

# 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

JOE CARR FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 192

Check if different than previously reported. (ACC)

LASCASSAS

TN

37085

2. **FEC IDENTIFICATION NUMBER** ▼

C C00617282

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

TN

06

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on 08 / 04 / 2016 in the State of TN

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

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

Election on / / in the State of

5. Covering Period

07 / 01 / 2016 through 07 / 15 / 2016

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 Maddie Carr

Signature of Treasurer Maddie Carr

[Electronically Filed]

Date

07 / 23 / 2016

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

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**JOE CARR FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9588.00	109656.16
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9588.00	109656.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	20004.78	91640.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20004.78	91640.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18035.42	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on 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

**JOE CARR FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7570.00	97420.00
(ii) Unitemized.....	2018.00	12236.16
(iii) TOTAL of contributions from individuals ▶	9588.00	109656.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9588.00	109656.16
<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>	9.00	20.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	9597.00	109676.16

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20004.78	91640.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	20004.78	91640.74

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	28443.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9597.00
25. SUBTOTAL (add Line 23 and Line 24).....	38040.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20004.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18035.42

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

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

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)  
**JOE CARR FOR CONGRESS**

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

Mailing Address 806 Lillard Rd

City Murfreesboro State TN Zip Code 37130

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2016

**Transaction ID : SA11AI.4773**

Amount of Each Receipt this Period  
1000.00

Memo Item Receipt

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

Mailing Address 327 Savannah Ridge

City Murfreesboro State TN Zip Code 37127

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

Name of Employer Ram Tool Occupation Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2016

**Transaction ID : SA11AI.4784**

Amount of Each Receipt this Period  
2700.00

Memo Item Receipt

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

Mailing Address 801 South Garner St

City State College State PA Zip Code 16801

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

Name of Employer UPMC Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2016

**Transaction ID : SA11AI.4820**

Amount of Each Receipt this Period  
1000.00

Memo Item Receipt

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

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

4700.00

**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 14  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JOE CARR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Terry R. Frymire**

Mailing Address 330 Commerce St

City Nashville State TN Zip Code 37201

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

Name of Employer J.C. Bradford Occupation Investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : SA11AI.4849**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 20.00

Memo Item Receipt

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

Mailing Address PO Box 646

City Lawrenceburg State TN Zip Code 38464

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

Name of Employer Holland Enterprises Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2016

**Transaction ID : SA11AI.4841**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item Receipt

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

Mailing Address Po Box 248

City Alexandria State TN Zip Code 37012

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2016

**Transaction ID : SA11AI.4813**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item Receipt

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

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

\_\_\_\_\_ **620.00**

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**JOE CARR FOR CONGRESS**

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

Mailing Address 1426 Broadlands Dr

City Murfreesboro State TN Zip Code 37130

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2016

**Transaction ID : SA11AI.4828**

Amount of Each Receipt this Period  
**500.00**

Memo Item Receipt

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

Mailing Address 109 Cusick Court

City Murfreesboro State TN Zip Code 37128

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

Name of Employer All Propane Inc. Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2016

**Transaction ID : SA11AI.4781**

Amount of Each Receipt this Period  
**500.00**

Memo Item Receipt

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

Mailing Address 6241 Browns Mill Rd

City Lascassas State TN Zip Code 37085

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

Name of Employer Belle Meadows Farm Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2016

**Transaction ID : SA11AI.4798**

Amount of Each Receipt this Period  
**1000.00**

Memo Item Receipt

**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 8 OF 14  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**JOE CARR FOR CONGRESS**

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

Mailing Address 6310 River Blvd

City Austin State TX Zip Code 78730

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

Name of Employer HFTP Association Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : SA11AI.4845**

Amount of Each Receipt this Period  
 250.00

Memo Item Receipt

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

250.00

7570.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE CARR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Maddie Carr</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016		
Mailing Address PO Box 192			Amount of Each Disbursement this Period 2000.00		
City Lascassas	State TN	Zip Code 37085	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4875</b>		
Purpose of Disbursement Campaign Worker		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Comfort Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016		
Mailing Address 2581 E. 1st Street			Amount of Each Disbursement this Period 309.42		
City Crossville	State TN	Zip Code 38355	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4895</b>		
Purpose of Disbursement Travel Expense		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Cracker Barrel</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016		
Mailing Address 2115 S. Church St			Amount of Each Disbursement this Period 57.93		
City Murfreesboro	State TN	Zip Code 37130	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4862</b>		
Purpose of Disbursement Meals		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2367.35
<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 10 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE CARR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cracker Barrel</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 2115 S. Church St		Amount of Each Disbursement this Period 64.94
City Murfreesboro	State TN Zip Code 37130	
Purpose of Disbursement Meals	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.4863</b>

Full Name (Last, First, Middle Initial) <b>B. Jeremy Hayes</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address PO Box 674		Amount of Each Disbursement this Period 2000.00
City Mt. Juliet	State TN Zip Code 37121	
Purpose of Disbursement Campaign Worker	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.4879</b>

Full Name (Last, First, Middle Initial) <b>C. Holiday Inn Express</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 560 Peavine Rd		Amount of Each Disbursement this Period 441.36
City Crossville	State TN Zip Code 38571	
Purpose of Disbursement Travel Expense	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.4888</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2506.30
<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 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE CARR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kroger Fuel</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016		
Mailing Address 2050 Lascassas Pike			Amount of Each Disbursement this Period 45.70		
City Murfreesboro	State TN	Zip Code 37130	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4854</b>		
Purpose of Disbursement Travel Expense		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Kroger Fuel</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016		
Mailing Address 2050 Lascassas Pike			Amount of Each Disbursement this Period 26.76		
City Murfreesboro	State TN	Zip Code 37130	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4855</b>		
Purpose of Disbursement Travel Expense		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Kroger Fuel</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016		
Mailing Address 2050 Lascassas Pike			Amount of Each Disbursement this Period 44.50		
City Murfreesboro	State TN	Zip Code 37130	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.4856</b>		
Purpose of Disbursement Travel Expense		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	116.96
<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 12 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOE CARR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Noah McKay</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address 2020 Reserve Dr		Amount of Each Disbursement this Period 1000.00
City Cookeville	State TN	
Zip Code 38506	Purpose of Disbursement Campaign Worker	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4873</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Navigation Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016
Mailing Address 416B Medical Center Parkway		Amount of Each Disbursement this Period 6128.64
City Murfreesboro	State TN	
Zip Code 37129	Purpose of Disbursement Media/Radio	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4877</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Navigation Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 416B Medical Center Parkway		Amount of Each Disbursement this Period 2741.76
City Murfreesboro	State TN	
Zip Code 37129	Purpose of Disbursement Media/Radio	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4878</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9870.40
<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 13 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 21

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NAME OF COMMITTEE (In Full)  
**JOE CARR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Navigation Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016
Mailing Address 416B Medical Center Parkway		Amount of Each Disbursement this Period 2600.00
City Murfreesboro	State TN Zip Code 37129	
Purpose of Disbursement Media/Radio	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.4894</b>

Full Name (Last, First, Middle Initial) <b>B. Pinnacle Financial Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 150 3rd Ave South		Amount of Each Disbursement this Period 425.54
City Nashville	State TN Zip Code 37201	
Purpose of Disbursement Bank Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.4866</b>

Full Name (Last, First, Middle Initial) <b>C. Progressive Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 1535 W. Northfield Blvd		Amount of Each Disbursement this Period 79.67
City Murfreesboro	State TN Zip Code 37129	
Purpose of Disbursement Liability Insurance	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.4890</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3105.21
<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 14 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE CARR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick Williams</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016	
Mailing Address PO Box 291202			Amount of Each Disbursement this Period 1500.00	
City Nashville	State TN	Zip Code 37229	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Campaign Worker		Category/ Type		
Candidate Name		Transaction ID : <b>SB17.4859</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/ Type		
Candidate Name				
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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/ Type		
Candidate Name				
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).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	19466.22