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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typiner the lines.	ıg, type	12FE4M5	
Jim Tracy for Cor	ngress					
ADDRESS (number and st	reet)	190 				
Check if differe						
than previously reported. (ACC)					TN :	37133
2. FEC IDENTIFICAT	ION NUMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00540633		3. IS THIS REPORT	X NEW (N)	OR	AMEND (A)	
4. TYPE OF REPO	RT (Choose One)					
(a) Quarterly Repo	rts:	(b) 12-Day PRE	-Election Repo	ort for the:	_	_
April 15 Ou	arterly Report (Q1)	Ш	Primary (12P)	General (1	2G) Runoff (12R)
April 15 Qu	iarterly neport (Q1)		Convention (12C)	Special (12	2S)
July 15 Qu	arterly Report (Q2)					
X October 15	Quarterly Report (Q3)	Election on	M - M /	D D /	Y - Y - Y - Y	in the State of
January 31	Year-End Report (YE)	(c) 30-Day POS	T-Election Rep	port for the:		
			General (300	G)	Runoff (30	R) Special (30S)
Termination	Report (TER)	Election on	M M	D D /	Y Y Y Y	in the State of
5. Covering Period	07 / D 01	2015	through	M M M	/ D D /	Y Y Y Y Y 2015
I certify that I have exan	nined this Report and to	o the best of my kr	nowledge and	belief it is ti	rue, correct and	l complete.
Type or Print Name of T	reasurer SHANE REE	EVES				
Signature of Treasurer	SHANE REEVES		[Electronically	Filed] [Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	e, erroneous, or incompl	ete information may	subject the per	son signing	this Report to the	ne 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 / 12

Write or Type Committee Name

Jim Tracy for Congress

09 30 2015 01 2015 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 1517121.57 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 175050.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 1342071.57 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures -385.40 1337868.28 (from Line 17) (b) Total Offsets to Operating 0.00 250.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures -385.401337618.28 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 385.40 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D).....

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)

PAGE 3 / 12

Write or Type Committee Name

Jim Tracy for Congress

Report Covering the Period: From: 07 01 2015 To: 09 30 2015

	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)	0.00	1201426.90
	(ii) Unitemized	0.00	66646.00
	(iii) TOTAL of contributions from individuals	0.00	1268072.90
	(b) Political Party Committees	0.00	1000.00
	(c) Other Political Committees (such as PACs)	0.00	234621.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	13427.67
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	1517121.57
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	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
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	250.00
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	1567371.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	-385.40	1337868.28
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
 19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	161000.00
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	14050.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	175050.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	-385.40	1512918.28
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (froi	m Line 22)	-385.40
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	385.40

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 5 OF 12 (check only one) X 17
	y information copied from such Reports and Statements r for commercial purposes, other than using the name and			erson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Jim Tracy for Congress	, , , , , , ,		
۹.	Full Name (Last, First, Middle Initial) THE STONERIDGE GROUP LLC			Date of Disbursement
	Mailing Address 4400 NORTH POINT PKWY STE 190			08 18 2015
	City State ALPHARETTA GA	Zip Code 30022		Amount of Each Disbursement this Period
	Purpose of Disbursement VOID CHECK - WEB SERVICE			-359.40 Transaction ID : SB.2
	Candidate Name		Category/ Type	Transaction ID 1 02/2
	Office Sought: House Senate Primary President State: Disbursement Fo Other (INVOICE PAID IN ERROR
3.	Full Name (Last, First, Middle Initial) TIMES GAZETTE Mailing Address 323 EAST DEPOT ST PO BOX 380			Date of Disbursement M M / D D / Y Y Y Y Y 08 18 2015
	City State	Zip Code		00 10 2013
	SHELBYVILLE TN	37162		Amount of Each Disbursement this Period
	Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9 Candidate Name		Category/ Type	-504.38 Transaction ID : SB.12
	State: District: Full Name (Last, First, Middle Initial)			
Э.	TIMES GAZETTE			Date of Disbursement
	Mailing Address 323 EAST DEPOT ST PO BOX 380			09 09 7 2015
	-	ip Code 37162		Amount of Each Disbursement this Period
	Purpose of Disbursement MEDIA	0.1102		504.38
	Candidate Name		Category/ Type	Transaction ID : SB.21
	Office Sought: House Senate Primary Other (· · ·	
	State: District:			
				-359.40

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

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

-359.40

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate scl for each categor Detailed Summar	y of the	FOR LINE NUMBER: PAGE 6 OF 12 (check only one) 17
	ry information copied from such Reports and Star for commercial purposes, other than using the r				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Jim Tracy for Congress		, _[
Full Name (Last, First, Middle Initial) A. ANDY ADAMS					Date of Disbursement
	Mailing Address 801 MOORELAND LN.				09 09 2015
	City MURFREESBORO	State TN	Zip Code 37128		Amount of Each Disbursement this Period
	Purpose of Disbursement GENERAL CONTRIBUTION REFUND				2400.00
	Candidate Name			Category/ Type	Transaction ID : SB.13
	Office Sought: House Disburs Senate President State: District:	Primary Other (s	General		
В.	Full Name (Last, First, Middle Initial) ANDY ADAMS Mailing Address 801 MOORELAND LN.				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Amount of Each Disbursement this Period
	MURFREESBORO Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9 Candidate Name	TN	37128	Category/	-2400.00 Transaction ID : SB.6
	Office Sought: House Disburs Senate President State: District:	Primary Other (s	General	Туре	
_	Full Name (Last, First, Middle Initial)				
C.	Mailing Address 801 MOORELAND LN.				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sta		p Code		Amount of Each Disbursement this Period
	MURFREESBORO TN Purpose of Disbursement GENERAL CONTRIBUTION REFUND	N 3	37128		2400.00
	Candidate Name			Category/ Type	Transaction ID : SB.18
	Office Sought: House Disburs Senate President	Primary Other (s	General		
Г	State: District:				
١,	IIRTOTAL of Disbursements This Page (ontional)	1			2400.00

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 12 (check only one) 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions
Jim Tracy for Congress		
Full Name (Last, First, Middle Initial) A. KAREN ADAMS Mailing Address 801 MOORELAND LN.		Date of Disbursement 08 18 2015
City State MURFREESBORO TN	Zip Code 37128	Amount of Each Disbursement this Period
Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9 Candidate Name	Category, Type	Transaction ID : SB.9
Office Sought: House Senate Primary President State: Disbursement For Other (s	: General	
Full Name (Last, First, Middle Initial) R. MURRAY HATCHER Mailing Address 205 POWELL PL.		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State BRENTWOOD TN Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9	Zip Code 37027	Amount of Each Disbursement this Period -2400.00
Candidate Name	Category, Type	Transaction ID : SB.10
Office Sought: House Disbursement For	General	
Full Name (Last, First, Middle Initial) R. MURRAY HATCHER Mailing Address are power to be		Date of Disbursement
Mailing Address 205 POWELL PL. City State Zi	p Code	09 09 2015 Amount of Each Disbursement this Period
Purpose of Disbursement GENERAL CONTRIBUTION REFUND	7027	2400.00 Transaction ID : SB.19
Candidate Name Office Sought: House Disbursement For Senate Primary Other (s State: District:	General	
SUBTOTAL of Disbursements This Page (optional)		-2400.00

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summan	edule(s) of the	FOR LINE NUMBER: (check only one) 17
	ny information copied from such Reports and Statements of for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Jim Tracy for Congress			
۱.	Full Name (Last, First, Middle Initial) JOHN R. INGRAM Mailing Address P.O. BOX 50058			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State NASHVILLE TN	Zip Code 37205		Amount of Each Disbursement this Period
	Purpose of Disbursement GENERAL CONTRIBUTION REFUND Candidate Name	37203		2400.00 Transaction ID : SB.16
	Office Sought: House Disbursement Fo		Category/ Type	
3.	Full Name (Last, First, Middle Initial) JOHN R. INGRAM Mailing Address P.O. BOX 50058			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State NASHVILLE TN Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9	Zip Code 37205		Amount of Each Disbursement this Period -2400.00
	Candidate Name Office Sought: House Disbursement Fo	or:	Category/ Type	Transaction ID : SB.7
	Senate Primary President Other of State:	y General (specify)		
).	Full Name (Last, First, Middle Initial) GARY R. KING			Date of Disbursement
	Mailing Address P.O. BOX 607 City State 2	Zip Code		09 09 2015
	•	37162		Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	Transaction ID : SB.15
	Office Sought: House Senate President State: Disbursement For Other of Other other of Other other of Other other of Other other other of Other ot			
	UBTOTAL of Disbursements This Page (optional)			1000.00
-				7 7 -

20	CHEDULE B (FEC Form 3)			FOR LINE NUMBER: PAGE 9 OF 12	
) (HEDULE B (FEC FOIII 3)	Use separate schedu		(check only one)	
TI	EMIZED DISBURSEMENTS	for each category of		17 18 19a 19b	
		Detailed Summary Pa	age	X 20a 20b 20c 21	
۸	y information copied from such Reports and Statements m	av not be sold as weed	l by any		
	for commercial purposes, other than using the name and a				
		duress of any political	COMMITTEE	to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	Jim Tracy for Congress				
/	,				
	Full Name (Last, First, Middle Initial)				
Δ	GARY R. KING			Date of Disbursement	
				M M / D D / Y Y Y Y	
	Mailing Address P.O. BOX 607			08 18 2015	
	City State	Zip Code		Amount of Each Disbursement this Period	
	SHELBYVILLE TN	37162		Amount of Each disbursement this Feriod	
	Purpose of Disbursement	01102		-1000.00	
	VOID CHECK SEE REISSUE ON 9/9				
	On all data Name			Transaction ID : SB.5	
	Candidate Name	0	Category/		
			Туре		
	Office Sought: House Disbursement For				
	Senate Primary	General			
	President Other (s	pecify)			
	State: District:				
	Full Name (Last, First, Middle Initial)				
,	JOHN TOMLINSON			Date of Disbursement	
Э.					
	Mailing Address 12104 HOFFMAN ST #306			M M / D D / Y Y Y Y	
	12104 HOPFIMAN ST #300			09 09 2015	
	City State	Zip Code		 	
	STUDIO CITY CA	91604		Amount of Each Disbursement this Period	
	Purpose of Disbursement	31004		500.00	
	GENERAL CONTRIBUTION REFUND			300.00	
	O I'. I . N			Transaction ID : SB.17	
	Candidate Name	0	Category/		
			Туре		
	Office Sought: House Disbursement For	:			
	Senate Primary	General			
	President Other (s	pecify)			
	State: District:				
	Full Name (Last, First, Middle Initial)				
_	JOHN TOMLINSON			Date of Disbursement	
J.	OTHER TOWNER WOOL				
	Mailing Address 1010111055111105			M M / D D / Y Y Y Y	
	Mailing Address 12104 HOFFMAN ST #306			08 18 2015	
	City State Zi	o Code		 	
	-	1604		Amount of Each Disbursement this Period	
	Purpose of Disbursement	1004		-500.00	
	VOID CHECK SEE REISSUE ON 9/9			-500.00	
				Transaction ID : SB.8	
	Candidate Name	C	Category/		
			Type		
	Office Sought: House Disbursement For	:			
	Senate Primary	General			
	President Other (s	pecify)			
	State: District:				
	l				
				-1000.00	
S	UBTOTAL of Disbursements This Page (optional)				

T	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the ry Page	FOR LINE NUMBER: PAGE 10 OF 12 (check only one) 17
	y information copied from such Reports and Statements for commercial purposes, other than using the name ar			
\rangle	NAME OF COMMITTEE (In Full) Jim Tracy for Congress			
۹.	Full Name (Last, First, Middle Initial) DELTA WHOLESALE LIQUORS			Date of Disbursement
	Mailing Address 802 ROZELLE ST			08 18 2015
	City State MEMPHIS TN	Zip Code 38104		Amount of Each Disbursement this Period
	Purpose of Disbursement VOID CHECK SEE REISSUE ON 9/9			-350.00 Transaction ID : SB.1
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement Senate Prima President Othe State: District:			
3.	Full Name (Last, First, Middle Initial) DELTA WHOLESALE LIQUORS Mailing Address 802 ROZELLE ST			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	MEMPHIS TN Purpose of Disbursement CONTRIBUTION REFUND	38104		350.00
	Candidate Name		Category/ Type	Transaction ID : SB.14
			71.	
	State: District: Full Name (Last, First, Middle Initial)			
Э.				Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
Туре				
			Category/ Type	
	State: District:			
s	UBTOTAL of Disbursements This Page (optional)			0.00

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

0.00

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

11

×	13a				
	13h				

12

(check only one) Detailed Summary Page Transaction ID: SC.10 NAME OF COMMITTEE (In Full) Jim Tracy for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JIM TRACY General Mailing Address Other (specify) PO BOX 332490 State ZIP Code City CANDIDATE LOAN FROM PERSONAL FUNDS TN 37133 **MURFREESBORO** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 50000.00 50000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M 03 ž014 0.00 **ON DEMAND** % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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 = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC.10

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule: Transaction ID: