

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

SECRETARY OF THE SENATE

14 JUL 18 PM 2:42

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Flinn FOR SENATE

ADDRESS (number and street)

776 Mount Moriah Rd

Check if different than previously reported. (ACC)

Memphis

TN

38117-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00561688

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

TN

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 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 Y Y

in the State of

5. Covering Period

04

01

2014

through

06

30

2014

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

LLOYD HETZER

Signature of Treasurer

*Lloyd Hetzer*

Date

07

15

2014

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

FEC FORM 3  
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

FLINN for Senate

Report Covering the Period: From:

04 / 01 / 2014

To:

06 / 30 / 2014

	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)) ..	7,000.00	7,000.00
(b) Total Contribution Refunds (from Line 20(d)) ..		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	7,000.00	7,000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	146,331.70	146,331.70
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	146,331.70	146,331.70
8. Cash on Hand at Close of Reporting Period (from Line 27)...	1,665,918.30	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	1,805,250.00	

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

14020591382

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

/  /

To:

/  /

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

7,000.00

7,000.00

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals .

(b) Political Party Committees...

(c) Other Political Committees (such as PACs)...

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

7,000.00

7,000.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

13. LOANS:

(a) Made or Guaranteed by the Candidate...

1,805,250.00

1,805,250.00

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

1,805,250.00

1,805,250.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

1,812,250.00

1,812,250.00

14020591383

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	146,331.70	146,331.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS ...		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	146,331.70	146,331.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	181,225.00
25. SUBTOTAL (add Line 23 and Line 24)...	181,225.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	146,331.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	166,591.83

14020591384

**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)

11a  11b  11c  11d  12  13a  13b  14  15

PAGE 1 OF 2

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)  
*Flinn for Senate*

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

Mailing Address  
*2997 Ashmont Dr.*

City  
*GermanTown* State  
*TN* Zip Code  
*38138*

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

Name of Employer  
*Self Employed* Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*1,000.00*

Date of Receipt  
*05 / 12 / 2014*

Amount of Each Receipt this Period  
*1,000.00*

B. Full Name (Last, First, Middle Initial)  
*Williams Sue*

Mailing Address  
*2997 Ashmont Dr.*

City  
*GERMANTOWN* State  
*TN* Zip Code  
*38138*

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

Name of Employer  
*Housewife* Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*1,000.00*

Date of Receipt  
*05 / 12 / 2014*

Amount of Each Receipt this Period  
*1,000.00*

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  
~~\_\_\_\_\_~~

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

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

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

*2,000.00*

14020591385

**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 <u>2</u> OF <u>2</u>	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
Finn for Senate

A. Full Name (Last, First, Middle Initial)  
Tinkle, Paul F.

Mailing Address  
P.O. Box 815

City Martin State TN Zip Code 38237

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt 06 / 04 / 2014

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)  
Mabie, Mathew W.

Mailing Address  
4124 Baldwin Sq

City Memphis State TN Zip Code 38117

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date 4,500.00

Date of Receipt

Amount of Each Receipt this Period 4,500.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... 5,000.00

TOTAL This Period (last page this line number only)..... 7,000.00

14020591386

**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 1 OF 29

<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)

*Flinn for Senate*

Full Name (Last, First, Middle Initial)

A. *Bost Buy*

Mailing Address

Date of Disbursement

MM 05	DD 12	YYYY 2014
----------	----------	--------------

City *Memphis*

State *TN*

Zip Code *38125*

Amount of Each Disbursement this Period

298.23
--------

Purpose of Disbursement

*Equipment*

006
-----

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. *Morris, Bobbi*

Mailing Address

Date of Disbursement

MM 04	DD 28	YYYY 2014
----------	----------	--------------

City

State

Zip Code

Amount of Each Disbursement this Period

390.00
--------

Purpose of Disbursement

*Phone Bank*

003
-----

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. *Morris, Bobbi*

Mailing Address

Date of Disbursement

MM 05	DD 06	YYYY 2014
----------	----------	--------------

City

State

Zip Code

Amount of Each Disbursement this Period

1170.00
---------

Purpose of Disbursement

*Phone Bank*

003
-----

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

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

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14020591387

**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 <u>2</u> OF <u>29</u>	
	<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)  
Flinn for Senate

Full Name (Last, First, Middle Initial) A. <u>Morris, Bobbi</u>		Date of Disbursement MM/DD/YYYY <u>05/14/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>1,950.00</u>
City	State Zip Code	
Purpose of Disbursement <u>Phone BANK</u>	Category/Type <u>003</u>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. <u>Bristol Broadcasting</u>		Date of Disbursement MM/DD/YYYY <u>06/11/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>2,295.00</u>
City	State Zip Code	
Purpose of Disbursement <u>RADIO</u>	Category/Type <u>004</u>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. <u>Bristol Broadcasting</u>		Date of Disbursement MM/DD/YYYY <u>06/25/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>2,295.00</u>
City	State Zip Code	
Purpose of Disbursement <u>RADIO</u>	Category/Type <u>004</u>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

14020591388



**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)			
	<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)  
Flinn for Senate

Full Name (Last, First, Middle Initial) <u>A. Callcentric</u>		Date of Disbursement MM/DD/YYYY <u>05/13/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>30.00</u>
City	State Zip Code	
Purpose of Disbursement <u>Phone Service</u>	Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <u>B. Callcentric</u>		Date of Disbursement MM/DD/YYYY <u>05/19/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>20.00</u>
City	State Zip Code	
Purpose of Disbursement <u>Phone Service</u>	Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <u>C. Callcentric</u>		Date of Disbursement MM/DD/YYYY <u>05/21/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>20.00</u>
City	State Zip Code	
Purpose of Disbursement	Category/Type <u>001</u>	Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

14020591389

**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)			
	<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)  
Flinn for Senate

A. Callcentric  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  
Phone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM/DD/YYYY  
06/02/2014

Amount of Each Disbursement this Period  
20.00

Category/Type  
001

B. Petty Cash  
Full Name (Last, First, Middle Initial)

Mailing Address  
776 MT. Moriah Rd.

City State Zip Code  
Memphis TN 38117

Purpose of Disbursement  
Petty Cash / ATM withdraw

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM/DD/YYYY  
06/02/2014

Amount of Each Disbursement this Period  
500.00

Category/Type  
001

C. Central Printing  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM/DD/YYYY  
04/30/2014

Amount of Each Disbursement this Period  
315.73

Category/Type  
006

SUBTOTAL of Disbursements This Page (optional).....

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

14020591390

**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 <u>5</u> OF <u>29</u>
	<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)  
Finn for Senate

Full Name (Last, First, Middle Initial) <u>A. Central Printing</u>		Date of Disbursement MM/DD/YYYY <u>05/16/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>8200.00</u>
City	State Zip Code	
Purpose of Disbursement <u>Printing</u>	Category/Type <u>003</u>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <u>B. Central Printing</u>		Date of Disbursement MM/DD/YYYY <u>05/19/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>758.50</u>
City	State Zip Code	
Purpose of Disbursement <u>Printing</u>	Category/Type <u>004</u>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <u>C. Central Printing</u>		Date of Disbursement MM/DD/YYYY <u>06/24/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>190.00</u>
City	State Zip Code	
Purpose of Disbursement <u>Printing</u>	Category/Type <u>001</u>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

14020591391

**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 <u>6</u> OF <u>29</u>
	<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)  
Flinn for Senate

Full Name (Last, First, Middle Initial) A. <u>Clear Channel</u>		Date of Disbursement MM / DD / YYYY <u>06 / 06 / 2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>1,292.85</u>
City	State Zip Code	
Purpose of Disbursement <u>Radio</u>	Category/Type <u>004</u>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. <u>Clear Channel</u>		Date of Disbursement MM / DD / YYYY <u>06 / 24 / 2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>1,002.15</u>
City	State Zip Code	
Purpose of Disbursement <u>Radio</u>	Category/Type <u>004</u>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. <u>Clear Channel</u>		Date of Disbursement MM / DD / YYYY <u>06 / 25 / 2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>2,004.30</u>
City	State Zip Code	
Purpose of Disbursement <u>Radio</u>	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

14020591392

**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 <b>7</b> OF <b>29</b>	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**Flinn for Senate**

Full Name (Last, First, Middle Initial) <b>A. Cookville Communications</b>		Date of Disbursement MM / DD / YYYY <b>06 / 09 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>333.16</b>
City	State Zip Code	
Purpose of Disbursement <b>RADIO</b>	Candidate Name <b>004</b> Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cookville Communications</b>		Date of Disbursement MM / DD / YYYY <b>06 / 23 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>333.16</b>
City	State Zip Code	
Purpose of Disbursement <b>RADIO</b>	Candidate Name <b>004</b> Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Crockett Rockett</b>		Date of Disbursement MM / DD / YYYY <b>06 / 11 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>1,600.00</b>
City	State Zip Code	
Purpose of Disbursement <b>NEWSPAPER Ad</b>	Candidate Name <b>004</b> Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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

14020591393

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
*Flinn for Senate*

A. *Cumulus - Knoxville*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City *Knoxville* State *TN* Zip Code  
 Purpose of Disbursement *RADIO* Category/Type *004*  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 MM ' DD ' YYYY  
*06 ' 09 ' 2014*  
 Amount of Each Disbursement this Period  
*688.50*

B. *Cumulus - Knoxville*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City *Knoxville* State *TN* Zip Code  
 Purpose of Disbursement *RADIO* Category/Type *004*  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 MM ' DD ' YYYY  
*06 ' 25 ' 2014*  
 Amount of Each Disbursement this Period  
*688.50*

C. *Cumulus - Nashville*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City *Nashville* State *TN* Zip Code  
 Purpose of Disbursement *RADIO* Category/Type *004*  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 MM ' DD ' YYYY  
*06 ' 06 ' 2014*  
 Amount of Each Disbursement this Period  
*1338.25*

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

14020591394

**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 **29**

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

*Flinn for Senate*

Full Name (Last, First, Middle Initial)

A. *Cumulus - Nashville*

Mailing Address

City *Nashville* State *TN* Zip Code

Purpose of Disbursement

*RADIO*

Candidate Name

*004*  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

*06* / *23* / *2014*

Amount of Each Disbursement this Period

*1,721.25*

Full Name (Last, First, Middle Initial)

B. *Eugene Bryan*

Mailing Address

*8923 Hickory Trail*  
City *Cardova* State *TN* Zip Code *38018*

Purpose of Disbursement

*Campaign Services*

Candidate Name

*001*  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

*06* / *01* / *2014*

Amount of Each Disbursement this Period

*3,000.00*

Full Name (Last, First, Middle Initial)

C. *Facebook*

Mailing Address

City State Zip Code

Purpose of Disbursement

*Ads*

Candidate Name

*004*  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

*06* / *18* / *2014*

Amount of Each Disbursement this Period

*250.24*

SUBTOTAL of Disbursements This Page (optional).....

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


14020591395

**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 <u>10</u> OF <u>29</u>			
	<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)  
Flinn for Senate

Full Name (Last, First, Middle Initial) A. <u>Facebook</u>		Date of Disbursement MM / DD / YYYY <u>06 / 25 / 2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>500.46</u>
City	State Zip Code	
Purpose of Disbursement <u>Ads</u>	Candidate Name	Category/ Type <u>004</u>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) B. <u>Federal Express</u>		Date of Disbursement MM / DD / YYYY <u>05 / 27 / 2014</u>
Mailing Address <u>GERMANTOWN PKW</u>		Amount of Each Disbursement this Period <u>335.75</u>
City <u>Cordova</u>	State Zip Code <u>TN 38016</u>	
Purpose of Disbursement <u>POSTAGE</u>	Candidate Name	Category/ Type <u>001</u>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) C. <u>Federal Express</u>		Date of Disbursement MM / DD / YYYY <u>06 / 09 / 2014</u>
Mailing Address <u>GERMANTOWN PKW</u>		Amount of Each Disbursement this Period <u>21.25</u>
City <u>Cordova</u>	State Zip Code <u>TN 38016</u>	
Purpose of Disbursement <u>POSTAGE</u>	Candidate Name	Category/ Type <u>001</u>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

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

14020591396



**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 29
	<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)  
*Flinn for Senate*

Full Name (Last, First, Middle Initial) A. <i>Federal Express</i>		Date of Disbursement MM ' DD ' YYYY <i>06 ' 19 ' 2014</i>
Mailing Address <i>GERMANTOWN PARKWAY</i>		Amount of Each Disbursement this Period <i>46.50</i>
City <i>Cordova</i>	State <i>TN</i>	
Zip Code <i>38016</i>		Category/ Type <i>001</i>
Purpose of Disbursement <i>Postage</i>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. <i>Federal Express</i>		Date of Disbursement MM ' DD ' YYYY <i>06 ' 23 ' 2014</i>
Mailing Address <i>BARTLETT BLVD.</i>		Amount of Each Disbursement this Period <i>589.2</i>
City <i>Bartlett</i>	State <i>TN</i>	
Zip Code <i>38134</i>		Category/ Type <i>001</i>
Purpose of Disbursement <i>Postage</i>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. <i>Flinn Broadcasting</i>		Date of Disbursement MM ' DD ' YYYY <i>05 ' 08 ' 2014</i>
Mailing Address <i>7076 Mt. Moriah Rd. Ext.</i>		Amount of Each Disbursement this Period <i>2482.00</i>
City <i>Memphis</i>	State <i>TN</i>	
Zip Code <i>38115</i>		Category/ Type <i>004</i>
Purpose of Disbursement <i>RADIO</i>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

14020591397

**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 29
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b	<input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
*Flinn for Senate*

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

Date of Disbursement  
MM/DD/YYYY  
*06/25/2014*

Mailing Address  
*7076 Mt Moriah Rd EXT*

City  
*Memphis* State *TN* Zip Code *38115*

Purpose of Disbursement  
*RADIO* Category/Type *004*

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
*1,290.00*

Full Name (Last, First, Middle Initial)  
*B. Forever Communications*

Date of Disbursement  
MM/DD/YYYY  
*06/09/2014*

Mailing Address

City State Zip Code

Purpose of Disbursement  
*RADIO* Category/Type *004*

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
*673.20*

Full Name (Last, First, Middle Initial)  
*C. Forever Communications*

Date of Disbursement  
MM/DD/YYYY  
*06/23/2014*

Mailing Address

City State Zip Code

Purpose of Disbursement  
*RADIO* Category/Type *004*

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Amount of Each Disbursement this Period  
*673.20*

SUBTOTAL of Disbursements This Page (optional).....

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

14020591398

**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 <u>13</u> OF <u>29</u>
	<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)  
Finn for Senate

Full Name (Last, First, Middle Initial) A. <u>Bryan, Gene</u>		Date of Disbursement MM/DD/YYYY <u>04/29/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>114.20</u>
City <u>Cordova</u>	State <u>TN</u> Zip Code <u>38018</u>	
Purpose of Disbursement <u>Reimbursement - Postage Foley</u>	Candidate Name	Category/Type <u>001</u>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. <u>Bryen, Gene</u>		Date of Disbursement MM/DD/YYYY <u>06/01/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>500.00</u>
City <u>Cordova</u>	State <u>TN</u> Zip Code <u>38018</u>	
Purpose of Disbursement <u>Communication Services</u>	Candidate Name	Category/Type <u>004</u>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. <u>Harland Clark</u>		Date of Disbursement MM/DD/YYYY <u>05/09/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>107.46</u>
City	State Zip Code	
Purpose of Disbursement <u>Bank Checks Print</u>	Candidate Name	Category/Type <u>006</u>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

14020591399

**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 <u>14</u> OF <u>29</u>
	<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)  
Flinn for Senate

Full Name (Last, First, Middle Initial) A. <u>PATE, Hillary</u>		Date of Disbursement MM / DD / YYYY <u>06 / 15 / 2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>1,2500.00</u>
City <u>Franklin</u>	State <u>TN</u>	Zip Code
Purpose of Disbursement <u>COMMUNICATIONS STAFF</u>	Candidate Name	Category/Type <u>001</u>
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. <u>KYTN</u>		Date of Disbursement MM / DD / YYYY <u>05 / 21 / 2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>4727.77</u>
City	State	Zip Code
Purpose of Disbursement <u>RADIO</u>	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. <u>LADY PRINTING</u>		Date of Disbursement MM / DD / YYYY <u>06 / 24 / 2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>158.75</u>
City	State	Zip Code
Purpose of Disbursement <u>PRINTING</u>	Candidate Name	Category/Type <u>004</u>
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

14020591400

**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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
*Hinn for Senate*

A. *Jalson, Leah*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City *Memphis* State *TN* Zip Code *38104*  
 Purpose of Disbursement *Intern* Category/Type *001*  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 MM/DD/YYYY  
*00/18/2014*

Amount of Each Disbursement this Period  
*462.00*

B. *Heerwood, Mae*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement *CAMPAIGN MGT* Category/Type *001*  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 MM/DD/YYYY  
*05/16/2014*

Amount of Each Disbursement this Period  
*1,125.50*

C. *Yearwood, MAE*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement *CAMPAIGN MGT* Category/Type *001*  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 MM/DD/YYYY  
*06/01/2014*

Amount of Each Disbursement this Period  
*1,125.50*

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

14020591401

**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 16 OF 29
	<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)  
*Flinn for Senate*

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

*Yearwood, Mae*  
Mailing Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: *Campaign Mgt*  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM/DD/YYYY *06/15/2014*

Amount of Each Disbursement this Period: *1,125.50*

Category/Type: *004*

B. *NCC Media*  
Full Name (Last, First, Middle Initial)

*NCC Media*  
Mailing Address

City: *Atlanta* State: *GA* Zip Code: \_\_\_\_\_

Purpose of Disbursement: *Cable TV*  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM/DD/YYYY *06/06/2014*

Amount of Each Disbursement this Period: *33,173.00*

Category/Type: *004*

C. *NCC Media*  
Full Name (Last, First, Middle Initial)

*NCC Media*  
Mailing Address

City: *Atlanta* State: *GA* Zip Code: \_\_\_\_\_

Purpose of Disbursement: *Cable TV*  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM/DD/YYYY *06/19/2014*

Amount of Each Disbursement this Period: *26,983.00*

Category/Type: *004*

SUBTOTAL of Disbursements This Page (optional).....

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

14020591402

**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 <u>17</u> OF <u>29</u>			
	<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)  
Finn for Senate

Full Name (Last, First, Middle Initial) <u>A. Peg Broadcasting</u>		Date of Disbursement MM/DD/YYYY <u>06/06/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>630.00</u>
City	State Zip Code	
Purpose of Disbursement <u>RADIO</u>	Category/Type <u>004</u>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <u>B. Peg Broad CASTING</u>		Date of Disbursement MM/DD/YYYY <u>06/24/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>630.00</u>
City	State Zip Code	
Purpose of Disbursement <u>RADIO</u>	Category/Type <u>004</u>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <u>C. Thunderbolt Communicators</u>		Date of Disbursement MM/DD/YYYY <u>06/09/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>945.54</u>
City	State Zip Code	
Purpose of Disbursement <u>RADIO</u>	Category/Type <u>004</u>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

14020591403

**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 <u>18</u> OF <u>29</u>
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Flinn for Senate

A. Thunderbolt Communications  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement  
Radio  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
06 / 23 / 2014  
 Amount of Each Disbursement this Period  
1103.13  
 Category/Type  
004

B. TN Radio Network  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement  
Radio  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
04 / 29 / 2014  
 Amount of Each Disbursement this Period  
2371.50  
 Category/Type  
004

C. USPS  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement  
POSTAGE  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014  
 Amount of Each Disbursement this Period  
3687.15  
 Category/Type

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

14020591404



**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 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

*Finn for Senate*

Full Name (Last, First, Middle Initial)

A. *Voicent Communications*

Mailing Address

City

State  
*CA*

Zip Code

Purpose of Disbursement

*Campaign Software*

Candidate Name

*006*  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

*06* / *13* / *2014*

Amount of Each Disbursement this Period

*1247.00*

Full Name (Last, First, Middle Initial)

B. *Voicent Communications*

Mailing Address

City

State  
*CA*

Zip Code

Purpose of Disbursement

*Software Support*

Candidate Name

*006*  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

*05* / *12* / *2014*

Amount of Each Disbursement this Period

*59.00*

Full Name (Last, First, Middle Initial)

C. *WAEW AM*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

*Radio*

Candidate Name

*004*  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

*05* / *21* / *2014*

Amount of Each Disbursement this Period

*630.00*

SUBTOTAL of Disbursements This Page (optional).....

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


14020591405

**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 <u>20</u> OF <u>29</u>	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Flinn for Senate

A. WAYA  
Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: Radio Category/Type: 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 06 / 09 / 2014

Amount of Each Disbursement this Period: 43,238

B. WAYA  
Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: Radio Category/Type: 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 06 / 23 / 2014

Amount of Each Disbursement this Period: 43,238

C. WBAC  
Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: Radio Category/Type: 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 06 / 21 / 2014

Amount of Each Disbursement this Period: 43,238

SUBTOTAL of Disbursements This Page (optional).....

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

14020591406

**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 29
	<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)  
*Flinn for Senate*

A. *WCB1*

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  
*Radio*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM/DD/YYYY  
*06/09/2014*

Amount of Each Disbursement this Period  
*263.93*

Category/Type  
*004*

B. *WCB1*

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  
*Radio*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM/DD/YYYY  
*06/24/2014*

Amount of Each Disbursement this Period  
*263.93*

Category/Type  
*004*

C. *WCMT*

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  
*Radio*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM/DD/YYYY  
*05/21/2014*

Amount of Each Disbursement this Period  
*472.77*

Category/Type  
*004*

SUBTOTAL of Disbursements This Page (optional).....

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

14020591407

**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 29

<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)  
Flinn for Senate

A. WEIO  
Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement Radio  004  
Candidate Name \_\_\_\_\_ Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Date of Disbursement: 05/21/2014

Amount of Each Disbursement this Period: 2639.3

B. WGOW-AM  
Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement Radio  004  
Candidate Name \_\_\_\_\_ Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Date of Disbursement: 04/29/2014

Amount of Each Disbursement this Period: 9180.0

C. WHUB  
Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement Radio  004  
Candidate Name \_\_\_\_\_ Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

Date of Disbursement: 05/21/2014

Amount of Each Disbursement this Period: 333.16

SUBTOTAL of Disbursements This Page (optional).....

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

14020591408

**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)  
 17     18     19a     19b  
 20a     20b     20c     21  
 PAGE 23 OF 29

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NAME OF COMMITTEE (In Full)  
Flinn for Senate

A. WILD  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement Radio     004  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement: 06 / 09 / 2014  
 Amount of Each Disbursement this Period: 165.75

B. WILD  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement Radio     004  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement: 06 / 25 / 2014  
 Amount of Each Disbursement this Period: 174.25

C. WKRM  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement Radio     004  
 Candidate Name  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: District:

Date of Disbursement: 05 / 21 / 2014  
 Amount of Each Disbursement this Period: 111.08

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

14020591409

**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 <u>24</u> OF <u>29</u>
	<input 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)  
Flinn for Senate

A. WKRm  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Radio  004 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: MM/DD/YYYY 06/06/2014

Amount of Each Disbursement this Period: 11108

B. WKRm  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Radio  004 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: MM/DD/YYYY 06/23/2014

Amount of Each Disbursement this Period: 22216

C. WLAC  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Radio  004 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: MM/DD/YYYY 04/29/2014

Amount of Each Disbursement this Period: 457860

SUBTOTAL of Disbursements This Page (optional).....

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

14020591410

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Flinn for Senate

A. WLAQ  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Radio

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05/21/2014

Amount of Each Disbursement this Period: 1,292.85

Category/Type: 004

B. WNFZ  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Radio

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04/29/2014

Amount of Each Disbursement this Period: 1,384.00

Category/Type: 004

C. WOKT  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Radio

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05/21/2014

Amount of Each Disbursement this Period: 688.50

Category/Type: 004

SUBTOTAL of Disbursements This Page (optional).....

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

14020591411

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

PAGE 26 OF 29

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NAME OF COMMITTEE (In Full)  
Finn for Senate

A. WORM  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Radio

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 21 / 2014

Amount of Each Disbursement this Period: 384.00

Category/Type: 004

B. WORM  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Radio

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 05 / 2014

Amount of Each Disbursement this Period: 324.00

Category/Type: 004

C. WORM  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Radio

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 324.00

Category/Type: 004

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

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

14020591412



**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 27 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

*Flinn for Senate*

Full Name (Last, First, Middle Initial)

A. *WTJS - WTJJ*

Mailing Address

City State Zip Code

Purpose of Disbursement

*Radio*

Candidate Name

*004*  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

*04* / *29* / *2014*

Amount of Each Disbursement this Period

*675.20*

B. *WTJS - WTJJ*

Mailing Address

City State Zip Code

Purpose of Disbursement

*RADIO*

Candidate Name

*004*  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

*05* / *21* / *2014*

Amount of Each Disbursement this Period

*673.20*

C. *WWTN - FM*

Mailing Address

City State Zip Code

Purpose of Disbursement

*RADIO*

Candidate Name

*004*  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: District:

Date of Disbursement

*05* / *21* / *2014*

Amount of Each Disbursement this Period

*1,168.75*

SUBTOTAL of Disbursements This Page (optional).....

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


14020591413

**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 <u>28</u> OF <u>29</u>
	<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)  
Finn for Senate

Full Name (Last, First, Middle Initial) A. <u>WXBQ</u>		Date of Disbursement MM/DD/YYYY <u>05/21/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>2295.00</u>
City	State Zip Code	
Purpose of Disbursement <u>Radio</u>	Category/Type <u>004</u>	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. <u>WYDL</u>		Date of Disbursement MM/DD/YYYY <u>05/21/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>1657.5</u>
City	State Zip Code	
Purpose of Disbursement <u>Radio</u>	Category/Type <u>004</u>	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. <u>WVXI</u>		Date of Disbursement MM/DD/YYYY <u>05/21/2014</u>
Mailing Address		Amount of Each Disbursement this Period <u>1338.8</u>
City	State Zip Code	
Purpose of Disbursement <u>Radio</u>	Category/Type <u>004</u>	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

14020591414

**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 29 OF 29

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
*Flinn for Senate*

A. *WYXI*  
Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement *Radio* Category/Type *004*

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: *06/09/2014*

Amount of Each Disbursement this Period: *1,338.88*

B. *WYXI*  
Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement *Radio* Category/Type *004*

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: *06/24/2014*

Amount of Each Disbursement this Period: *1,338.88*

C. *Regions Bank*  
Mailing Address

City *Memphis* State *TN* Zip Code *38120*

Purpose of Disbursement *Fees* Category/Type *001*

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: *06/30/2014*

Amount of Each Disbursement this Period: *46.50*

SUBTOTAL of Disbursements This Page (optional).....

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

*1,463,317.00*

14020591415

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE / OF /

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
*Flinn For Senate*

LOAN SOURCE Full Name (Last, First, Middle Initial)  
*Flinn, George S. Jr.*

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
*472 Goodwyn Street*

City State ZIP Code  
*Memphis TN 38111*

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

*1,805,250.00*  *1,805,250.00*

TERMS

Date Incurred Date Due Interest Rate Secured:

*04 25 2014 09 01 2014 0.00% (apr)  Yes  No*

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i></i>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i></i>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i></i>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i></i>

SUBTOTALS This Period This Page (optional)...

TOTALS This Period (last page in this line only)... *1,805,250.00*

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020591416

**FEC FORM 3Z (File with Form 3)**  
**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**  
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Flinn For Senate</i>		Report Covering Period: From: <i>04 / 01 / 2014</i> To: <i>06 / 30 / 2014</i>				
Committee Name					(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A					<i>7,000.00</i>	<i>0</i>
B	Column Total Last Page Only.....				<i>7,000.00</i>	<i>0</i>
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made o Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>0</i>	<i>0</i>	<i>7,000.00</i>	<i>0</i>	<i>1,805,250.00</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>7,000.00</i>	<i>0</i>	<i>1,805,250.00</i>	<i>0</i>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>1,805,250.00</i>	<i>0</i>	<i>0</i>	<i>1,812,250.00</i>	<i>146,331.70</i>	<i>0</i>
B	<i>1,805,250.00</i>	<i>0</i>	<i>0</i>	<i>1,812,250.00</i>	<i>146,331.70</i>	<i>0</i>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	(u) Line No. 20(d) Total Contributor Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligator Owed TO the Committee
A	<i>0</i>	<i>0</i>	<i>146,331.70</i>	<i>0</i>	<i>1,665,918.30</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>146,331.70</i>	<i>0</i>	<i>1,665,918.30</i>	<i>0</i>
	(aa) Line No. 10 Debts & Obligator Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>1,805,250.00</i>	<i>7,000.00</i>	<i>146,331.70</i>			
B	<i>1,805,250.00</i>	<i>7,000.00</i>	<i>146,331.70</i>			

14020591417

1402

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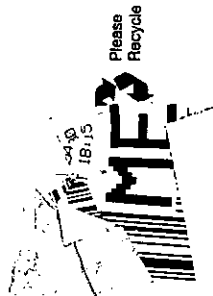
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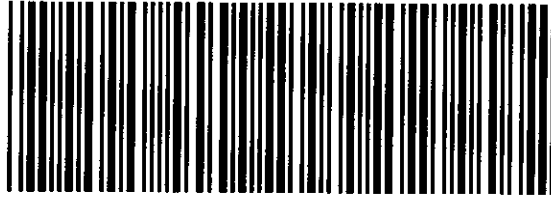
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