

# 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

Friends of Scott DesJarlais

ADDRESS (number and street) ▼

PO. Box 90133

Suite 207

Check if different than previously reported. (ACC)

Nashville

TN

37209-0133

2. **FEC IDENTIFICATION NUMBER** ▼

C C00464073

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Troy Brewer

Signature of Treasurer Troy Brewer

[Electronically Filed]

Date

/  /

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

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

Write or Type Committee Name

**Friends of Scott DesJarlais**

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))....	57304.00	347871.20
(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)).....	57304.00	347871.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24687.71	146926.14
(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)).....	24687.71	146926.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	240802.58	
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

**Friends of Scott DesJarlais**

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).....	38674.00	229186.00
(ii) Unitemized.....	630.00	10965.20
(iii) TOTAL of contributions from individuals ▶	39304.00	240151.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	18000.00	107720.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	57304.00	347871.20
<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>	0.28	0.34
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	57304.28	347871.54

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24687.71	146926.14
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) ►	24687.71	146926.14

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	208186.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	57304.28
25. SUBTOTAL (add Line 23 and Line 24).....	265490.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24687.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	240802.58

**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 26
	<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)  
**Friends of Scott DesJarlais**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Sarah Adams**

Mailing Address 2217 Battleground Dr

City Murfreesboro State TN Zip Code 37129-6006

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : ADE7CF5D27A2C4966B32**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address PO Box 250

City Jasper State TN Zip Code 37347-0250

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

Name of Employer State Farm Insurance Occupation Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : A5498F429E31A4CD2B3D**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 510 Magnolia Ave

City South Pittsburg State TN Zip Code 37380-1270

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

Name of Employer Citizens State Bank Occupation Banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AA2E5AD88450748E9A5F**

Amount of Each Receipt this Period  
 500.00

**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: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Scott DesJarlais**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Scott McCall**

Mailing Address 405 Tramore Court

City State Zip Code  
Franklin TN 37067-7218

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

Name of Employer Occupation  
Mtbj Physician-ortho Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 31 2015

**Transaction ID : A93D37EA5F8254C97B7D**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1516 Rarity Bay Pkwy

City State Zip Code  
Vonore TN 37885-5349

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

Name of Employer Occupation  
Kennett Capital, Inc. Executive

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  
11 19 2015

**Transaction ID : A467E9F0299F347E58D9**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1215 White Rock Rd

City State Zip Code  
Spring Hill TN 37174-6169

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

Name of Employer Occupation  
Homemaker Homemaker

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  
12 31 2015

**Transaction ID : A5B8B350B519D4DDF913**

Amount of Each Receipt this Period  
2700.00

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

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

3300.00

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

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NAME OF COMMITTEE (In Full)  
**Friends of Scott DesJarlais**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James S. Mahan III**

Mailing Address 1931 S Live Oak Parkway

City State Zip Code  
Wilmington NC 28403-5321

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

Name of Employer Occupation  
Live Oak Lending CEO

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  
12 / 14 / 2015

**Transaction ID : AE9C48507E4CD4598915**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 101 Taylor Rd

City State Zip Code  
Estill Springs TN 37330-3831

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : A9FBE3FE5E9294FC0919**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1858 Welch Cemetery Rd

City State Zip Code  
Lewisburg TN 37091-6835

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 14 / 2015

**Transaction ID : A2E4437DC50934F55B2B**

Amount of Each Receipt this Period  
2700.00

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

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

5450.00

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

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NAME OF COMMITTEE (In Full)  
**Friends of Scott DesJarlais**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Stan McNabb**

Mailing Address 100 Cherry Springs Rd

City Tullahoma	State TN	Zip Code 37388-5379
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed	Occupation Automobile 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  
 12 / 08 / 2015

**Transaction ID : A81B060AE324C4B5DA34**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address PO Box 290

City Shelbyville	State TN	Zip Code 37162-0290
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FEC ID number of contributing federal political committee. **C**

Name of Employer Musgrave Pencil Co, Inc.	Occupation VP
--	------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1536.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : ABF48FCEAF80847E2A3C**

Amount of Each Receipt this Period  
1024.00

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

Mailing Address PO Box 411

City South Pittsburg	State TN	Zip Code 37380-0311
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lodge Manufacturing Co.	Occupation Executive
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Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A51DAB4ABE5484957AD3**

Amount of Each Receipt this Period  
2000.00

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

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

5724.00

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

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NAME OF COMMITTEE (In Full)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>Mr. Tom Rice</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2015
Mailing Address 5304 General Forrest Ct		<b>Transaction ID : A91172E4B091B4C899AB</b>
City Nashville	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sweeping Corp Of America	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>Mr. William Harting</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2015
Mailing Address 101 Taylor Rd		<b>Transaction ID : AA09571E693324D1FBAC</b>
City Estill Springs	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>Mr. William Harting</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2015
Mailing Address 101 Taylor Rd		<b>Transaction ID : A3BCBE665050E4E0B961</b>
City Estill Springs	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> 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 10 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Scott DesJarlais**

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

Mailing Address 2217 Battleground Dr

City	State	Zip Code
Murfreesboro	TN	37129-6006

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

Name of Employer	Occupation
National Health Corp.	President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : AAA81385BAB8E4B2191B**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 1431 S College St

City	State	Zip Code
Winchester	TN	37398-2414

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

Name of Employer	Occupation
Self Employed	Chiropractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 08 / 2015

**Transaction ID : A2771FF2F59B1418292A**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William M. Wetherington**

Mailing Address 105 Golf Drive

City	State	Zip Code
Fayetteville	TN	37334-2275

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

Name of Employer	Occupation
American Development Corp.	Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : ABB28530B2C0144E091E**

Amount of Each Receipt this Period  
 2700.00

**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: (check only one)	PAGE 11 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Scott DesJarlais**

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

Mailing Address 1858 Welch Cemetery Rd

City Lewisburg State TN Zip Code 37091-6835

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

Name of Employer Walker Die Casting, Inc. Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : AC36CEA023A4E4A268C2**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Merinda H. Wetherington**

Mailing Address 105 Golf Drive

City Fayetteville State TN Zip Code 37334-2275

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : AD702E673565E400BACE**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 1858 Welch Cemetery Rd

City Lewisburg State TN Zip Code 37091-6835

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : A810702A7609B4893BA9**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

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

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NAME OF COMMITTEE (In Full)  
**Friends of Scott DesJarlais**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Robert McClure**

Mailing Address 1052 Claremont Dr

City Columbia	State TN	Zip Code 38401-6207
------------------	-------------	------------------------

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

Name of Employer Mid-south Gastroenterology	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  
 12 / 31 / 2015

**Transaction ID : A6A941BC589264382B11**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 634 Mt View Industrial Dr

City Morrison	State TN	Zip Code 37357-5915
------------------	-------------	------------------------

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

Name of Employer Accu-router, Inc	Occupation President
--------------------------------------	-------------------------

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  
 12 / 31 / 2015

**Transaction ID : A4B11D426278C4FE0ADD**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 405 Tramore Court

City Franklin	State TN	Zip Code 37067-7218
------------------	-------------	------------------------

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

Name of Employer Mtbj	Occupation Physician-ortho Surgeon
--------------------------	---------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A20164C9115D24C2290D**

Amount of Each Receipt this Period  
200.00

**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: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Janie McAfee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 4779 Shady Grove Rd		<b>Transaction ID : A8B4BD6AE11C441C5A55</b>
City Morrison	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Reed Pond</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 11461		<b>Transaction ID : AAEDD1988A38B407C874</b>
City Chattanooga	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hutton Construction	Occupation Estimator	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3700.00
<b>TOTAL</b> This Period (last page this line number only).....	38674.00

**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 26  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Scott DesJarlais**

**A.** Full Name (Last, First, Middle Initial)  
**Advancement of Cotton Committee**

Mailing Address Mr. John Maguire  
PO. Box 2995

City Cordova State TN Zip Code 38088-2995

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

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  
 12 / 31 / 2015

**Transaction ID : A315E9DA75780448390C**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURPAC)

Mailing Address 20 F STREET, NW SUITE 610

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

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  
 10 / 11 / 2015

**Transaction ID : AACD3867A8A2148668BC**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 16011 NE 36TH WAY  
BOX 97017

City REDMOND State WA Zip Code 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

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  
 12 / 31 / 2015

**Transaction ID : A8350C2FCF79F41C8913**

Amount of Each Receipt this Period  
1000.00

**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 15 OF 26
	<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)  
**Friends of Scott DesJarlais**

**A.** Full Name (Last, First, Middle Initial)  
**MEADOWS FOR CONGRESS**

Mailing Address PO BOX 811

City Hendersonville State NC Zip Code 28793

FEC ID number of contributing federal political committee. **C** C00503094

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : AEDCB789179E04768B18**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Eye of the Tiger PAC**

Mailing Address PO. Box 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : ACBD7B068E5CC4534BE0**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Eye of the Tiger PAC**

Mailing Address PO. Box 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A3D9DA0C031E14B158BF**

Amount of Each Receipt this Period  
 2000.00

**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 16 OF 26
	<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)  
**Friends of Scott DesJarlais**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T Federal PAC**

Mailing Address Mr. Kent Walls  
208 S. Akard St.

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : AD9E60142524A4CFDB3C**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2900 Clearview Parkway  
Suite 206

City Metairie State LA Zip Code 70006-6532

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A9211FCB9155741FDA39**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 2900 Clearview Parkway  
Suite 206

City Metairie State LA Zip Code 70006-6532

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A5D7E1020C2054CE7AD2**

Amount of Each Receipt this Period  
 2000.00

**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 17 OF 26
	<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)  
**Friends of Scott DesJarlais**

**A. MORE CONSERVATIVES PAC (MCPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address Mr. Keith Davis  
228 S Washington St

City Alexandria State VA Zip Code 22314-5408

FEC ID number of contributing federal political committee. **C** C00540187

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : A1B9EBCE303E045B4A9E**

Amount of Each Receipt this Period  
 2500.00

**B. National Health Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Vine Street

City Murfreesboro State TN Zip Code 37130-3734

FEC ID number of contributing federal political committee. **C** C00153445

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A6D9229BA7F5044BDA44**

Amount of Each Receipt this Period  
 2500.00

**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

18000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 26			
	<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)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. The Social Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 293 Fairfax Ave		Amount of Each Disbursement this Period 6006.65 <b>Transaction ID : BD130E544A54B4A71A23</b>
City Nashville	State TN Zip Code 37212-4026	
Purpose of Disbursement Fundraising/Administrative Consulting		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. Troy Brewer Cpa Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 6213 Charlotte Pike Ste 112		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : B69C7300FC7084E79AC0</b>
City Nashville	State TN Zip Code 37209-3038	
Purpose of Disbursement Compliance/Accounting		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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 165.38 <b>Transaction ID : B86A75D54C69440FEAE6</b>
City Atlanta	State GA Zip Code 30348-5378	
Purpose of Disbursement Telephone 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).....	7672.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26			
	<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)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. Guild Development</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 5010 Austin Rd		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : BD649E2DB133E48C185E</b>
City Hixson State TN Zip Code 37343-5175	Purpose of Disbursement Internet/Web Expense	
Candidate Name	Category/Type	
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. Hammond &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 200 Park Ave Suite 306		Amount of Each Disbursement this Period 2553.97 <b>Transaction ID : B6BAA657F9F5F4AA6A98</b>
City Falls Church State VA Zip Code 22046-4309	Purpose of Disbursement Fundraising/Administrative Consulting	
Candidate Name	Category/Type	
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. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : B399BA4DC5CEF4307A2D</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Computer/Software	
Candidate Name	Category/Type	
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).....	4783.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 26			
	<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)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 460.33 Transaction ID : BC50D9F29100B4E2DB21
City Washington	State DC Zip Code 20003-1801	
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:		

Full Name (Last, First, Middle Initial) <b>B. Troy Brewer Cpa Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 6213 Charlotte Pike Ste 112		Amount of Each Disbursement this Period 1500.00 Transaction ID : B272B5E347AF8453AB36
City Nashville	State TN Zip Code 37209-3038	
Purpose of Disbursement Compliance/Accounting	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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 165.30 Transaction ID : BBDE44D7A1B8E4383AB2
City Atlanta	State GA Zip Code 30348-5378	
Purpose of Disbursement Telephone 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).....	2125.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 26			
	<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)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. The Social Office</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 293 Fairfax Ave			Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : BE634E84BADCC40A3A46</b>
City Nashville	State TN	Zip Code 37212-4026	
Purpose of Disbursement Fundraising/Administrative Consulting		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. Hammond &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 200 Park Ave Suite 306			Amount of Each Disbursement this Period 1526.94 <b>Transaction ID : BD72BB8BBC5FE451582B</b>
City Falls Church	State VA	Zip Code 22046-4309	
Purpose of Disbursement Fundraising/Administrative Consulting		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. Amazon.com</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address PO. Box 81226			Amount of Each Disbursement this Period 721.28 <b>Transaction ID : BF53B7359537B4422AD6</b>
City Seattle	State WA	Zip Code 98108-1300	
Purpose of Disbursement Office Equipment		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).....	3748.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 26	
	<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)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2015
Mailing Address 4501 Charlotte Ave		Amount of Each Disbursement this Period 98.00 <b>Transaction ID : B398FB2DDC10B4860B55</b>
City Nashville	State TN Zip Code 37209-3885	
Purpose of Disbursement Postage		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. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 112.16 <b>Transaction ID : BD41985D7FC304CAEA59</b>
City Washington	State DC Zip Code 20003-1801	
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:		

Full Name (Last, First, Middle Initial) <b>c. Troy Brewer Cpa Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 6213 Charlotte Pike Ste 112		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : B03A6311BF62C4EFB9E4</b>
City Nashville	State TN Zip Code 37209-3038	
Purpose of Disbursement Compliance/Accounting		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).....	1710.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 26			
	<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)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. Hammond &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 200 Park Ave Suite 306		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : B8DFF139A7FD247B9959</b>
City Falls Church	State VA Zip Code 22046-4309	
Purpose of Disbursement Fundraising/Administrative Consulting	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. Crash Creative</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address PO. Box 28066		Amount of Each Disbursement this Period 132.60 <b>Transaction ID : B84623F4EE863463195C</b>
City Chattanooga	State TN Zip Code 37424-8066	
Purpose of Disbursement Internet/Web 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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 165.32 <b>Transaction ID : BE7C88F716EE944B7B2B</b>
City Atlanta	State GA Zip Code 30348-5378	
Purpose of Disbursement Telephone 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).....	1797.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 26			
	<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)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. The Social Office</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 293 Fairfax Ave		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : B7D5E8DF61FDE4EDCB4D</b>
City Nashville	State TN Zip Code 37212-4026	
Purpose of Disbursement Fundraising/Administrative Consulting		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. Acadiana</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 3045 W. Pinhook Rd		Amount of Each Disbursement this Period 312.20 <b>Transaction ID : B169DBAF08B7A450EACA</b>
City Lafayette	State LA Zip Code 70508-3416	
Purpose of Disbursement Office Supplies		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. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 212 Broadway		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : BC164D031F5E440FFBD9</b>
City Nashville	State TN Zip Code 37201-2118	
Purpose of Disbursement Shipping		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).....	1872.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 26	
	<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)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. The Social Office</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 293 Fairfax Ave		Amount of Each Disbursement this Period 29.40 <b>Transaction ID : BD4BC0658DE71431E8F0</b>
City Nashville	State TN Zip Code 37212-4026	
Purpose of Disbursement Postage	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. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 138.66 <b>Transaction ID : B504A17C068084D10A63</b>
City Washington	State DC Zip Code 20003-1801	
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:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 126.74 <b>Transaction ID : BFC8BC2C86D604FAC88D</b>
City Atlanta	State GA Zip Code 30348-5378	
Purpose of Disbursement Telephone 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).....	294.80
<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 26 OF 26			
	<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)  
**Friends of Scott DesJarlais**

Full Name (Last, First, Middle Initial) <b>A. Regions Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2015</b>
Mailing Address 181 Belle Forest Cir		Amount of Each Disbursement this Period <b>388.64</b> <b>Transaction ID : BC87A97D2326B412EAD0</b>
City Nashville	State TN Zip Code 37221-2103	
Purpose of Disbursement Bank charges/Credit Card discounts		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>388.64</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>24393.57</b>