transaction ID : SA11.1716**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

Mailing Address 102 ASHE RD.

City State Zip Code  
SHELBYVILLE TN 37160-3784

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

Name of Employer Occupation  
SELF-EMPLOYED DRILLING CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 18 2013

**Transaction ID : SA11.1849**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**  
ATTRIBUTION TO PARTNERS REQUESTED

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

Mailing Address 101 NORTH MAPLE ST.

City State Zip Code  
MURFREESBORO TN 37130-3506

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 18 2013

**Transaction ID : SA11.1569**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

ATTRIBUTION TO PARNTERS REQUESTED

**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 52 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RACHEL BARRETT AND COMPANY, LLC**

Mailing Address 611 COMMERCE ST, STE 2927

City State Zip Code  
NASHVILLE TN 37203-3736

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : SA11.1392**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**[MEMO ITEM]  
SEE ATTRIBUTION BELOW**

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

Mailing Address 2406 9TH AVENUE S.

City State Zip Code  
NASHVILLE TN 37204-2425

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

Name of Employer Occupation  
RACHEL BARRETT & CO., LLC OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2013

**Transaction ID : SA11.1447**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address PO BOX 66680

City State Zip Code  
WASHINGTON DC 20035-6680

FEC ID number of contributing federal political committee. **C** C00375865

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
874.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11.20000**

Amount of Each Receipt this Period  
585.00

CONTRIBUTION

**[MEMO ITEM]  
TOTAL EARMARKED THROUGH CONDUIT - PAC  
LIMIT NOT AFFECTED**

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

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

0.00

**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 53 OF 93 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CONCERNED WOMEN PAC**

Mailing Address PO BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

FEC ID number of contributing federal political committee. **C** C00375865

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 874.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : SA11.20001**

Amount of Each Receipt this Period  
 229.00

CONTRIBUTION

**[MEMO ITEM]**  
 TOTAL EARMARKED THROUGH CONDUIT - PAC  
 LIMIT NOT AFFECTED

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

Mailing Address PO BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

FEC ID number of contributing federal political committee. **C** C00375865

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 874.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11.20002**

Amount of Each Receipt this Period  
 30.00

CONTRIBUTION

**[MEMO ITEM]**  
 TOTAL EARMARKED THROUGH CONDUIT - PAC  
 LIMIT NOT AFFECTED

**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).....

0.00

93050.00

**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 54 OF 93 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BARRY DOSS FOR STATE HOUSE**

Mailing Address 2784 HIGHWAY 43 N

City LAWRENCEBURG State TN Zip Code 38464-6051

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1805**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COMMITTEE TO ELECT MARK WHITE**

Mailing Address 1661 AARON BRENNER DR STE 300

City MEMPHIS State TN Zip Code 38120-1466

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1807**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CURTIS HALFORD CAMPAIGN ACCOUNT**

Mailing Address 127 OLD DYER TRENTON RD

City DYER State TN Zip Code 38330-4212

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1743**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 55 OF 93  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A. ELDRIDGE FOR STATE REPRESENTATIVE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 EMERALD LAKE DR  
 City JACKSON State TN Zip Code 38305-1571  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11.1815**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. GREEN PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 COMMERCE ST  
 City NASHVILLE State TN Zip Code 37203-3742  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11.1719**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. JOHN STEVENS FOR SENATE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 399  
 City HUNTINGDON State TN Zip Code 38344-0399  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11.1808**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 56 OF 93 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHNSON VICTORY COMMITTEE**

Mailing Address 2599 MEMORIAL DR

City State Zip Code  
CLARKSVILLE TN 37043-5342

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1757**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 190 MATLOCK RD

City State Zip Code  
LENOIR CITY TN 37771-7328

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1740**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address PO BOX 1087

City State Zip Code  
CHATTANOOGA TN 37401-1087

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1832**

Amount of Each Receipt this Period

CONTRIBUTION

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

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

**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 57 OF 93 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

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

Mailing Address **PO BOX 2221**

City **BRISTOL** State **TN** Zip Code **37621-2221**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 18 / 2013**

**Transaction ID : SA11.1720**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**OCOEE REGION BUILDERS ASSOCIATION**

Mailing Address **2700 KEITH ST NW STE 3**

City **CLEVELAND** State **TN** Zip Code **37312-3756**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 19 / 2013**

**Transaction ID : SA11.1708**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PAT MARSH FOR TN STATE REP**

Mailing Address **PO BOX 1650**

City **SHELBYVILLE** State **TN** Zip Code **37162-1650**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2013**

**Transaction ID : SA11.1744**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2200.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 58 OF 93 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RAAM PAC**

Mailing Address **PO BOX 158213**

City **NASHVILLE** State **TN** Zip Code **37215-8213**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.1816**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEVE DICKERSON FOR STATE SENATE**

Mailing Address **PO BOX 120931**

City **NASHVILLE** State **TN** Zip Code **37212-0931**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.1810**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC**

Mailing Address **1891 PRESTON WHITE DR**

City **RESTON** State **VA** Zip Code **20191-4326**

FEC ID number of contributing federal political committee. **C C00343459**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.1820**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

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

7000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 59 OF 93 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL PAC- ADPAC**

Mailing Address 111 14TH STRRET NW, STE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : SA11.1593**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN INSURANCE ASSOCIATION PAC**

Mailing Address 2101 L ST NW STE 400

City WASHINGTON State DC Zip Code 20037-1542

FEC ID number of contributing federal political committee. **C C00103143**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1812**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BUILD PAC THE NATIONAL ASSOCIATION OF HOME BUILDERS PAC**

Mailing Address 1201 15TH ST NW

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11.1724**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

5000.00

**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 60 OF 93  |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHATT-PAC LEGISLATIVE ARM OF THE HOME BUILDERS ASSOCIATION O**

Mailing Address **3221 HARRISON PIKE**

City **CHATTANOOGA** State **TN** Zip Code **37406-1444**

FEC ID number of contributing federal political committee. **C C00230904**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 19    |   | 2013        |

**Transaction ID : SA11.1710**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CITIZENS UNITED POLITICAL VICTORY FUND**

Mailing Address **1006 PENNSYLVANIA AVE SE**

City **WASHINGTON** State **DC** Zip Code **20003-2142**

FEC ID number of contributing federal political committee. **C C00295527**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 30    |   | 2013        |

**Transaction ID : SA11.1759**

Amount of Each Receipt this Period  

|         |
|---------|
| 5000.00 |
|---------|

CONTRIBUTION

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

Mailing Address **PO BOX 66680**

City **WASHINGTON** State **DC** Zip Code **20035-6680**

FEC ID number of contributing federal political committee. **C C00375865**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1581.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 22    |   | 2013        |

**Transaction ID : SA11.1666**

Amount of Each Receipt this Period  

|        |
|--------|
| 300.00 |
|--------|

CONTRIBUTION

TOTAL EARMARKED THROUGH CONCERNED WOMEN - PAC LIMIT NOT AFFECTED

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

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

|         |
|---------|
| 5550.00 |
|         |



**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 62 OF 93 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CONCERNED WOMEN PAC**

Mailing Address PO BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

FEC ID number of contributing federal political committee. **C C00375865**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1581.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2013

**Transaction ID : SA11.1666D**

Amount of Each Receipt this Period  
70.00

CONTRIBUTION

**[MEMO ITEM]**  
TOTAL EARMARKED THROUGH CONCERNED WOMEN - PAC LIMIT NOT AFFECTED

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

Mailing Address PO BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

FEC ID number of contributing federal political committee. **C C00375865**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1581.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 13 2013

**Transaction ID : SA11.1748B**

Amount of Each Receipt this Period  
229.00

CONTRIBUTION

**[MEMO ITEM]**  
TOTAL EARMARKED THROUGH CONDUIT - PAC LIMIT NOT AFFECTED

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

Mailing Address PO BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

FEC ID number of contributing federal political committee. **C C00375865**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1581.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 28 2013

**Transaction ID : SA11.1748C**

Amount of Each Receipt this Period  
610.00

CONTRIBUTION

**[MEMO ITEM]**  
TOTAL EARMARKED THROUGH CONDUIT - PAC LIMIT NOT AFFECTED

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

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

0.00



**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 64 OF 93 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL PAPER PAC**

Mailing Address 1101 PENNSYLVANIA AVE NW STE 200

City WASHINGTON State DC Zip Code 20004-2514

FEC ID number of contributing federal political committee. **C C00034405**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1813**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 1014 VINE ST

City CINCINNATI State OH Zip Code 45202-1141

FEC ID number of contributing federal political committee. **C C00059238**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1758**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**

Mailing Address 3601 VINCENNES RD

City INDIANAPOLIS State IN Zip Code 46268-1154

FEC ID number of contributing federal political committee. **C C00170258**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1814**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**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 65 OF 93 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**PUBLIX SUPERMARKETS INC ASSOCIATES PAC**

Mailing Address PO BOX 407

City LAKELAND State FL Zip Code 33802-0407

FEC ID number of contributing federal political committee. **C C00400705**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11.1670**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. Full Name (Last, First, Middle Initial)**  
**TENNESSEE ROAD BUILDERS ASSOCIATION PAC**

Mailing Address PO BOX 190535 UPTOWN STATION

City NASHVILLE State TN Zip Code 37219-0535

FEC ID number of contributing federal political committee. **C C00215012**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 22 / 2013

**Transaction ID : SA11.1650**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. Full Name (Last, First, Middle Initial)**  
**THE SERVICEMASTER CO. PAC- SERVEPAC**

Mailing Address 860 RIDGE LAKE BLVD.

City MEMPHIS State TN Zip Code 38120-9434

FEC ID number of contributing federal political committee. **C C00331363**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11.1723**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

5500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 66 OF 93 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

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

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : SA11.1625**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**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).....

5000.00

42250.00



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 68 OF 93                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |                    |                          |   |
|--|--------------------|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JIM TRACY</b>   |                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 04 / 2013</b>                        |
| Mailing Address <b>PO BOX 332490</b>   |                    |                          | Amount of Each Disbursement this Period<br><b>80.00</b><br>Transaction ID : <b>SB17.394</b> |
| City<br><b>MURFREESBORO</b>  | State<br><b>TN</b> | Zip Code<br><b>37133</b> |   |
| Purpose of Disbursement<br><b>PETTY CASH - JIM TRACY</b>   |                    | Candidate Name           | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |                    |                          |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    | State: District:         |   |

|  |                    |                          |   |
|--|--------------------|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JIM TRACY</b>   |                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 16 / 2013</b>                          |
| Mailing Address <b>PO BOX 332490</b>   |                    |                          | Amount of Each Disbursement this Period<br><b>359.88</b><br>Transaction ID : <b>SB17.3940</b> |
| City<br><b>MURFREESBORO</b>  | State<br><b>TN</b> | Zip Code<br><b>37133</b> |   |
| Purpose of Disbursement<br><b>IN KIND - FOOD/BEVERAGE</b>  |                    | Candidate Name           | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |                    |                          |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    | State: District:         |   |

|  |                    |                          |  |
|--|--------------------|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JIM TRACY</b>   |                    |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 18 / 2013</b>                         |
| Mailing Address <b>PO BOX 332490</b>   |                    |                          | Amount of Each Disbursement this Period<br><b>100.00</b><br>Transaction ID : <b>SB17.395</b> |
| City<br><b>MURFREESBORO</b>  | State<br><b>TN</b> | Zip Code<br><b>37133</b> |  |
| Purpose of Disbursement<br><b>PETTY CASH - JIM TRACY</b>   |                    | Candidate Name           | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |                    |                          |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                    | State: District:         |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>539.88</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 69 OF 93                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JIM TRACY</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 22 / 2013                         |
| Mailing Address PO BOX 332490  |   | Amount of Each Disbursement this Period<br>100.00<br><b>Transaction ID : SB17.396</b> |
| City<br>MURFREESBORO   | State<br>TN   |   |
| Zip Code<br>37133  | Purpose of Disbursement<br>PETTY CASH - JIM TRACY   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JIM TRACY</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 09 / 2013                        |
| Mailing Address PO BOX 332490  |   | Amount of Each Disbursement this Period<br>80.00<br><b>Transaction ID : SB17.397</b> |
| City<br>MURFREESBORO   | State<br>TN   |  |
| Zip Code<br>37133  | Purpose of Disbursement<br>PETTY CASH - JIM TRACY   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHN L BATEY</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2013                         |
| Mailing Address 5104 BAKER RD  |   | Amount of Each Disbursement this Period<br>75.00<br><b>Transaction ID : SB17.IK01</b> |
| City<br>MURFREESBORO   | State<br>TN   |   |
| Zip Code<br>37129  | Purpose of Disbursement<br>IN KIND - CATERING   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 255.00 |
| <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:<br>(check only one)  | PAGE 70 OF 93 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MATT HERRIMAN</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 08 / 2013</b>                          |
| Mailing Address <b>1650 CASON LN #311</b>  |   | Amount of Each Disbursement this Period<br><b>1375.00</b><br><b>Transaction ID : SB17.434</b> |
| City<br><b>MURFREESBORO</b>  | State<br><b>TN</b>  |   |
| Zip Code<br><b>37128</b>   | Purpose of Disbursement<br><b>TRAVEL- MILEAGE</b>   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MATT HERRIMAN</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 08 / 2013</b>                         |
| Mailing Address <b>1650 CASON LN #311</b>  |   | Amount of Each Disbursement this Period<br><b>969.55</b><br><b>Transaction ID : SB17.437</b> |
| City<br><b>MURFREESBORO</b>  | State<br><b>TN</b>  |  |
| Zip Code<br><b>37128</b>   | Purpose of Disbursement<br><b>TRAVEL- MILEAGE</b>   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MATT HERRIMAN</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 30 / 2013</b>                         |
| Mailing Address <b>1650 CASON LN #311</b>  |   | Amount of Each Disbursement this Period<br><b>780.84</b><br><b>Transaction ID : SB17.438</b> |
| City<br><b>MURFREESBORO</b>  | State<br><b>TN</b>  |  |
| Zip Code<br><b>37128</b>   | Purpose of Disbursement<br><b>TRAVEL- MILEAGE</b>   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>3125.39</b> |
| <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:<br>(check only one)  | PAGE 71 OF 93 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MATT HERRIMAN</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2013                         |
| Mailing Address 1650 CASON LN #311   |   | Amount of Each Disbursement this Period<br>567.30<br><b>Transaction ID : SB17.439</b> |
| City<br>MURFREESBORO   | State<br>TN   |   |
| Zip Code<br>37128  | Purpose of Disbursement<br>TRAVEL- MILEAGE  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. BRANDON WHITT</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2013                         |
| Mailing Address 317 JAMISON DOWNS RD   |   | Amount of Each Disbursement this Period<br>75.00<br><b>Transaction ID : SB17.IK02</b> |
| City<br>MURFREESBORO   | State<br>TN   |   |
| Zip Code<br>37129  | Purpose of Disbursement<br>IN KIND - CATERING   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. REID WITCHER</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 02 / 2013                         |
| Mailing Address 611 COMMERCE ST STE 2927   |   | Amount of Each Disbursement this Period<br>582.50<br><b>Transaction ID : SB17.435</b> |
| City<br>NASHVILLE  | State<br>TN   |   |
| Zip Code<br>37203  | Purpose of Disbursement<br>TRAVEL- MILEAGE  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1224.80 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 72 OF 93                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CMDI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 03 / 2013</b>                         |
| Mailing Address 1593 SPRING HILL RD STE 400   |  | Amount of Each Disbursement this Period<br><b>798.00</b><br><b>Transaction ID : SB17.376</b> |
| City TYSONS CORNER  | State VA Zip Code 22182  |  |
| Purpose of Disbursement<br>DATABASE MANAGEMENT SERVICE  | Category/Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CMDI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 04 / 2013</b>                         |
| Mailing Address 1593 SPRING HILL RD STE 400   |  | Amount of Each Disbursement this Period<br><b>798.00</b><br><b>Transaction ID : SB17.378</b> |
| City TYSONS CORNER  | State VA Zip Code 22182  |  |
| Purpose of Disbursement<br>DATABASE MANAGEMENT SERVICE  | Category/Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CMDI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 03 / 2013</b>                         |
| Mailing Address 1593 SPRING HILL RD STE 400   |  | Amount of Each Disbursement this Period<br><b>798.00</b><br><b>Transaction ID : SB17.379</b> |
| City TYSONS CORNER  | State VA Zip Code 22182  |  |
| Purpose of Disbursement<br>DATABASE MANAGEMENT SERVICE  | Category/Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>2394.00</b> |
| <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:<br>(check only one)  | PAGE 73 OF 93 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. COMPLIANCE CONSULTING COMPANY OF VA LLC</b>                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 02 / 2013</b>                          |
| Mailing Address <b>PO BOX 365</b>   |  | Amount of Each Disbursement this Period<br><b>1525.00</b><br><b>Transaction ID : SB17.349</b> |
| City<br><b>MCLEAN</b>   | State<br><b>VA</b>   |   |
| Zip Code<br><b>22101</b>  | Purpose of Disbursement<br><b>COMPLIANCE CONSULTING</b>  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. COMPLIANCE CONSULTING COMPANY OF VA LLC</b>                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 06 / 2013</b>                          |
| Mailing Address <b>PO BOX 365</b>   |  | Amount of Each Disbursement this Period<br><b>1525.00</b><br><b>Transaction ID : SB17.350</b> |
| City<br><b>MCLEAN</b>   | State<br><b>VA</b>   |   |
| Zip Code<br><b>22101</b>  | Purpose of Disbursement<br><b>COMPLIANCE CONSULTING</b>  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. COMPLIANCE CONSULTING COMPANY OF VA LLC</b>                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 09 / 2013</b>                          |
| Mailing Address <b>PO BOX 365</b>   |  | Amount of Each Disbursement this Period<br><b>1525.00</b><br><b>Transaction ID : SB17.351</b> |
| City<br><b>MCLEAN</b>   | State<br><b>VA</b>   |   |
| Zip Code<br><b>22101</b>  | Purpose of Disbursement<br><b>COMPLIANCE CONSULTING</b>  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>4575.00</b> |
| <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:<br>(check only one)  | PAGE 74 OF 93 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

Full Name (Last, First, Middle Initial)  
**A. DOUBLETREE HOTEL**

Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 21 / 2013

Amount of Each Disbursement this Period: 9772.14

Transaction ID : SB17.348

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

Mailing Address 2 WEST WINDSOR AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 25 / 2013

Amount of Each Disbursement this Period: 575.32

Transaction ID : SB17.386

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

Mailing Address 2 WEST WINDSOR AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 26 / 2013

Amount of Each Disbursement this Period: 216.06

Transaction ID : SB17.387

**SUBTOTAL** of Disbursements This Page (optional) ..... 10563.52

**TOTAL** 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:<br>(check only one)  | PAGE 75 OF 93 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |                |  |
|---|----------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. EV STRATEGIES</b>  |                | Date of Disbursement                             |
| Mailing Address 2 WEST WINDSOR AVE  |                | M M / D D / Y Y Y Y<br>12 / 23 / 2013            |
| City<br>ALEXANDRIA  | State<br>VA    | Zip Code<br>22301                                |
| Purpose of Disbursement<br>FOOD/BEVERAGES/TRAVEL  | Candidate Name | Amount of Each Disbursement this Period<br>87.93 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |  |
| State: District:  | Category/Type  | Transaction ID : SB17.388                        |

|   |                |  |
|---|----------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. EV STRATEGIES</b>  |                | Date of Disbursement                             |
| Mailing Address 2 WEST WINDSOR AVE  |                | M M / D D / Y Y Y Y<br>10 / 30 / 2013            |
| City<br>ALEXANDRIA  | State<br>VA    | Zip Code<br>22301                                |
| Purpose of Disbursement<br>TRAVEL   | Candidate Name | Amount of Each Disbursement this Period<br>67.32 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |  |
| State: District:  | Category/Type  | Transaction ID : SB17.414                        |

|   |                |   |
|---|----------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. EV STRATEGIES</b>  |                | Date of Disbursement                              |
| Mailing Address 2 WEST WINDSOR AVE  |                | M M / D D / Y Y Y Y<br>11 / 18 / 2013             |
| City<br>ALEXANDRIA  | State<br>VA    | Zip Code<br>22301                                 |
| Purpose of Disbursement<br>TRAVEL   | Candidate Name | Amount of Each Disbursement this Period<br>300.00 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                |   |
| State: District:  | Category/Type  | Transaction ID : SB17.420                         |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 455.25 |
| <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:<br>(check only one)  | PAGE 76 OF 93 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

Full Name (Last, First, Middle Initial)

**A. EV STRATEGIES**

Mailing Address 2 WEST WINDSOR AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2013

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.429

Full Name (Last, First, Middle Initial)

**B. FEDEX OFFICE**

Mailing Address THREE GALLERIA TOWER 13155 NOEL RD

City DALLAS State TX Zip Code 75240

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2013

Amount of Each Disbursement this Period: 45.44

Transaction ID : SB17.380

Full Name (Last, First, Middle Initial)

**C. FEDEX OFFICE**

Mailing Address THREE GALLERIA TOWER 13155 NOEL RD

City DALLAS State TX Zip Code 75240

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2013

Amount of Each Disbursement this Period: 180.90

Transaction ID : SB17.381

**SUBTOTAL** of Disbursements This Page (optional)..... 526.34

**TOTAL** 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:<br>(check only one)          |                                    | PAGE 77 OF 93                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FLS CONNECT LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 20 / 2013                         |
| Mailing Address 7300 HUDSON BLVD STE 270   |  | Amount of Each Disbursement this Period<br>885.83<br><b>Transaction ID : SB17.408</b> |
| City ST PAUL State MN Zip Code 55128   | Purpose of Disbursement TELEPHONE SERVICE  |   |
| Candidate Name   | Category/Type  |   |
| 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:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. HOLIDAY INN</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2013                        |
| Mailing Address PO BOX 30321   |  | Amount of Each Disbursement this Period<br>95.24<br><b>Transaction ID : SB17.419</b> |
| City SALT LAKE CITY State UT Zip Code 84130  | Purpose of Disbursement TRAVEL   |  |
| Candidate Name   | Category/Type  |  |
| 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:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ICONTACT CORPORATION</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 02 / 2013                        |
| Mailing Address 2450 PERIMETER PARK DR STE 105   |  | Amount of Each Disbursement this Period<br>92.50<br><b>Transaction ID : SB17.440</b> |
| City MORRISVILLE State NC Zip Code 27560   | Purpose of Disbursement WEB SERVICE  |  |
| Candidate Name   | Category/Type  |  |
| 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).....      | 1073.57 |
| <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:<br>(check only one)  | PAGE 78 OF 93 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ICONTACT CORPORATION</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2013                        |
| Mailing Address 2450 PERIMETER PARK DR STE 105   |  | Amount of Each Disbursement this Period<br>92.50<br><b>Transaction ID : SB17.441</b> |
| City MORRISVILLE State NC Zip Code 27560   | Purpose of Disbursement WEB SERVICE  |  |
| Candidate Name   | Category/Type  |  |
| 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:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ICONTACT CORPORATION</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 03 / 2013                        |
| Mailing Address 2450 PERIMETER PARK DR STE 105   |  | Amount of Each Disbursement this Period<br>92.50<br><b>Transaction ID : SB17.442</b> |
| City MORRISVILLE State NC Zip Code 27560   | Purpose of Disbursement WEB SERVICE  |  |
| Candidate Name   | Category/Type  |  |
| 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:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JOYNER &amp; HOGAN PRINTERS</b>                                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 15 / 2013                          |
| Mailing Address 600 MAIN ST PO BOX 60069   |  | Amount of Each Disbursement this Period<br>2300.80<br><b>Transaction ID : SB17.402</b> |
| City NASHVILLE State TN Zip Code 37206   | Purpose of Disbursement PRINTING   |  |
| Candidate Name   | Category/Type  |  |
| 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).....      | 2485.80 |
| <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 79 OF 93                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOYNER &amp; HOGAN PRINTERS</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 25 / 2013 |  |
| Mailing Address 600 MAIN ST PO BOX 60069  |  |                   | Amount of Each Disbursement this Period<br>87.40              |  |
| City<br>NASHVILLE   | State<br>TN  | Zip Code<br>37206 | Transaction ID : SB17.403                                     |  |
| Purpose of Disbursement<br>PRINTING   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MATT HERRIMAN</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 10 / 2013 |  |
| Mailing Address 1650 CASON LN #311  |  |                   | Amount of Each Disbursement this Period<br>2500.00            |  |
| City<br>MURFREESBORO  | State<br>TN  | Zip Code<br>37128 | Transaction ID : SB17.399                                     |  |
| Purpose of Disbursement<br>POLITICAL STRATEGY CONSULTING  |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MATT HERRIMAN</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 02 / 2013 |  |
| Mailing Address 1650 CASON LN #311  |  |                   | Amount of Each Disbursement this Period<br>2762.16            |  |
| City<br>MURFREESBORO  | State<br>TN  | Zip Code<br>37128 | Transaction ID : SB17.400                                     |  |
| Purpose of Disbursement<br>POLITICAL STRATEGY CONSULTING/TRAVEL   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5349.56 |
| <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:<br>(check only one)          | PAGE 80 OF 93                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MATT HERRIMAN</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 23 / 2013 |  |
| Mailing Address 1650 CASON LN #311  |  |                   | Amount of Each Disbursement this Period<br>2777.98            |  |
| City<br>MURFREESBORO  | State<br>TN  | Zip Code<br>37128 | Transaction ID : SB17.401                                     |  |
| Purpose of Disbursement<br>POLITICAL STRATEGY CONSULTING/TRAVEL   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ONMESSAGE INC</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 26 / 2013 |  |
| Mailing Address 705 MELVIN AVE #105   |  |                   | Amount of Each Disbursement this Period<br>845.00             |  |
| City<br>ANNAPOLIS   | State<br>MD  | Zip Code<br>21401 | Transaction ID : SB17.389                                     |  |
| Purpose of Disbursement<br>MEDIA  |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 01 / 2013 |  |
| Mailing Address 144 2ND ST 1ST FL   |  |                   | Amount of Each Disbursement this Period<br>108.00             |  |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94105 | Transaction ID : SB17.352                                     |  |
| Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3730.98 |
| <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:<br>(check only one)          | PAGE 81 OF 93                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 04 / 2013</b> |
| Mailing Address <b>144 2ND ST 1ST FL</b>  |  | Amount of Each Disbursement this Period<br><b>4.50</b>               |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94105</b>  | Purpose of Disbursement<br><b>CREDIT CARD MERCHANT FEE</b>   | <b>Transaction ID : SB17.353</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 07 / 2013</b> |
| Mailing Address <b>144 2ND ST 1ST FL</b>  |  | Amount of Each Disbursement this Period<br><b>33.75</b>              |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94105</b>  | Purpose of Disbursement<br><b>CREDIT CARD MERCHANT FEE</b>   | <b>Transaction ID : SB17.354</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 10 / 2013</b> |
| Mailing Address <b>144 2ND ST 1ST FL</b>  |  | Amount of Each Disbursement this Period<br><b>136.15</b>             |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94105</b>  | Purpose of Disbursement<br><b>CREDIT CARD MERCHANT FEE</b>   | <b>Transaction ID : SB17.355</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>174.40</b> |
| <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 82 OF 93                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 11 / 2013</b> |
| Mailing Address <b>144 2ND ST 1ST FL</b>  |  | Amount of Each Disbursement this Period<br><b>1.13</b>               |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94105</b>  | Purpose of Disbursement<br><b>CREDIT CARD MERCHANT FEE</b>   | <b>Transaction ID : SB17.356</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 15 / 2013</b> |
| Mailing Address <b>144 2ND ST 1ST FL</b>  |  | Amount of Each Disbursement this Period<br><b>2.25</b>               |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94105</b>  | Purpose of Disbursement<br><b>CREDIT CARD MERCHANT FEE</b>   | <b>Transaction ID : SB17.357</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 16 / 2013</b> |
| Mailing Address <b>144 2ND ST 1ST FL</b>  |  | Amount of Each Disbursement this Period<br><b>3.38</b>               |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94105</b>  | Purpose of Disbursement<br><b>CREDIT CARD MERCHANT FEE</b>   | <b>Transaction ID : SB17.358</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>6.76</b> |
| <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:<br>(check only one)  | PAGE 83 OF 93 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 25 / 2013                       |
| Mailing Address 144 2ND ST 1ST FL  |   | Amount of Each Disbursement this Period<br>1.13<br><b>Transaction ID : SB17.359</b> |
| City<br>SAN FRANCISCO  | State<br>CA   |   |
| Zip Code<br>94105  | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2013                       |
| Mailing Address 144 2ND ST 1ST FL  |   | Amount of Each Disbursement this Period<br>6.75<br><b>Transaction ID : SB17.360</b> |
| City<br>SAN FRANCISCO  | State<br>CA   |   |
| Zip Code<br>94105  | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 25 / 2013                       |
| Mailing Address 144 2ND ST 1ST FL  |   | Amount of Each Disbursement this Period<br>0.68<br><b>Transaction ID : SB17.361</b> |
| City<br>SAN FRANCISCO  | State<br>CA   |   |
| Zip Code<br>94105  | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8.56 |
| <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:<br>(check only one)  | PAGE 84 OF 93 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 26 / 2013 |
| Mailing Address 144 2ND ST 1ST FL   |  | Amount of Each Disbursement this Period<br>4.50               |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94105   | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE  | Transaction ID : SB17.362                                     |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 27 / 2013 |
| Mailing Address 144 2ND ST 1ST FL   |  | Amount of Each Disbursement this Period<br>24.75              |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94105   | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE  | Transaction ID : SB17.363                                     |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 03 / 2013 |
| Mailing Address 144 2ND ST 1ST FL   |  | Amount of Each Disbursement this Period<br>45.00              |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94105   | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE  | Transaction ID : SB17.364                                     |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 74.25 |
| <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:<br>(check only one)  | PAGE 85 OF 93 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 05 / 2013 |
| Mailing Address 144 2ND ST 1ST FL   |  | Amount of Each Disbursement this Period<br>22.50              |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94105   | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE  | <b>Transaction ID : SB17.365</b>                              |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 06 / 2013 |
| Mailing Address 144 2ND ST 1ST FL   |  | Amount of Each Disbursement this Period<br>22.50              |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94105   | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE  | <b>Transaction ID : SB17.366</b>                              |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 13 / 2013 |
| Mailing Address 144 2ND ST 1ST FL   |  | Amount of Each Disbursement this Period<br>22.50              |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94105   | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE  | <b>Transaction ID : SB17.367</b>                              |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 67.50 |
| <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:<br>(check only one)  | PAGE 86 OF 93 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 16 / 2013                        |
| Mailing Address 144 2ND ST 1ST FL  |   | Amount of Each Disbursement this Period<br>22.50<br><b>Transaction ID : SB17.368</b> |
| City<br>SAN FRANCISCO  | State<br>CA   |  |
| Zip Code<br>94105  | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 17 / 2013                         |
| Mailing Address 144 2ND ST 1ST FL  |   | Amount of Each Disbursement this Period<br>117.00<br><b>Transaction ID : SB17.369</b> |
| City<br>SAN FRANCISCO  | State<br>CA   |   |
| Zip Code<br>94105  | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 18 / 2013                        |
| Mailing Address 144 2ND ST 1ST FL  |   | Amount of Each Disbursement this Period<br>23.63<br><b>Transaction ID : SB17.370</b> |
| City<br>SAN FRANCISCO  | State<br>CA   |  |
| Zip Code<br>94105  | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 163.13 |
| <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:<br>(check only one)          | PAGE 87 OF 93                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 20 / 2013 |
| Mailing Address 144 2ND ST 1ST FL   |  | Amount of Each Disbursement this Period<br>29.00              |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94105   | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE  | <b>Transaction ID : SB17.371</b>                              |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 23 / 2013 |
| Mailing Address 144 2ND ST 1ST FL   |  | Amount of Each Disbursement this Period<br>22.50              |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94105   | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE  | <b>Transaction ID : SB17.372</b>                              |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 24 / 2013 |
| Mailing Address 144 2ND ST 1ST FL   |  | Amount of Each Disbursement this Period<br>22.50              |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94105   | Purpose of Disbursement<br>CREDIT CARD MERCHANT FEE  | <b>Transaction ID : SB17.373</b>                              |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 74.00 |
| <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:<br>(check only one)          | PAGE 88 OF 93                      |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 30 / 2013</b> |
| Mailing Address <b>144 2ND ST 1ST FL</b>  |  | Amount of Each Disbursement this Period<br><b>2.25</b>               |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94105</b>  | Purpose of Disbursement<br><b>CREDIT CARD MERCHANT FEE</b>   | <b>Transaction ID : SB17.374</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 31 / 2013</b> |
| Mailing Address <b>144 2ND ST 1ST FL</b>  |  | Amount of Each Disbursement this Period<br><b>22.50</b>              |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94105</b>  | Purpose of Disbursement<br><b>CREDIT CARD MERCHANT FEE</b>   | <b>Transaction ID : SB17.375</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RACHEL BARRETT &amp; COMPANY LLC</b>                                     |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 15 / 2013</b> |
| Mailing Address <b>611 COMMERCE ST STE 2927</b>   |  | Amount of Each Disbursement this Period<br><b>8127.00</b>            |
| City<br><b>NASHVILLE</b>  | State<br><b>TN</b>   |  |
| Zip Code<br><b>37203</b>  | Purpose of Disbursement<br><b>FINANCE CONSULTING</b>   | <b>Transaction ID : SB17.382</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>8151.75</b> |
| <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:<br>(check only one)  | PAGE 89 OF 93 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

Full Name (Last, First, Middle Initial)  
**A. RACHEL BARRETT & COMPANY LLC**

Mailing Address 611 COMMERCE ST STE 2927

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 21 / 2013

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.383

Full Name (Last, First, Middle Initial)  
**B. RACHEL BARRETT & COMPANY LLC**

Mailing Address 611 COMMERCE ST STE 2927

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 23 / 2013

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.384

Full Name (Last, First, Middle Initial)  
**C. RACHEL BARRETT & COMPANY LLC**

Mailing Address 611 COMMERCE ST STE 2927

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 23 / 2013

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.385

**SUBTOTAL** of Disbursements This Page (optional)..... 20000.00

**TOTAL** 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 90 OF 93                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |                          |  |  |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RACHEL BARRETT &amp; COMPANY LLC</b>                                     |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 02 / 2013</b> |  |
| Mailing Address <b>611 COMMERCE ST STE 2927</b>   |  |                          | Amount of Each Disbursement this Period<br><b>981.09</b>             |  |
| City<br><b>NASHVILLE</b>  | State<br><b>TN</b>   | Zip Code<br><b>37203</b> | Transaction ID : <b>SB17.436</b>                                     |  |
| Purpose of Disbursement<br><b>TRAVEL</b>  |  | Category/<br>Type        |  |  |
| Candidate Name  |  |                          |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |  |  |
| State: District:  |  |                          |  |  |

|   |  |                          |  |  |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RUTHERFORD COUNTY GOP</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 17 / 2013</b> |  |
| Mailing Address <b>111 E MAIN ST</b>  |  |                          | Amount of Each Disbursement this Period<br><b>1000.00</b>            |  |
| City<br><b>MURFREESBORO</b>   | State<br><b>TN</b>   | Zip Code<br><b>37130</b> | Transaction ID : <b>SB17.405</b>                                     |  |
| Purpose of Disbursement<br><b>REGISTRATION FEE</b>  |  | Category/<br>Type        |  |  |
| Candidate Name  |  |                          |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |  |  |
| State: District:  |  |                          |  |  |

|   |  |                          |  |  |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RUTHERFORD COUNTY GOP</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 01 / 2013</b> |  |
| Mailing Address <b>111 E MAIN ST</b>  |  |                          | Amount of Each Disbursement this Period<br><b>2000.00</b>            |  |
| City<br><b>MURFREESBORO</b>   | State<br><b>TN</b>   | Zip Code<br><b>37130</b> | Transaction ID : <b>SB17.406</b>                                     |  |
| Purpose of Disbursement<br><b>REGISTRATION FEE</b>  |  | Category/<br>Type        |  |  |
| Candidate Name  |  |                          |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |  |  |
| State: District:  |  |                          |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>3981.09</b> |
| <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:<br>(check only one)          | PAGE 91 OF 93                      |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SOUTHWEST AIRLINES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 31 / 2013</b>                         |
| Mailing Address <b>2702 LOVE FIELD DR.</b>   |  | Amount of Each Disbursement this Period<br><b>546.60</b><br><b>Transaction ID : SB17.415</b> |
| City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75235</b>   | Purpose of Disbursement<br><b>TRAVEL</b>   |  |
| Candidate Name   | Category/Type  |  |
| 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:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SOUTHWEST AIRLINES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 04 / 2013</b>                         |
| Mailing Address <b>2702 LOVE FIELD DR.</b>   |  | Amount of Each Disbursement this Period<br><b>778.60</b><br><b>Transaction ID : SB17.425</b> |
| City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75235</b>   | Purpose of Disbursement<br><b>TRAVEL</b>   |  |
| Candidate Name   | Category/Type  |  |
| 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:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SOUTHWEST AIRLINES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 16 / 2013</b>                         |
| Mailing Address <b>2702 LOVE FIELD DR.</b>   |  | Amount of Each Disbursement this Period<br><b>230.00</b><br><b>Transaction ID : SB17.431</b> |
| City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75235</b>   | Purpose of Disbursement<br><b>TRAVEL</b>   |  |
| Candidate Name   | Category/Type  |  |
| 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).....      | <b>1555.20</b> |
| <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:<br>(check only one)  | PAGE 92 OF 93 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|  |  |                                       |
|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. THE SOUTHERN</b>  |  | Date of Disbursement                  |
| Mailing Address 150 3RD AVE S #110   |  | M M / D D / Y Y Y Y<br>11 / 22 / 2013 |
| City NASHVILLE   | State TN   | Zip Code 37201                        |
| Purpose of Disbursement<br>CATERING  | Amount of Each Disbursement this Period<br>568.01  |                                       |
| Candidate Name   | Transaction ID : SB17.346  |                                       |
| 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:   | Category/Type  |                                       |

|  |  |                                       |
|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. THE SPALDING GROUP</b>  |  | Date of Disbursement                  |
| Mailing Address 2306 FRANKFORT AVE   |  | M M / D D / Y Y Y Y<br>12 / 06 / 2013 |
| City LOUISVILLE  | State KY   | Zip Code 40206                        |
| Purpose of Disbursement<br>PRINTING  | Amount of Each Disbursement this Period<br>1576.11   |                                       |
| Candidate Name   | Transaction ID : SB17.404  |                                       |
| 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:   | Category/Type  |                                       |

|  |  |                                       |
|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>  |  | Date of Disbursement                  |
| Mailing Address 475 L'ENFANT PLAZA SW-RM4012   |  | M M / D D / Y Y Y Y<br>12 / 17 / 2013 |
| City WASHINGTON  | State DC   | Zip Code 20260                        |
| Purpose of Disbursement<br>PO BOX RENTAL   | Amount of Each Disbursement this Period<br>140.00  |                                       |
| Candidate Name   | Transaction ID : SB17.398  |                                       |
| 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:   | Category/Type  |                                       |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2284.12  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 72839.85 |

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

|   |  |               |  |  |  |
|---|--|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 93 OF 93 |  |  |  |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a<br><input type="checkbox"/> 18<br><input type="checkbox"/> 20b<br><input type="checkbox"/> 19a<br><input type="checkbox"/> 20c<br><input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

|   |  |                          |  |  |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. R STEVEN RUCKART</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 30 / 2013</b> |  |
| Mailing Address <b>1354 SHAGBARK TRAIL</b>  |  |                          | Amount of Each Disbursement this Period<br><b>2450.00</b>            |  |
| City<br><b>MURFREESBORO</b>   | State<br><b>TN</b>   | Zip Code<br><b>37130</b> | Transaction ID : <b>SB20A.111</b>                                    |  |
| Purpose of Disbursement<br><b>CONTRIBUTION REFUND</b>   |  | Category/<br>Type        |  |  |
| Candidate Name  |  |                          |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |  |  |
| State: District:  |  |                          |  |  |

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

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

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>2450.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>2450.00</b> |