

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Jim Tracy for Congress

ADDRESS (number and street)

P.O. Box 332490

Check if different than previously reported. (ACC)

Murfreesboro

TN

37133

2. FEC IDENTIFICATION NUMBER ▼

C C00540633

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SHANE REEVES

Signature of Treasurer SHANE REEVES

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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
of Receipts and Disbursements

Write or Type Committee Name
Jim Tracy for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21800.00	1517121.57
(b) Total Contribution Refunds (from Line 20(d))	3400.00	175050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18400.00	1342071.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2104.38	1337868.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2104.38	1337618.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3548.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Jim Tracy for Congress

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

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).....	15800.00	1201426.90
(ii) Unitemized.....	0.00	66646.00
(iii) TOTAL of contributions from individuals ▶	15800.00	1268072.90
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	6000.00	234621.00
(d) The Candidate.....	0.00	13427.67
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21800.00	1517121.57
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	50000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	250.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	21800.00	1567371.57

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2104.38	1337868.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	50000.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	50000.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	3400.00	161000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	14050.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3400.00	175050.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	55504.38	1512918.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37253.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21800.00
25. SUBTOTAL (add Line 23 and Line 24).....	59053.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55504.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3548.91

**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 19
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JONATHAN D. ALSUP

Mailing Address 1305 ROYAL OAK AVE.

City MURFREESBORO State TN Zip Code 37129-7537

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11.2551

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
ASHLEY D. ALSUP

Mailing Address 1305 ROYAL OAK AVE.

City MURFREESBORO State TN Zip Code 37129-7537

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11.2585

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
JONATHAN D. ALSUP

Mailing Address 1305 ROYAL OAK AVE.

City MURFREESBORO State TN Zip Code 37129-7537

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11.2586

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT
REATTRIBUTION TO SPOUSE

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<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)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
DR. RICHARD M. BRIGGS

Mailing Address 2235 BREAKWATER DR.

City KNOXVILLE State TN Zip Code 37922-5678

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

Name of Employer SELF-EMPLOYED Occupation SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11.2547

Amount of Each Receipt this Period
4175.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
DR. RICHARD M. BRIGGS

Mailing Address 2235 BREAKWATER DR.

City KNOXVILLE State TN Zip Code 37922-5678

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

Name of Employer SELF-EMPLOYED Occupation SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11.2590

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
STEPHANIE R. BRIGGS

Mailing Address 2235 BREAKWATER DR.

City KNOXVILLE State TN Zip Code 37922-5678

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11.2589

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT
REATTRIBUTION FROM SPOUSE

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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)
Jim Tracy for Congress

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

Mailing Address 1122 BRINKLY AVE.

City MURFREESBORO State TN Zip Code 37129-1718

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

Name of Employer CRF PROPERTIES Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
10 / 23 / 2014

Transaction ID : SA11.2584

Amount of Each Receipt this Period
400.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
CARL THOMAS HALEY JR.

Mailing Address 5205 STILLHOUSE HOLLOW RD.

City FRANKLIN State TN Zip Code 37064-9484

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

Name of Employer GRAND AVENUE Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
10 / 05 / 2014

Transaction ID : SA11.2549

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
CARL THOMAS HALEY JR.

Mailing Address 5205 STILLHOUSE HOLLOW RD.

City FRANKLIN State TN Zip Code 37064-9484

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

Name of Employer GRAND AVENUE Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
10 / 22 / 2014

Transaction ID : SA11.2591_A

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT REATTRIBUTION TO SPOUSE

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 8 OF 19
	<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)
Jim Tracy for Congress

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

Mailing Address 5205 STILLHOUSE HOLLOW RD.

City: FRANKLIN State: TN Zip Code: 37064-9484

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED PER BEST EFFC Occupation: INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 10 / 22 / 2014

Transaction ID : SA11.2591

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
TAYLOR HOLLINGSHEAD

Mailing Address 1027 BROKEN CREEK LN.

City: MURFREESBORO State: TN Zip Code: 37129-7538

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED PER BEST EFFC Occupation: INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 09 / 22 / 2014

Transaction ID : SA11.2550

Amount of Each Receipt this Period: 5200.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
RYAN HOLLINGSHEAD

Mailing Address 1027 BROKEN CREEK LN.

City: MURFREESBORO State: TN Zip Code: 37129-7538

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED PER BEST EFFC Occupation: INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 10 / 30 / 2014

Transaction ID : SA11.2587

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT REATTRIBUTION FROM SPOUSE

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<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)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
TAYLOR HOLLINGSHEAD

Mailing Address 1027 BROKEN CREEK LN.

City MURFREESBORO State TN Zip Code 37129-7538

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.2588

Amount of Each Receipt this Period
 -2600.00

CONTRIBUTION

[MEMO ITEM]
 2014 PRIMARY DEBT RETIREMENT
 REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
AMY MITCHELL

Mailing Address 207 KNOB CREEK RD.

City WARTRACE State TN Zip Code 37183-2310

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11.2560

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
RICHARD REEVES

Mailing Address P.O. BOX 4089

City MURFREESBORO State TN Zip Code 37129-4089

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

Name of Employer REEVES-SAIN PHARMACY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.2559

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

[MEMO ITEM]
 2014 PRIMARY DEBT RETIREMENT

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<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)
Jim Tracy for Congress

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

Mailing Address 135 BLACKBERRY LN

City MURFREESBORO State TN Zip Code 37130

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11.2599_B

Amount of Each Receipt this Period
200.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT REATTRIBUTION

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

Mailing Address PO BOX 4089

City MURFREESBORO State TN Zip Code 37129

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

Name of Employer REEVES-SAIN PHARMACY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11.2599_C

Amount of Each Receipt this Period
700.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD H. SAIN

Mailing Address 2719 JAMES EDMON CT

City MURFREESBORO State TN Zip Code 37129-0876

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

Name of Employer REEVES-SAIN PHARMACY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11.2599_A

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
2014 PRIMARY DEBT RETIREMENT REATTRIBUTION

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 11 OF 19
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
COLLEEN SULLIVAN

Mailing Address 3314 PERLINO DR.

City MURFREESBORO State TN Zip Code 37128-8220

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11.2583

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
RANDALL TONEY

Mailing Address 2025 TINNIN RD.

City GOODLETTSVILLE State TN Zip Code 37072-4232

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.2579

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
RHONDA ANN TONEY

Mailing Address 2025 TINNIN RD.

City GOODLETTSVILLE State TN Zip Code 37072-4232

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.2578

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

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

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

7600.00

**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 19
	<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)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
BARBARA ENGELHARDT WILSON

Mailing Address 206 CRAIGHEAD AVE.

City Nashville State TN Zip Code 37205-2512

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11.2574

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2600.00

15800.00

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 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
DVA HOLDING COMPANY PAC

Mailing Address **PO BOX 7434**

City **MOBILE** State **AL** Zip Code **36670-0434**

FEC ID number of contributing federal political committee. **C C00368902**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11.2580

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
NATIONAL HEALTH CORPORATION PAC

Mailing Address **100 VINE ST.**

City **MURFREESBORO** State **TN** Zip Code **37130-3734**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11.2581

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

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).....

6000.00

6000.00

**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 14 OF 19			
	<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)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 1200.00
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.1
State: District:		

Full Name (Last, First, Middle Initial) B. ICONTACT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 2450 PERIMETER PARK DR STE 105		Amount of Each Disbursement this Period 92.50
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.2
State: District:		

Full Name (Last, First, Middle Initial) C. ICONTACT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2450 PERIMETER PARK DR STE 105		Amount of Each Disbursement this Period 92.50
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.6
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1385.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19			
	<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)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. SHELBYVILLE LIONS CLUB			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO BOX 202			Amount of Each Disbursement this Period 215.00
City SHELBYVILLE	State TN	Zip Code 37162	
Purpose of Disbursement MEDIA		Category/ Type	Transaction ID : SB17.5
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. TIMES GAZETTE			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 323 EAST DEPOT ST PO BOX 380			Amount of Each Disbursement this Period 504.38
City SHELBYVILLE	State TN	Zip Code 37162	
Purpose of Disbursement MEDIA		Category/ Type	Transaction ID : SB17.8
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C.			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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	719.38
TOTAL This Period (last page this line number only).....	2104.38

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

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. JIM TRACY		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2014
Mailing Address PO BOX 332490		Amount of Each Disbursement this Period 5,000.00 Transaction ID : SB19.10
City MURFREESBORO State TN Zip Code 37133	Purpose of Disbursement LOAN REPAYMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JIM TRACY		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO BOX 332490		Amount of Each Disbursement this Period 40000.00 Transaction ID : SB19.7
City MURFREESBORO State TN Zip Code 37133	Purpose of Disbursement LOAN REPAYMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	50000.00
TOTAL This Period (last page this line number only).....	50000.00

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

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. DAVID BLACK		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 819 PLANTATION BLVD		Amount of Each Disbursement this Period 2600.00
City GALLATIN	State TN	
Zip Code 37066	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLES R. FARRER		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 1122 BRINKLY AVE.		Amount of Each Disbursement this Period 400.00
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20.2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FARRAR & BATES LLP		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 211 SEVENTH AVE N STE 500		Amount of Each Disbursement this Period 400.00
City NASHVILLE	State TN	
Zip Code 37219	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20.4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3400.00
TOTAL This Period (last page this line number only).....	3400.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC.10**
Jim Tracy for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) JIM TRACY	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 332490		

City	State	ZIP Code	CANDIDATE LOAN FROM PERSONAL FUNDS
MURFREESBORO	TN	37133	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	50000.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 03 / 2014	ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC.10

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID: