

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))....	76539.00	1495321.57
(b) Total Contribution Refunds (from Line 20(d))	157750.00	172050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-81211.00	1323271.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	235467.81	1336268.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	250.00	250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	235217.81	1336018.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	37253.29	
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).....	50000.00	

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).....	58060.00	1185626.90
(ii) Unitemized.....	979.00	66646.00
(iii) TOTAL of contributions from individuals ▶	59039.00	1252272.90
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	17500.00	228621.00
(d) The Candidate.....	0.00	13427.67
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	76539.00	1495321.57
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.)	250.00	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)..... ▶	76789.00	1545571.57

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	235467.81	1336268.28
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	152250.00	158000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5500.00	14050.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	157750.00	172050.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	393217.81	1508318.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	353682.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	76789.00
25. SUBTOTAL (add Line 23 and Line 24).....	430471.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	393217.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	37253.29

**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 76
	<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)
MRS. LESLIE N. AKINS

Mailing Address 1518 SHAGBARK TRL.

City MURFREESBORO State TN Zip Code 37130-1132

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

Name of Employer VA Occupation R.N.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11.2543

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. 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 SMYRNA READY MIX Occupation ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.2551

Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

2014 PRIMARY DEBT
 RETIREMENT/REATTRIBUTION REQUESTED

C. Full Name (Last, First, Middle Initial)
DAVID L. BLACK

Mailing Address 819 PLANTATION BLVD

City GALLATIN State TN Zip Code 37066

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

Name of Employer AEGIS SCIENCES COPRORATION Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11.2569

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

8050.00

**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 76
	<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)
DAVID L. BLACK

Mailing Address **819 PLANTATION BLVD**

City **GALLATIN** State **TN** Zip Code **37066**

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

Name of Employer **AEGIS SCIENCES CORPORATION** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt **08 / 06 / 2014**

Transaction ID : SA11.2569A

Amount of Each Receipt this Period **2600.00**

CONTRIBUTION

REFUND TO BE ISSUED

B. Full Name (Last, First, Middle Initial)
R. MICHELLE BLAYLOCK-HOWSER

Mailing Address **121 E MAIN ST.**

City **MURFREESBORO** State **TN** Zip Code **37130-3726**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11.2492

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

C. 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 **5200.00**

Date of Receipt **08 / 27 / 2014**

Transaction ID : SA11.2547

Amount of Each Receipt this Period **4175.00**

CONTRIBUTION

2014 PRIMARY DEBT
RETIREMENT/REATTRIBUTION REQUESTED

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

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

7025.00

**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 76
	<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)
STEVE COPE

Mailing Address 110 COUTRSIDE LN.

City TULLAHOMA State TN Zip Code 37388-4844

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

Name of Employer AVION SOLUTIONS Occupation DIRECTOR OF BUSINESS DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11.2520

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ANDREW S. CUNNYNGHAM

Mailing Address 164 THIRD AVENUE

City DAYTON State TN Zip Code 37321-1308

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

Name of Employer WOODEN LAW FIRM, P.C. Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2014

Transaction ID : SA11.2425

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 1126 WATKINS CREEK DR.

City FRANKLIN State TN Zip Code 37067-7833

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation 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 : SA11.2552

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

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

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

3100.00

**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 76
	<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)
ROGER DAVENPORT

Mailing Address 2116 HARDING PL

City MURFREESBORO State TN Zip Code 37129

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11.2573

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES D. DAVIS JR.

Mailing Address 2389 OAK HILL DR.

City MURFREESBORO State TN Zip Code 37130-2031

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

Name of Employer THE DAVIS GROUPE, LLC Occupation SELF-EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11.2539

Amount of Each Receipt this Period
150.00

CONTRIBUTION

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

Mailing Address 108 SAVOY CIR.

City NASHVILLE State TN Zip Code 37205-5013

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

Name of Employer SELF-EMPLOYED Occupation ARTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.2512

Amount of Each Receipt this Period
2200.00

CONTRIBUTION

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

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

2850.00

**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 76
	<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. WINFIELD C. DUNN

Mailing Address 107 DUNHAM SPRINGS LN.

City State Zip Code
NASHVILLE TN 37205-2605

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11.2486

Amount of Each Receipt this Period
200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BEECHER W. FRASIER III

Mailing Address 6202 ROCK SPRINGS RD.

City State Zip Code
NOLENSVILLE TN 37135-9011

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

Name of Employer Occupation
THE INGRAM GROUP PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11.2508

Amount of Each Receipt this Period
275.00
CONTRIBUTION

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

Mailing Address PO BOX 2476

City State Zip Code
HENDERSONVILLE TN 37077-2476

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

Name of Employer Occupation
RETAINING WALL OF T SELF-EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11.2523

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1475.00

**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 76
	<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)
LINDSEY GALYEN JR.

Mailing Address **PO BOX 245**

City **FAYETTEVILLE** State **TN** Zip Code **37334-0245**

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

Name of Employer **G-SQUARED** Occupation **PHOTOGRAMMETRIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11.2484

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DONALD W. GOFF

Mailing Address **910 HUNT CLIFF DR, NW**

City **CLEVELAND** State **TN** Zip Code **37311-4137**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11.2540

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT H. GOODALL JR.

Mailing Address **393 MAPLE ST, STE 100**

City **GALLATIN** State **TN** Zip Code **37066-6342**

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

Name of Employer **GOODALL HOMES** Occupation **PRESIDENT AND CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **675.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11.2498

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1200.00

**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 76
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
L. A. GREEN III

Mailing Address **PO BOX 8037**

City **GALLATIN** State **TN** Zip Code **37066-8037**

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

Name of Employer **GREEN LITTLE INVESTMENTS** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11.2499

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **1900 CAIRO RD**

City **GALLATIN** State **TN** Zip Code **37066**

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11.2570

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ASHLEY P. HARDISON

Mailing Address **2123 RIVERVIEW DRIVE**

City **MURFREESBORO** State **TN** Zip Code **37129-1326**

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

Name of Employer **SELF-EMPLOYED** Occupation **ORAL SURGEON**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2150.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 20 / 2014

Transaction ID : SA11.2426

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 76
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MR. STEVEN W. HARRISON

Mailing Address 2325 RIVER TERRACE DR.

City MURFREESBORO State TN Zip Code 37129-1340

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

Name of Employer SEC INC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.2483

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WADE HAYS

Mailing Address 2906 PRINCETON LN.

City MURFREESBORO State TN Zip Code 37129-5885

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

Name of Employer TOOT'S RESTAURANT Occupation RESTAURANT OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11.2536

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT B. HENNIGAN

Mailing Address 209 KINGSRIDGE BLVD.

City TULLAHOMA State TN Zip Code 37388-4806

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

Name of Employer L&H DISTRIBUTING Occupation ACCOUNT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11.2517

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1750.00

**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 76
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
WAYMON L. HICKMAN

Mailing Address 105 WALDEN RD.

City State Zip Code
COLUMBIA TN 38401-5711

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

Name of Employer Occupation
FIRST FARMERS & MERCHANTS BANK SR. CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11.2532

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 1027 BROKEN CREEK LN.

City State Zip Code
MURFREESBORO TN 37129-7538

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
5200.00

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

Transaction ID : SA11.2550

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

2014 PRIMARY DEBT
RETIREMENT/REATTRIBUTION REQUESTED

C. Full Name (Last, First, Middle Initial)
WM RANSOM JONES

Mailing Address PO BOX 217

City State Zip Code
LASCASSAS TN 37085-0217

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

Name of Employer Occupation
SOUTHLAND SUPPLY OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.2515

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

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

5900.00

**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 14 OF 76
	<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)
EDWARD L. JORDAN III

Mailing Address 4101 SHACKLETT RD.

City MURFREESBORO State TN Zip Code 37129-1989

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11.2563

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WENDELL O. MANDRELL

Mailing Address P.O. BOX 1218- C/O: GUARANTY

City MURFREESBORO State TN Zip Code 37133-1218

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

Name of Employer GUARANTY TRAUST Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11.2531

Amount of Each Receipt this Period
 _____ 300.00

CONTRIBUTION

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

Mailing Address 116 PUBLIC SQUARE

City GALLATIN State TN Zip Code 37066-2803

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

Name of Employer MCCLELLAN, POWERS, EHRNLING & ROGEF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.2461

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

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

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

_____ 1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 76
	<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)
BEVERLY MCKENZIE

Mailing Address 1110 PLANTATION BLVD

City State Zip Code
GALLATIN TN 37066

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

Name of Employer Occupation
MCKENZIE JEWELRY OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11.2571

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 110 31ST AVENUE N, UNIT 202

City State Zip Code
NASHVILLE TN 37203-1500

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

Name of Employer Occupation
CASH EXPRESS LLC COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11.2553

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
DR. MAX L. MOSS

Mailing Address 1728 SHAGBARK TRL.

City State Zip Code
MURFREESBORO TN 37130-1135

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.2490

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 76
	<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)
LARRY D. ODOM

Mailing Address **849 PICKWICK CT**

City **GALLATIN** State **TN** Zip Code **37066**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 07 / 2014

Transaction ID : SA11.2564

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WESLEY H. PUCKETT

Mailing Address **423 WOODLAND ST.**

City **LIVINGSTON** State **TN** Zip Code **38570-1341**

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

Name of Employer **PUCKETT'S FURNITURE** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

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

Transaction ID : SA11.2557

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

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

Mailing Address **1423 AVELLINO CIR.**

City **MURFREESBORO** State **TN** Zip Code **37130-7601**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11.2514

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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 17 OF 76
	<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)
JOHN N. RADER

Mailing Address 925 E 6TH ST

City COOKEVILLE State TN Zip Code 38501

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

Name of Employer STATE OF TENNESSEE Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11.2572

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. 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
3600.00

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

Transaction ID : SA11.2559

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

2014 PRIMARY DEBT
 RETIREMENT/REATTRIBUTION REQUESTED

C. Full Name (Last, First, Middle Initial)
MR. JOHN W. ROSS

Mailing Address 171 TRENTON HWY

City MILAN State TN Zip Code 38358-6628

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

Name of Employer MILAN EXPRESS CO., INC. Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.2348

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

[MEMO ITEM]

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

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

1250.00

**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 18 OF 76
	<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)
M. ROSS

Mailing Address 171 TRENTON HWY.

City MILAN State TN Zip Code 38358-6628

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11.2516

Amount of Each Receipt this Period
100.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

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

Mailing Address 1624 COVENTRY PARK BLVD.

City KNOXVILLE State TN Zip Code 37931-4448

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
 09 / 30 / 2014

Transaction ID : SA11.2558

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
MR. DONALD A. SHARPE JR.

Mailing Address 4440 CRANMORE COVE RD.

City DAYTON State TN Zip Code 37321-7305

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11.2541

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

2850.00

**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 19 OF 76
	<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)
EMILY D. SMITH

Mailing Address 7065 MOORES LN, STE 300

City State Zip Code
BRENTWOOD TN 37027-8576

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11.2556

Amount of Each Receipt this Period
 2400.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MICHAEL S. TERRY

Mailing Address 1485 BRADBERRY DR

City State Zip Code
MURFREESBORO TN 37130-1146

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

Name of Employer Occupation
PARAMOUNT STRATEGIES MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
445.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11.2565

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 12981 HARRISON LN.

City State Zip Code
BELL BUCKLE TN 37020-6021

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

Name of Employer Occupation
SELF-EMPLOYED OPTOMETRIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.2494

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

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

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

2850.00

**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 20 OF 76
	<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)
STEVE TRACY

Mailing Address 100 HORSESHOE DR.

City State Zip Code
SHELBYVILLE TN 37160-2602

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.2460

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GREGORY E. WALDRON

Mailing Address 125A RIVER ROCK BLVD.

City State Zip Code
MURFREESBORO TN 37128-4875

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

Name of Employer Occupation
WALDRON ENTERPRISES MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11.2527

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES E. WHARTON

Mailing Address 388 STONEHAVEN LN.

City State Zip Code
WINCHESTER TN 37398-4721

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

Name of Employer Occupation
POPLAR CREEK FARMS LLC PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11.2518

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2500.00

**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 21 OF 76
	<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)
TIM WHEELER

Mailing Address 118 SARANAC TRL.

City Hendersonville State TN Zip Code 37075-4589

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

Name of Employer WHEELER CONSTRUCTION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11.2529

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TOMMY GRAYSON WHITTAKER

Mailing Address P.O. BOX 453

City Portland State TN Zip Code 37148-0453

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

Name of Employer THE FARMERS BANK, PORTLAND, TN. Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11.2566

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MELANIE KAY MEADOW WILLIAMS

Mailing Address 176 PINE POINT DR.

City ZEPHYR COVE State NV Zip Code 89448

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation 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 : SA11.2554

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT

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

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

3100.00

**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 22 OF 76
	<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)
FARRAR & BATES, LLP

Mailing Address 211 7TH AVENUE N, STE 500

City State Zip Code
NASHVILLE TN 37219-1823

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.2562

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT/REFUND TO BE ISSUED

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

Mailing Address 111 EATON BLVD.

City State Zip Code
SHELBYVILLE TN 37160-9156

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

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

Transaction ID : SA11.2555

Amount of Each Receipt this Period
 2400.00

CONTRIBUTION

2014 PRIMARY DEBT RETIREMENT/ATTRIBUTION REQUESTED

C. Full Name (Last, First, Middle Initial)
JEFFERSON GREEN CONDO RENTALS

Mailing Address 1128 OLD LASCASSAS RD.

City State Zip Code
MURFREESBORO TN 37130-1747

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.2510

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SEE PARTNERSHIP ATTRIBUTION BELOW

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

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

4900.00

**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 23 OF 76
	<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)
ROBERT T. STROOP

Mailing Address 1128 OLD LACASSAS RD.

City MURFREESBORO State TN Zip Code 37130-1747

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

Name of Employer REALTOR Occupation AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11.2522

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROB RENNER CONSTRUCTION

Mailing Address 860 STUART RD, NE

City CLEVELAND State TN Zip Code 37312-4926

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11.2534

Amount of Each Receipt this Period
500.00

CONTRIBUTION

ATTRIBUTION REQUESTED

C. Full Name (Last, First, Middle Initial)
CONCERNED WOMEN PAC-CWPAC

Mailing Address P.O. BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

FEC ID number of contributing federal political committee. **C** C00375865

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3576.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11.2519

Amount of Each Receipt this Period
10.00

CONTRIBUTION

[MEMO ITEM]
 TOTAL EARMARKED BY CONDUIT-PAC LIMIT NOT AFFECTED

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

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

500.00

**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 24 OF 76
	<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)
JOYCE A. WINGO

Mailing Address 501 KEEPATAW DR.

City LEMONT State IL Zip Code 60439-4342

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
25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11.2521

Amount of Each Receipt this Period
 10.00

CONTRIBUTION

EARMARKED CONCERNED WOMANS PAC

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).....

10.00

58060.00

**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 25 OF 76
	<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)
HARWELL PAC

Mailing Address 413 W TYNE BLVD.

City State Zip Code
NASHVILLE TN 37205-4433

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11.2434

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KEN MOORE FOR MAYOR

Mailing Address 145 2ND AVENUE, S

City State Zip Code
FRANKLIN TN 37064-2692

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11.2533

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGY PAC (OPHTHPAC)

Mailing Address 655 BEACH ST

City State Zip Code
SAN FRANCISCO CA 94109-1342

FEC ID number of contributing federal political committee. **C** C00196246

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
 08 / 04 / 2014

Transaction ID : SA11.2525

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

6500.00

**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 26 OF 76
	<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)
AMERICAN PHYSICAL THERAPY ASSOCIATION PAC- PTPAC

Mailing Address 1111 N FAIRFAX ST.

City State Zip Code
ALEXANDRIA VA 22314-1484

FEC ID number of contributing federal political committee. **C C00012880**

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
 07 / 25 / 2014

Transaction ID : SA11.2511

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BUILD PAC THE NATIONAL ASSOCIATION OF HOME BUILDERS PAC

Mailing Address 1201 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005-2899

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : SA11.2528

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address PO BOX 7434

City State Zip Code
MOBILE AL 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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11.2435

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4000.00

**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 27 OF 76
	<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)
NATIONAL EMERGENCY MEDICINE PAC-NEMPAC

Mailing Address PO BOX 619911

City State Zip Code
DALLAS TX 75261-9911

FEC ID number of contributing federal political committee. **C C00140061**

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
08 / 04 / 2014

Transaction ID : SA11.2524

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA- PCIPAC

Mailing Address 8700 WEST BRYN MAWR AVE, STE 1200S

City State Zip Code
CHICAGO IL 60631-3512

FEC ID number of contributing federal political committee. **C C00066472**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2014

Transaction ID : SA11.2530

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROGERS GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address 421 GREAT CIRCLE RD

City State Zip Code
NASHVILLE TN 37228

FEC ID number of contributing federal political committee. **C C00277152**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11.2568

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

6000.00

**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 28 OF 76
	<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)
THE AMERICAN CONGRESS OF OB-GYNS-OB-GYN PAC

Mailing Address 409 12TH STREET, SW

City WASHINGTON State DC Zip Code 20024-2125

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.2513

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 / 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 / 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).....

1000.00

17500.00

**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 29 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
LANE AGRI PARK OFFICE

Mailing Address 315 JOHN R RICE BLVD STE 101

City MURFREESBORO State TN Zip Code 37129

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014

Transaction ID : SA14.500000

Amount of Each Receipt this Period
 250.00
 VENDOR REFUND- REGISTRATION FEE

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 / 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 / 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).....

250.00

250.00

**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 30 OF 76			
	<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. JARED ADAMS		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 917 FORREST AVE		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.3485
City SMITHVILLE	State TN	
Zip Code 37166	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JARED ADAMS		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 917 FORREST AVE		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.3487
City SMITHVILLE	State TN	
Zip Code 37166	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. EARL ADCOCK		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2014
Mailing Address 212 STALEY RD		Amount of Each Disbursement this Period 875.00 Transaction ID : SB17.3459
City UNIONVILLE	State TN	
Zip Code 37180	Purpose of Disbursement CATERING	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).....	2125.00
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 31 OF 76			
	<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. STEPHANIE JARNAGIN			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014	
Mailing Address 200 11TH AVE NORTH APT 213			Amount of Each Disbursement this Period 4000.00	
City NASHVILLE	State TN	Zip Code 37203	Transaction ID : SB17.3493	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. JACOB LOVELL			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 178 BRAKEBELL ROAD			Amount of Each Disbursement this Period 625.00	
City KNOXVILLE	State TN	Zip Code 37924	Transaction ID : SB17.3489	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. LAWRENCE WILSON RICHARDSON			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 1711 BRIGHTON DR			Amount of Each Disbursement this Period 1000.00	
City MURFREESBORO	State TN	Zip Code 37130	Transaction ID : SB17.3488	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		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).....	5625.00
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 32 OF 76	
	<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. MIKE ROBINSON		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 116 O'HARA LN		Amount of Each Disbursement this Period 625.00
City JACKSON	State TN Zip Code 38305	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Transaction ID : SB17.3486
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. CAMERON RUSH		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 301 RICHMOND HEIGHTS RD		Amount of Each Disbursement this Period 1500.00
City BRISTOL	State TN Zip Code 37620	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Transaction ID : SB17.3490
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. CAMERON RUSH		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 301 RICHMOND HEIGHTS RD		Amount of Each Disbursement this Period 300.00
City BRISTOL	State TN Zip Code 37620	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Transaction ID : SB17.3491
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).....	2425.00
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 33 OF 76			
	<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. MATTHEW RUSSELL		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 4638 BROWN LEAF DR		Amount of Each Disbursement this Period 3500.00
City OLD HICKORY	State TN	
Zip Code 37138	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.3492
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. AIRNET GROUP INC		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address PO BOX 11181		Amount of Each Disbursement this Period 1262.54
City CHATTANOOGA	State TN	
Zip Code 37401	Purpose of Disbursement TELEPHONE SERVICE	Transaction ID : SB17.3505
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. AIRNET GROUP INC		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address PO BOX 11181		Amount of Each Disbursement this Period 996.70
City CHATTANOOGA	State TN	
Zip Code 37401	Purpose of Disbursement TELEPHONE SERVICE	Transaction ID : SB17.3509
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).....	5759.24
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 34 OF 76			
	<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. AIRNET GROUP INC		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address PO BOX 11181		Amount of Each Disbursement this Period 4862.91 Transaction ID : SB17.3512
City CHATTANOOGA	State TN Zip Code 37401	
Purpose of Disbursement TELEPHONE 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)	
State: District:		

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 5555 HILTON AVE STE 106		Amount of Each Disbursement this Period 160.57 Transaction ID : SB17.3466
City BATON ROUGE	State LA Zip Code 70808	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 5555 HILTON AVE STE 106		Amount of Each Disbursement this Period 50.46 Transaction ID : SB17.3468
City BATON ROUGE	State LA Zip Code 70808	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	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).....	5073.94
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 35 OF 76			
	<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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 5555 HILTON AVE STE 106		Amount of Each Disbursement this Period 30.90
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.3469
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Transaction ID : SB17.3470
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Transaction ID : SB17.3471
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).....	1626.90
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 36 OF 76			
	<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. COLUMBIA DAILY HERALD			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1115 SOUTH MAIN STREET			Amount of Each Disbursement this Period 527.05 Transaction ID : SB17.3481
City COLUMBIA	State TN	Zip Code 38401	
Purpose of Disbursement MEDIA	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. COMCAST			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address ONE COMCAST CENTER			Amount of Each Disbursement this Period 360.64 Transaction ID : SB17.3520
City PHILADELPHIA	State PA	Zip Code 19103	
Purpose of Disbursement UTILITIES	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. COMCAST			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address ONE COMCAST CENTER			Amount of Each Disbursement this Period 170.25 Transaction ID : SB17.3521
City PHILADELPHIA	State PA	Zip Code 19103	
Purpose of Disbursement UTILITIES	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).....	1057.94
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 37 OF 76			
	<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. COMPLIANCE CONSULTING COMPANY OF VA LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1525.00 Transaction ID : SB17.3464
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. COMPLIANCE CONSULTING COMPANY OF VA LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1525.00 Transaction ID : SB17.3465
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. EMBASSY SUITES		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 755 CROSSOVER LN.		Amount of Each Disbursement this Period 2252.11 Transaction ID : SB17.3517
City MEMPHIS	State TN	
Zip Code 38117	Purpose of Disbursement TRAVEL	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).....	5302.11
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 38 OF 76		
	<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. EMBASSY SUITES		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 755 CROSSOVER LN.		Amount of Each Disbursement this Period 218.01 Transaction ID : SB17.3519
City MEMPHIS State TN Zip Code 38117	Purpose of Disbursement TRAVEL	
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. EXCHANGE		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 404 SOUTH MAIN AVE.		Amount of Each Disbursement this Period 269.00 Transaction ID : SB17.3479
City FAYETTEVILLE State TN Zip Code 37334	Purpose of Disbursement MEDIA	
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. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 5959 LAS COLINAS BLVD		Amount of Each Disbursement this Period 8.60 Transaction ID : SB17.3514
City IRVING State TX Zip Code 75039	Purpose of Disbursement TRAVEL	
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).....	495.61
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 39 OF 76			
	<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. FEDEX OFFICE		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address THREE GALLERIA TOWER 13155 NOEL RD		Amount of Each Disbursement this Period 16.07
City DALLAS State TX Zip Code 75240	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	Transaction ID : SB17.3494
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. FEDEX OFFICE		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address THREE GALLERIA TOWER 13155 NOEL RD		Amount of Each Disbursement this Period 13.21
City DALLAS State TX Zip Code 75240	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	Transaction ID : SB17.3495
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. FEDEX OFFICE		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address THREE GALLERIA TOWER 13155 NOEL RD		Amount of Each Disbursement this Period 12.32
City DALLAS State TX Zip Code 75240	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	Transaction ID : SB17.3496
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).....	41.60
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 40 OF 76	
	<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. FEDEX OFFICE		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address THREE GALLERIA TOWER 13155 NOEL RD		Amount of Each Disbursement this Period 11.04
City DALLAS State TX Zip Code 75240	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	Transaction ID : SB17.3497
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. FLS CONNECT LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 300.00
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.3501
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. FLS CONNECT LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 95.40
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.3502
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).....	406.44
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 41 OF 76			
	<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. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.3503
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE 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)	
State: District:		

Full Name (Last, First, Middle Initial) B. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.3504
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE 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)	
State: District:		

Full Name (Last, First, Middle Initial) C. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.3506
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE 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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	900.00
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 42 OF 76	
	<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. FLS CONNECT LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 991.00 Transaction ID : SB17.3507
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE 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)	
State: District:		

Full Name (Last, First, Middle Initial) B. FLS CONNECT LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.3508
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE 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)	
State: District:		

Full Name (Last, First, Middle Initial) C. FLS CONNECT LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 757.39 Transaction ID : SB17.3510
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE 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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2048.39
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 43 OF 76			
	<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. FLS CONNECT LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 99.80 Transaction ID : SB17.3511
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement TELEPHONE 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)	
State: District:		

Full Name (Last, First, Middle Initial) B. ICONTACT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 2450 PERIMETER PARK DR STE 105		Amount of Each Disbursement this Period 92.50 Transaction ID : SB17.3522
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. ICONTACT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 2450 PERIMETER PARK DR STE 105		Amount of Each Disbursement this Period 92.50 Transaction ID : SB17.3523
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	384.80
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 44 OF 76	
	<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. MAJORITY STRATEGIES

Mailing Address 135 PROFESSIONAL DR STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 21 / 2014

Amount of Each Disbursement this Period: 27301.61

Transaction ID : SB17.3498

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

Mailing Address 135 PROFESSIONAL DR STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 4191.58

Transaction ID : SB17.3499

Full Name (Last, First, Middle Initial)
C. MURFREESBORO PURE MILK CO

Mailing Address PO BOX 1526

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 16 / 2014

Amount of Each Disbursement this Period: 202.90

Transaction ID : SB17.3473

SUBTOTAL of Disbursements This Page (optional) 31696.09

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 45 OF 76		
	<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. ONMESSAGE INC		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 705 MELVIN AVE #105		Amount of Each Disbursement this Period 159016.00 Transaction ID : SB17.3476
City ANNAPOLIS	State MD	
Zip Code 21401	Purpose of Disbursement MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PALMER WHOLESALE INC		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 415 S FRONT ST		Amount of Each Disbursement this Period 2075.25 Transaction ID : SB17.3458
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PALMER WHOLESALE INC		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 415 S FRONT ST		Amount of Each Disbursement this Period 86.05 Transaction ID : SB17.3463
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement FOOD/BEVERAGES	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).....	161177.30
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 46 OF 76	
	<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. PARTY CITY		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 25 GREEN POND RD STE 1		Amount of Each Disbursement this Period 60.85
City ROCKAWAY	State NJ	
Zip Code 07866	Purpose of Disbursement DECORATIONS	Transaction ID : SB17.3472
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. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 27.95
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.3467
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. PUCKETT'S GROCERY AND RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 500 CHURCH STREET		Amount of Each Disbursement this Period 464.86
City NASHVILLE	State TN	
Zip Code 37219	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.3518
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).....	553.66
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 47 OF 76	
	<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. RACHEL BARRETT & COMPANY LLC		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address PO BOX 331983		Amount of Each Disbursement this Period \$ 5000.00 Transaction ID : SB17.3474
City NASHVILLE State TN Zip Code 37203	Purpose of Disbursement FUNDRAISING CONSULTING	
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. RUTHERFORD COUNTY REAGAN DAY		Date of Disbursement MM / DD / YYYY 07 / 26 / 2014
Mailing Address P.O. BOX 330817		Amount of Each Disbursement this Period \$ 700.00 Transaction ID : SB17.3500
City MURFREESBORO State TN Zip Code 37133	Purpose of Disbursement REGISTRATION FEE	
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. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period \$ 34.01 Transaction ID : SB17.3484
City FRAMINGHAM State MA Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	
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).....	\$ 5734.01
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 48 OF 76			
	<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. THE HERALD NEWS		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2014
Mailing Address 3687 RHEA COUNTY HIGHWAY PO BOX 28		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.3477
City DAYTON State TN Zip Code 37321	Purpose of Disbursement MEDIA	
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. THE HERALD NEWS		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 3687 RHEA COUNTY HIGHWAY PO BOX 28		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.3480
City DAYTON State TN Zip Code 37321	Purpose of Disbursement MEDIA	
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. TIMES GAZETTE		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 108 GOV. TRIMBLE PLACE		Amount of Each Disbursement this Period 1026.25 Transaction ID : SB17.3478
City HILLSBORO State OH Zip Code 45133	Purpose of Disbursement MEDIA	
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).....	1701.25
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 49 OF 76			
	<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. UNIVERSAL INTERNATIONAL INSURANCE

Mailing Address 805 S CHURCH ST #12

City MURFREESBORO State TN Zip Code 37130

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 25 / 2014

Amount of Each Disbursement this Period: 682.50

Transaction ID : SB17.3475

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

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 25 / 2014

Amount of Each Disbursement this Period: 62.55

Transaction ID : SB17.3483

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... 745.05

TOTAL This Period (last page this line number only)..... 234879.33

**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 50 OF 76			
	<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. ANDY ADAMS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 801 MOORELAND LN.		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.239
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. KAREN ADAMS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 801 MOORELAND LN.		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.276
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. SUSANNE ADAMS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2217 BATTLEGROUND DR.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.291
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	7400.00
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 51 OF 76			
	<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. JAMES W. AYERS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address P.O. BOX 217		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.260
City PARSONS	State TN	
Zip Code 38363	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. JANET AYERS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 314 WHITWORTH WAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.264
City NASHVILLE	State TN	
Zip Code 37205	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. WILLIAM N. BATES		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 211 SEVENTH AVENUE N, STE 420		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20.298
City NASHVILLE	State TN	
Zip Code 37219	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	5600.00
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 52 OF 76			
	<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. BETH DEMENT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address P.O. BOX 1812		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.242
City JACKSON State TN Zip Code 38302	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. ELIZABETH BROOKE DEMENT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 401 BASCOM RD.		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.252
City JACKSON State TN Zip Code 38305	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. G. ALAN DEMENT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 401 BASCOM RD.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.254
City JACKSON State TN Zip Code 38305	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	7400.00
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 53 OF 76			
	<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. KATHERINE A. DEMENT			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 4440 BELLS HWY.			Amount of Each Disbursement this Period 2500.00	
City JACKSON	State TN	Zip Code 38305	Transaction ID : SB20.277	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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. W. G. DEMENT			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 1657 OLD HUMBOLDT RD.			Amount of Each Disbursement this Period 2600.00	
City HUMBOLDT	State TN	Zip Code 38343	Transaction ID : SB20.297	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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. WILLIAM D. DEMENT			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 4440 BELLS HWY.			Amount of Each Disbursement this Period 2500.00	
City JACKSON	State TN	Zip Code 38305	Transaction ID : SB20.299	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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:			

SUBTOTAL of Disbursements This Page (optional).....	7600.00
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 54 OF 76			
	<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. RICHARD W. DYCUS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 390 S LOWE AVENUE, STE G		Amount of Each Disbursement this Period 5,000.00 Transaction ID : SB20.286
City COOKEVILLE	State TN	
Zip Code 38501	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. BARBARA A. EVANS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 155 CUMBERLAND DR.		Amount of Each Disbursement this Period 2,600.00 Transaction ID : SB20.240
City HENDERSONVILLE	State TN	
Zip Code 37075	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. JOHN EVANS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 155 CUMBERLAND DR.		Amount of Each Disbursement this Period 2,400.00 Transaction ID : SB20.268
City HENDERSONVILLE	State TN	
Zip Code 37075	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	5150.00
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 55 OF 76			
	<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. CHARLES R. FARRER			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1122 BRINKLY AVE.			Amount of Each Disbursement this Period 400.00 Transaction ID : SB20.247
City MURFREESBORO	State TN	Zip Code 37129	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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. JOHN D. FLOYD			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 201 E MAIN ST, STE 300			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.269
City MURFREESBORO	State TN	Zip Code 37130	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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. WILLIAM H. FRIST			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2908 POSTON AVE.			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.300
City NASHVILLE	State TN	Zip Code 37203	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....	5600.00
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 56 OF 76			
	<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. CARL THOMAS HALEY		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 5205 STILL HOUSE HOLLOW RD.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.245
City FRANKLIN State TN Zip Code 37064	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. R. MURRAY HATCHER		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 205 POWELL PL.		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.284
City BRENTWOOD State TN Zip Code 37027	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. KEITH HEFLIN		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 138 WOMACK RD.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.279
City SHELBYVILLE State TN Zip Code 37160	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	7600.00
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 57 OF 76			
	<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. TOMMY HODGES		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2417 HWY 231 N		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.296
City SHELBYVILLE	State TN	
Zip Code 37160	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. HOLLY HOLLINGSHEAD		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 7291 WEST JEFFERSON PIKE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.259
City SMYRNA	State TN	
Zip Code 37167	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. JEFFREY M. HOLLINGSHEAD		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 7291 WEST JEFFERSON PIKE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.265
City SMYRNA	State TN	
Zip Code 37167	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	7600.00
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 58 OF 76			
	<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. MELISSA HOLLINGSHEAD		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 3120 ALLEN BERRETT RD.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.281
City MURFREESBORO State TN Zip Code 37129	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. MIKE HOLLINGSHEAD		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 3120 ALLEN BERRETT RD.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.282
City MURFREESBORO State TN Zip Code 37129	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. DOUGLAS J. HOWARD		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 3333 FAIRFIELD PIKE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.251
City BELL BUCKLE State TN Zip Code 37020	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
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 59 OF 76			
	<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. JAMES JUSTIN HUTCHENS			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 1537 AVELLINO CIR.			Amount of Each Disbursement this Period 2600.00	
City MURFREESBORO	State TN	Zip Code 37130	Transaction ID : SB20.262	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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. TIFFANI LYN HUTCHENS			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 1537 AVELLINO CIR.			Amount of Each Disbursement this Period 2600.00	
City MURFREESBORO	State TN	Zip Code 37130	Transaction ID : SB20.294	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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. JOHN R. INGRAM			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address P.O. BOX 50058			Amount of Each Disbursement this Period 2400.00	
City NASHVILLE	State TN	Zip Code 37205	Transaction ID : SB20.270	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	7600.00
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 60 OF 76			
	<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. DEBORAH H. JACOBS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 9229 HUNTERBORO DR.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.249
City BRENTWOOD	State TN	
Zip Code 37027	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. JOEY A. JACOBS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 9229 HUNTERBORO DR.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.267
City BRENTWOOD	State TN	
Zip Code 37027	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. DAVID S. JONES		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1811 RIVERVIEW DR.		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.248
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7600.00
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 61 OF 76			
	<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. PALYCE W. JONES			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 1811 RIVERVIEW DR.			Amount of Each Disbursement this Period 2400.00	
City MURFREESBORO	State TN	Zip Code 37129	Transaction ID : SB20.283	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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. GERALD A. KESSLER			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 548 BROADHOLLOW RD.			Amount of Each Disbursement this Period 400.00	
City MELVILLE	State NY	Zip Code 11747	Transaction ID : SB20.238	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. GERALD A. KESSLER			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 548 BROADHOLLOW RD.			Amount of Each Disbursement this Period 2200.00	
City MELVILLE	State NY	Zip Code 11747	Transaction ID : SB20.257	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	5000.00
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 62 OF 76			
	<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. GARY R. KING			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address P.O. BOX 607			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20.235
City SHELBYVILLE	State TN	Zip Code 37162	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. GARY R. KING			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address P.O. BOX 607			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.256
City SHELBYVILLE	State TN	Zip Code 37162	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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. SONYA ADAMS LEEMAN			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2929 CHERRY BLOSSOM LN.			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.288
City MURFREESBORO	State TN	Zip Code 37129	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....	6200.00
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 63 OF 76			
	<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. TERRY LEEMAN		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2929 CHERRY BLOSSOM LN.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20.293
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. ROBERT S. LIPMAN		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address P.O. BOX 280300		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.287
City NASHVILLE	State TN	
Zip Code 37228	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. ALFRED EUGENE LUMPKIN		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2625 SMOKY RD.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.305
City SAVANNAH	State TN	
Zip Code 38372	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
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 64 OF 76			
	<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. BARRY P. MCINTOSH			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 575 ANDERSON DR.			Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.241
City PARIS	State TN	Zip Code 38242	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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. GARRY MCNABB			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address P.O. BOX 939			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.255
City COOKEVILLE	State TN	Zip Code 38503	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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. TERESA MCNABB			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address P.O. BOX 939			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.292
City COOKEVILLE	State TN	Zip Code 38503	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional)	7600.00
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 65 OF 76			
	<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. HIT PARTNERS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2217 BATTLEGROUND DR.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.301
City MURFREESBORO State TN Zip Code 37129	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. AIRICA PUCKETT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 508 N CHURCH ST.		Amount of Each Disbursement this Period 900.00 Transaction ID : SB20.304
City LIVINGSTON State TN Zip Code 38570	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. L. G. PUCKETT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 508 N CHURCH ST.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.280
City LIVINGSTON State TN Zip Code 38570	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6100.00
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 66 OF 76			
	<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. JOHN W. ROSS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 171 TRENTON HWY.		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20.271
City MILAN	State TN	
Zip Code 38358	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. CATHY L. SIMMONDS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 136 BROMLEY PARK LN.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.246
City FRANKLIN	State TN	
Zip Code 37069	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. JOHN E. SIMMONDS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 136 BROMLEY PARK LN.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.272
City FRANKLIN	State TN	
Zip Code 37069	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional)	5600.00
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 67 OF 76			
	<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. DENISE SMITH		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2033 RICHARD JONES RD.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.250
City NASHVILLE State TN Zip Code 37215	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. MATTHEW C SMITH		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 2033 RICHARD JONES RD.		Amount of Each Disbursement this Period 900.00 Transaction ID : SB20.237
City NASHVILLE State TN Zip Code 37215	Purpose of Disbursement CONTRIBUTION REFUND	
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. REESE SMITH		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2033 RICHARD JONES RD.		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.285
City NASHVILLE State TN Zip Code 37215	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	5900.00
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 68 OF 76			
	<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. STEVE B SMITH		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 2033 RICHARD JONES RD		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB20.236
City NASHVILLE State TN Zip Code 37215	Purpose of Disbursement CONTRIBUTION REFUND	
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. STEVE B. SMITH		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2033 RICHARD JONES RD.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.290
City NASHVILLE State TN Zip Code 37215	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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. JAMES SMYTHE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 511 EAST MAIN ST.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.261
City MURFREESBORO State TN Zip Code 37130	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6700.00
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 69 OF 76			
	<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. JUDITH M. SMYTHE			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 511 EAST MAIN ST.			Amount of Each Disbursement this Period 2600.00	
City MURFREESBORO	State TN	Zip Code 37130	Transaction ID : SB20.274	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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. BOBBY GENE SPIVEY			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 1003 ROSEMONT TERR.			Amount of Each Disbursement this Period 2600.00	
City SMYRNA	State TN	Zip Code 37167	Transaction ID : SB20.244	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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. ELIZABETH S. STOWERS			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 8733 INLET DR.			Amount of Each Disbursement this Period 2200.00	
City KNOXVILLE	State TN	Zip Code 37922	Transaction ID : SB20.253	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	7400.00
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 70 OF 76			
	<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. HARRY WES STOWERS			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 8733 INLET DR.			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.258
City KNOXVILLE	State TN	Zip Code 37922	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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. JOHN TOMLINSON			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 6128 MONTCREST DR.			Amount of Each Disbursement this Period 500.00 Transaction ID : SB20.273
City NASHVILLE	State TN	Zip Code 37215	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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. BETTY TRACY			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 108 CLOVERDALE RD.			Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.243
City SHELBYVILLE	State TN	Zip Code 37160	
Purpose of Disbursement CONTRIBUTION REFUND GENERAL		Category/ Type	
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....	5700.00
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 71 OF 76	
	<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. JAMES TRACY		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 108 CLOVERDALE RD.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.263
City SHELBYVILLE	State TN	
Zip Code 37160	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. TIMOTHY W. WILLIAMS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2028 CHEROKEE BLVD.		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20.295
City KNOXVILLE	State TN	
Zip Code 37919	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. JUSTIN POTTER WILSON		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 206 CRAIGHEAD AVE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20.275
City NASHVILLE	State TN	
Zip Code 37205	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional)	7600.00
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 72 OF 76
	<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. JESSICA A. WINFREE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2933 CHERRY BLOSSOM LN.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20.266
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. STEPHEN D. WRIGHT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 3933 CLAIRMONT DR. NE		Amount of Each Disbursement this Period 200.00 Transaction ID : SB20.289
City CLEVELAND	State TN	
Zip Code 37312	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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. KATHERINE L. YARBROUGH		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 4431 DYKE BENNETT RD.		Amount of Each Disbursement this Period 900.00 Transaction ID : SB20.278
City FRANKLIN	State TN	
Zip Code 37064	Purpose of Disbursement CONTRIBUTION REFUND GENERAL	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	3600.00
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 73 OF 76			
	<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. ABM PROPERTIES LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 2127 OOLTEWAH-RINGGOLD RD		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20.234
City OOLTEWAH State TN Zip Code 37363	Purpose of Disbursement CONTRIBUTION REFUND	
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.		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:		

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).....	400.00
TOTAL This Period (last page this line number only).....	152250.00

**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 74 OF 76	
	<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

A. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. PAC-CR Full Name (Last, First, Middle Initial) Mailing Address 412 FIRST STREET SE, STE 300 City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement CONTRIBUTION REFUND GENERAL Candidate Name 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:		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 Amount of Each Disbursement this Period 5000.00 Transaction ID : SB20.302
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B. OUTDOOR ADVERTISING- ASSOC. OF AMERICA PAC Full Name (Last, First, Middle Initial) Mailing Address 1850 M STREET NW, #1040 City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement CONTRIBUTION REFUND GENERAL Candidate Name 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:		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014 Amount of Each Disbursement this Period 500.00 Transaction ID : SB20.303
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C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement 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:		Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period
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SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	5500.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Transaction ID : **SC.10**

LOAN SOURCE Full Name (Last, First, Middle Initial)
JIM TRACY

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 332490

City State ZIP Code
MURFREESBORO TN 37133

CANDIDATE LOAN FROM PERSONAL FUNDS

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

TERMS

Date Incurred: M 07 / D 03 / Y 2014
 Date Due: M M / D D / ON DEMAND
 Interest Rate: 0.00 % (apr)
 Secured: 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: []
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).....	50000.00
TOTALS This Period (last page in this line only).....	50000.00

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 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:
Transaction ID: