

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Scottie Mayfield for Congress

ADDRESS (number and street) ▼

PO Box 788

Check if different than previously reported. (ACC)

Athens

TN

37303

2. **FEC IDENTIFICATION NUMBER** ▼

C C00511691

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

TN

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /  through  /  /

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

Type or Print Name of Treasurer Richard Rush

Signature of Treasurer Richard Rush

*[Electronically Filed]*

Date

/  /

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

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

Write or Type Committee Name

**Scottie Mayfield 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))....	26185	678969.71
(b) Total Contribution Refunds (from Line 20(d)) .....	51368.32	51368.32
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-25183.32	627601.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	96620.48	729653.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	775.87	775.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	95844.61	728877.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	48723.41	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	150000	

**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

**Scottie Mayfield 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).....	22700	626956.78
(ii) Unitemized.....	2485	31554
(iii) TOTAL of contributions from individuals ▶	25185	658510.78
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	1000	7500
(d) The Candidate.....		12958.93
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26185	678969.71
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		150000
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		150000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	775.87	775.87
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	26960.87	829745.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	96620.48	729653.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	51368.32	51368.32
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	51368.32	51368.32
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	147988.8	781022.17

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	169751.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26960.87
25. SUBTOTAL (add Line 23 and Line 24).....	196712.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	147988.8
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	48723.41

**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 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ralph G Anderson**

Mailing Address PO Box 926

City Athens State TN Zip Code 37371

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

Name of Employer Requested Occupation Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2012**

**Transaction ID : SA11Ai-CN1004**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Lauren E Baggett**

Mailing Address PO Box 1773

City Athens State TN Zip Code 37371

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

Name of Employer Self Occupation Student

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : SA11Ai-CN1003**

Amount of Each Receipt this Period  
**2400**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jackie Baker**

Mailing Address PO Box 723

City Athens State TN Zip Code 37371

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

Name of Employer Wholesale Auto Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 25 / 2012**

**Transaction ID : SA11Ai-CN1006**

Amount of Each Receipt this Period  
**250**

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

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

**2900.00**

**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 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kelly Beierschmidt**

Mailing Address 1015 Northbridge Close

City: Kingston State: TN Zip Code: 37763

FEC ID number of contributing federal political committee: C

Name of Employer: UT-Battelle Occupation: Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000

Date of Receipt: 07 / 19 / 2012

**Transaction ID : SA11Ai-CN988**

Amount of Each Receipt this Period: 1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William P Biddle III**

Mailing Address 1214 Springfield Dr

City: Athens State: TN Zip Code: 37303

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500

Date of Receipt: 07 / 31 / 2012

**Transaction ID : SA11Ai-CN1024**

Amount of Each Receipt this Period: 500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffrey L Binder**

Mailing Address 10205 Tan Rara Dr

City: Knoxville State: TN Zip Code: 37922

FEC ID number of contributing federal political committee: C

Name of Employer: UT-Battelle Occupation: Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250

Date of Receipt: 07 / 19 / 2012

**Transaction ID : SA11Ai-CN990**

Amount of Each Receipt this Period: 250

**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 7 OF 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Sidney A Blalock**

Mailing Address 10824 Westland Dr

City Knoxville State TN Zip Code 37922

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

Name of Employer Blalock Construction Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11Ai-CN1017**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Betty Catherine Boyd**

Mailing Address 3005 Canterbury St

City Athens State TN Zip Code 37303

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

Name of Employer Requested Occupation Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11Ai-CN1018**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Emily Brown**

Mailing Address 1731 Wood Nymph Trl

City Lookout Mountain State GA Zip Code 30750

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2012

**Transaction ID : SA11Ai-CN1029**

Amount of Each Receipt this Period  
**1000**  
 Debt Retirement

**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 8 OF 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Stephen E Burnette**

Mailing Address 329 Culvahouse Ln

City Ten Mile State TN Zip Code 37880

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

Name of Employer Oak Ridge Laboratory Occupation Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2012

**Transaction ID : SA11Ai-CN991**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Frank Carpenter**

Mailing Address PO Box 245

City Ten Mile State TN Zip Code 37880

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

Name of Employer Requested Occupation Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11Ai-CN1025**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Johnnie C Carter**

Mailing Address 135 N Meadow Dr

City Athens State TN Zip Code 37303

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

Name of Employer Requested Occupation Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : SA11Ai-CN1000**

Amount of Each Receipt this Period  
**500**

**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 9 OF 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. T R Casteel**

Mailing Address 158 County Rd 114

City Athens State TN Zip Code 37303

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

Name of Employer TennesSeed Sod & Turf Inc. Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2012**

**Transaction ID : SA11Ai-CN1023**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jeff L Cunningham**

Mailing Address 150 County Rd 187

City Athens State TN Zip Code 37303

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

Name of Employer Athens Federal Bank Occupation Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 27 / 2012**

**Transaction ID : SA11Ai-CN1011**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Jennifer A Dixon**

Mailing Address 403 Ashbury Cir

City Sweetwater State TN Zip Code 37874

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

Name of Employer Requested Occupation Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : SA11Ai-CN1030**

Amount of Each Receipt this Period  
**300**

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

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

**1300.00**

**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 47
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jay Evers</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2012	
Mailing Address 3616 Birchwood Circle		<b>Transaction ID : SA11Ai-CN1016</b>	
City Vestavia Hills	State AL	Zip Code 35243	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000	
Name of Employer Milo's Tea Company	Occupation EVP & COO		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000		

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert A Foster</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2012	
Mailing Address PO Box 1408		<b>Transaction ID : SA11Ai-CN1012</b>	
City Athens	State TN	Zip Code 37371	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500	
Name of Employer Heil Trailer International	Occupation Chairman		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500		

Full Name (Last, First, Middle Initial) <b>C. Mr. Hunter M Hicks Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2012	
Mailing Address 1621 Brentwood Dr		<b>Transaction ID : SA11Ai-CN980</b>	
City Athens	State TN	Zip Code 37303	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Daryl F Mann**

Mailing Address 7813 Magnolia Lake Dr

City State Zip Code  
Chattanooga TN 37421

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

Name of Employer Occupation  
Eye Surgery Center Optometrist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : SA11Ai-CN981**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Jimmy N McBride**

Mailing Address 1106 Eagle Bend Rd

City State Zip Code  
Clinton TN 37716

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

Name of Employer Occupation  
Clinton Drug Store Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA11Ai-CN1013**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert G McKamey**

Mailing Address 7802 Night Hawk Rd

City State Zip Code  
Chattanooga TN 37421

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

Name of Employer Occupation  
Lexus Of Chattanooga President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2012

**Transaction ID : SA11Ai-CN992**

Amount of Each Receipt this Period  
**1000**

**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 12 OF 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Aon Miller**

Mailing Address 1602 Shady Cir

City State Zip Code  
Chattanooga TN 37405

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

Name of Employer Occupation  
Benjamin F Edwards & Co Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11Ai-CN982**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Zeboim Cartter Patten III**

Mailing Address 520 Lookout St

City State Zip Code  
Chattanooga TN 37403

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

Name of Employer Occupation  
Patten And Patten Investment Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11Ai-CN984**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Susen Patterson**

Mailing Address 141 Rockbridge Green Blvd

City State Zip Code  
Oak Ridge TN 37830

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 19 / 2012**

**Transaction ID : SA11Ai-CN994**

Amount of Each Receipt this Period  
**2500**

**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 13 OF 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William Bo Perkinson**

Mailing Address 809 Oakland Dr

City Athens State TN Zip Code 37303

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

Name of Employer BB&T Occupation Banking

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : SA11Ai-CN1028**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Claude Simpson**

Mailing Address PO Box 2727

City Cleveland State TN Zip Code 37320

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

Name of Employer Simpson Construction Occupation Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 17 / 2012**

**Transaction ID : SA11Ai-CN986**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George Ranklin Snyder**

Mailing Address PO Box 1542

City Athens State TN Zip Code 37371

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

Name of Employer Requested Occupation Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : SA11Ai-CN1002**

Amount of Each Receipt this Period  
**500**

**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 14 OF 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Unruh**

Mailing Address 500 Winston Road

City State Zip Code  
Chattanooga TN 37405

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

Name of Employer Occupation  
unemployed Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 14 / 2012**

**Transaction ID : SA11Ai-CN946**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Jo Ann C Yates**

Mailing Address PO Box 408

City State Zip Code  
Lookout Mountain TN 37350

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : SA11Ai-CN1026**

Amount of Each Receipt this Period  
**2000**

**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).....

**2250.00**

**22700.00**

**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 47
	<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)  
**Scottie Mayfield for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rogers Group Inc. PAC**

Mailing Address 421 Great Circle Rd

City Nashville State TN Zip Code 37228

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2012

**Transaction ID : SA11C-CN996**

Amount of Each Receipt this Period  
 1000

**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

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 16 OF 47  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

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

Mailing Address PO Box 182255

City State Zip Code  
Chattanooga TN 37422

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
275.87

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2012

**Transaction ID : SA14-ER1**

Amount of Each Receipt this Period  
275.87

Expenditure Refund

**B.** Full Name (Last, First, Middle Initial)  
**The Chattanooga.com**

Mailing Address PO Box 2331

City State Zip Code  
Chattanooga TN 37409

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2012

**Transaction ID : SA14-ER2**

Amount of Each Receipt this Period  
500

Expenditure Refund

**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).....

775.87

775.87



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 204 Washington Ave		Amount of Each Disbursement this Period 62.00
City Athens	State TN Zip Code 37303	
Purpose of Disbursement Bank Service Charge	001	<b>Transaction ID : SB17-EX251</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Bank Service Charge
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 204 Washington Ave		Amount of Each Disbursement this Period 262.00
City Athens	State TN Zip Code 37303	
Purpose of Disbursement Bank Service Charge	001	<b>Transaction ID : SB17-EX287</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Bank Service Charge
State: District:		

Full Name (Last, First, Middle Initial) <b>c. David Patten</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 318 N Crest Rd		Amount of Each Disbursement this Period 4723.59
City Chattanooga	State TN Zip Code 37404	
Purpose of Disbursement PAYMENT: SEE BELOW	001	<b>Transaction ID : SB17-EX260</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	PAYMENT: SEE BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5047.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. David Patten</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 318 N Crest Rd		Amount of Each Disbursement this Period 4000.00
City Chattanooga	State TN	Zip Code 37404
Purpose of Disbursement Campaign Management	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX261
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	

Full Name (Last, First, Middle Initial) <b>B. David Patten</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 318 N Crest Rd		Amount of Each Disbursement this Period 45.00
City Chattanooga	State TN	Zip Code 37404
Purpose of Disbursement Postage Reimbursement	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX262
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	

Full Name (Last, First, Middle Initial) <b>c. Raceway Gas</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 9208 Lee Hwy		Amount of Each Disbursement this Period 678.59
City Ooltewah	State TN	Zip Code 37363
Purpose of Disbursement Fuel Expense	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX263
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012		
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 19.19		
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX226		
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012		
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 15.45		
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX239		
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012		
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 1.14		
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX240		
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 12600 Whitewater Dr Ste 200		Amount of Each Disbursement this Period 7.45
City Minnetonka State MN Zip Code 55343	Purpose of Disbursement Credit Card Service Fee	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX252
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:	Credit Card Service Fee	

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 12600 Whitewater Dr Ste 200		Amount of Each Disbursement this Period 7.45
City Minnetonka State MN Zip Code 55343	Purpose of Disbursement Credit Card Service Fee	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX253
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:	Credit Card Service Fee	

Full Name (Last, First, Middle Initial) <b>C. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 12600 Whitewater Dr Ste 200		Amount of Each Disbursement this Period 3.20
City Minnetonka State MN Zip Code 55343	Purpose of Disbursement Credit Card Service Fee	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX296
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:	Credit Card Service Fee	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 31.15
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	<b>Transaction ID : SB17-EX297</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012		Credit Card Service Fee
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 0.73
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	<b>Transaction ID : SB17-EX298</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012		Credit Card Service Fee
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 12600 Whitewater Dr Ste 200			Amount of Each Disbursement this Period 14.95
City Minnetonka	State MN	Zip Code 55343	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	<b>Transaction ID : SB17-EX286</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012		Credit Card Service Fee
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	46.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 47	
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 12600 Whitewater Dr Ste 200		Amount of Each Disbursement this Period 2.50
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement Credit Card Service Fee	<b>Transaction ID : SB17-EX295</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Credit Card Service Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Athens Utilities Board</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address PO Box 689		Amount of Each Disbursement this Period 443.67
City Athens	State TN	
Zip Code 37371	Purpose of Disbursement Office Utilities	<b>Transaction ID : SB17-EX290</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Office Utilities
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Athens Utilities Board</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address PO Box 689		Amount of Each Disbursement this Period 103.25
City Athens	State TN	
Zip Code 37371	Purpose of Disbursement Office Utilities	<b>Transaction ID : SB17-EX291</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Office Utilities
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	549.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 47	
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shadowbox Paperie</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 1110 Market St		Amount of Each Disbursement this Period 837.06
City Chattanooga	State TN	
Zip Code 37402	Purpose of Disbursement Invitation Printing	<b>Transaction ID : SB17-EX249</b>
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Invitation Printing
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1000.00
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Accounting Services	<b>Transaction ID : SB17-EX233</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Accounting Services
State: District:		

Full Name (Last, First, Middle Initial) <b>c. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1137.50
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement PAYMENT: SEE BELOW	<b>Transaction ID : SB17-EX273</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	PAYMENT: SEE BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2974.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 47	
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1000.00
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Accounting Services	Transaction ID : SB17-EX274
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 137.50
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Postage Reimbursement	Transaction ID : SB17-EX275
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 532.25
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement PAYMENT: SEE BELOW	Transaction ID : SB17-EX292
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	PAYMENT: SEE BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	532.25
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 500.00
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Accounting Services	Transaction ID : SB17-EX293
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 32.25
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Postage Reimbursement	Transaction ID : SB17-EX294
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 426 S White St		Amount of Each Disbursement this Period 72.89
City Athens	State TN	
Zip Code 37303	Purpose of Disbursement Internet Service	Transaction ID : SB17-EX236
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Internet Service
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	72.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012		
Mailing Address 426 S White St			Amount of Each Disbursement this Period 107.60		
City Athens	State TN	Zip Code 37303	Transaction ID : SB17-EX254		
Purpose of Disbursement Internet Service		Category/ Type 001	Internet Service		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2012		
Mailing Address 426 S White St			Amount of Each Disbursement this Period 34.71		
City Athens	State TN	Zip Code 37303	Transaction ID : SB17-EX288		
Purpose of Disbursement Internet Service		Category/ Type 001	Internet Service		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. Mayfield Dairy Farms</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2012		
Mailing Address PO Box 310			Amount of Each Disbursement this Period 256.43		
City Athens	State TN	Zip Code 37371	Transaction ID : SB17-EX225		
Purpose of Disbursement Food and Beverage		Category/ Type 007	Food and Beverage		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	398.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hopper Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 203 N Fentress St			Amount of Each Disbursement this Period 9500.00
City Paris	State TN	Zip Code 38242	Transaction ID : SB17-EX246
Purpose of Disbursement Advertising Production	Category/Type 004		
Candidate Name			Advertising Production
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hopper Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 203 N Fentress St			Amount of Each Disbursement this Period 7200.00
City Paris	State TN	Zip Code 38242	Transaction ID : SB17-EX271
Purpose of Disbursement Advertising Production	Category/Type 004		
Candidate Name			Advertising Production
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Hopper Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 203 N Fentress St			Amount of Each Disbursement this Period 3600.00
City Paris	State TN	Zip Code 38242	Transaction ID : SB17-EX276
Purpose of Disbursement Robo Calls	Category/Type 004		
Candidate Name			Robo Calls
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. McGuireWoods LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 2001 K St NW Ste 400			Amount of Each Disbursement this Period 300.00
City Washington	State DC	Zip Code 20006	Transaction ID : SB17-EX237
Purpose of Disbursement Legal Services		Category/ Type 001	
Candidate Name			Legal Services
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. McGuireWoods LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 2001 K St NW Ste 400			Amount of Each Disbursement this Period 750.00
City Washington	State DC	Zip Code 20006	Transaction ID : SB17-EX250
Purpose of Disbursement Legal Services		Category/ Type 001	
Candidate Name			Legal Services
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Jessica Stephens</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 606 Deer Creek Dr			Amount of Each Disbursement this Period 2192.00
City Crossville	State TN	Zip Code 38571	Transaction ID : SB17-EX264
Purpose of Disbursement PAYMENT: SEE BELOW		Category/ Type 001	
Candidate Name			PAYMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3242.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jessica Stephens</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 606 Deer Creek Dr		Amount of Each Disbursement this Period 2000.00
City Crossville	State TN	Zip Code 38571
Purpose of Disbursement Administrative Services	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX265	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Raceway Gas</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 9208 Lee Hwy		Amount of Each Disbursement this Period 192.00
City Ooltewah	State TN	Zip Code 37363
Purpose of Disbursement Fuel Expense	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX266	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Jessica Stephens</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 606 Deer Creek Dr		Amount of Each Disbursement this Period 1096.14
City Crossville	State TN	Zip Code 38571
Purpose of Disbursement PAYMENT: SEE BELOW	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX278	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:	PAYMENT: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1096.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jessica Stephens</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 606 Deer Creek Dr		Amount of Each Disbursement this Period 1000.00
City Crossville	State TN	
Zip Code 38571	Purpose of Disbursement Administrative Services	Transaction ID : SB17-EX279  [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kangaroo Express</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 1026 Shallowford Rd		Amount of Each Disbursement this Period 96.14
City Chattanooga	State TN	
Zip Code 37411	Purpose of Disbursement Fuel	Transaction ID : SB17-EX280  [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Joe Hendrix</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2012
Mailing Address 8678 Cherlee Dr		Amount of Each Disbursement this Period 1863.14
City Ooltewah	State TN	
Zip Code 37363	Purpose of Disbursement PAYMENT: SEE BELOW	Transaction ID : SB17-EX241  PAYMENT: SEE BELOW
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1863.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 47	
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joe Hendrix</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2012
Mailing Address 8678 Cherlee Dr		Amount of Each Disbursement this Period 1700.00
City Ooltewah	State TN Zip Code 37363	
Purpose of Disbursement Administrative Services	Candidate Name	Transaction ID : SB17-EX242 <b>[MEMO ITEM]</b>
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2012
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 20.00
City Menlo Park	State CA Zip Code 94025	
Purpose of Disbursement Online Advertising	Candidate Name	Transaction ID : SB17-EX243 <b>[MEMO ITEM]</b>
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2012
Mailing Address 133 Calkins St		Amount of Each Disbursement this Period 143.14
City Rochester	State NY Zip Code 14623	
Purpose of Disbursement Mobile Broadband	Candidate Name	Transaction ID : SB17-EX244 <b>[MEMO ITEM]</b>
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 47	
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joe Hendrix</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 8678 Cherlee Dr		Amount of Each Disbursement this Period 1784.49
City Ooltewah State TN Zip Code 37363	Purpose of Disbursement PAYMENT: SEE BELOW	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX267
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	PAYMENT: SEE BELOW	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joe Hendrix</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 8678 Cherlee Dr		Amount of Each Disbursement this Period 1700.00
City Ooltewah State TN Zip Code 37363	Purpose of Disbursement Administrative Services	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX268
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	[MEMO ITEM]	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 84.49
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Online Advertising	
Candidate Name	Category/Type 001	Transaction ID : SB17-EX269
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	[MEMO ITEM]	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1784.49
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Innovative Campaign Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address PO Box 264		Amount of Each Disbursement this Period 900.00
City Columbia	State SC	Zip Code 29202
Purpose of Disbursement Telephone Expense	Category/ Type 001	<b>Transaction ID : SB17-EX272</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Telephone Expense
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	

Full Name (Last, First, Middle Initial) <b>B. Abby Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 1594 Hwy 30 E		Amount of Each Disbursement this Period 2252.38
City Athens	State TN	Zip Code 37303
Purpose of Disbursement PAYMENT: SEE BELOW	Category/ Type 001	<b>Transaction ID : SB17-EX255</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	PAYMENT: SEE BELOW
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	

Full Name (Last, First, Middle Initial) <b>c. Abby Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 1594 Hwy 30 E		Amount of Each Disbursement this Period 2000.00
City Athens	State TN	Zip Code 37303
Purpose of Disbursement Administrative Services	Category/ Type 001	<b>Transaction ID : SB17-EX256</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3152.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 47	
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 1815 Decatur Pike		Amount of Each Disbursement this Period 87.90
City Athens	State TN	
Zip Code 37303	Purpose of Disbursement Phone Card Paper	Transaction ID : SB17-EX257 <b>[MEMO ITEM]</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kangaroo Express</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 1026 Shallowford Rd		Amount of Each Disbursement this Period 89.34
City Chattanooga	State TN	
Zip Code 37411	Purpose of Disbursement Fuel Expense	Transaction ID : SB17-EX258 <b>[MEMO ITEM]</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sam's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 6101 Lee Hwy		Amount of Each Disbursement this Period 84.14
City Chattanooga	State TN	
Zip Code 37421	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX259 <b>[MEMO ITEM]</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charles Dankert</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012		
Mailing Address 312 Stringer St			Amount of Each Disbursement this Period 59.79		
City Chattanooga	State TN	Zip Code 37405	Transaction ID : SB17-EX270		
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002	Mileage Reimbursement		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Charles Dankert</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012		
Mailing Address 312 Stringer St			Amount of Each Disbursement this Period 57.76		
City Chattanooga	State TN	Zip Code 37405	Transaction ID : SB17-EX283		
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002	Mileage Reimbursement		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. WestRogers LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012		
Mailing Address 6075 Poplar Ave Ste 104			Amount of Each Disbursement this Period 40000.00		
City Memphis	State TN	Zip Code 38119	Transaction ID : SB17-EX281		
Purpose of Disbursement Media Buy		Category/ Type 004	Media Buy		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40117.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 47	
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stonehaus Deli</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012	
Mailing Address 601 West Madison Ave			Amount of Each Disbursement this Period 52.00	
City Athens	State TN	Zip Code 37303	Transaction ID : SB17-EX285	
Purpose of Disbursement Food and Beverage		Category/ Type 001	Food and Beverage	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. EPB</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012	
Mailing Address PO Box 182255			Amount of Each Disbursement this Period 148.33	
City Chattanooga	State TN	Zip Code 37422	Transaction ID : SB17-EX245	
Purpose of Disbursement Office Utilities		Category/ Type 001	Office Utilities	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. EPB</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012	
Mailing Address PO Box 182255			Amount of Each Disbursement this Period 224.60	
City Chattanooga	State TN	Zip Code 37422	Transaction ID : SB17-EX277	
Purpose of Disbursement Office Utilities		Category/ Type 001	Office Utilities	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	424.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 47	
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Advance Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 3725 Oconechee Trail		Amount of Each Disbursement this Period 1756.67
City Chattanooga	State TN	
Purpose of Disbursement Office Rent	Zip Code 37415	<b>Transaction ID : SB17-EX232</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Office Rent
State: District:		

Full Name (Last, First, Middle Initial) <b>B. North Star Opinion Research</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 112 N Alfred St		Amount of Each Disbursement this Period 6900.00
City Alexandria	State VA	
Purpose of Disbursement Polling	Zip Code 22314	<b>Transaction ID : SB17-EX238</b>
Candidate Name	Category/ Type 005	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Polling
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Coordinators Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 326 E Main St		Amount of Each Disbursement this Period 382.38
City Chattanooga	State TN	
Purpose of Disbursement Office Furniture	Zip Code 37408	<b>Transaction ID : SB17-EX247</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Office Furniture
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9039.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 47	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Waterhouse Public Relations</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 735 Broad St Ste 1004		Amount of Each Disbursement this Period 3217.50
City Chattanooga	State TN	Zip Code 37402
Purpose of Disbursement Public Relations Consulting	Category/Type 004	
Candidate Name		Transaction ID : SB17-EX282
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:	Public Relations Consulting	

Full Name (Last, First, Middle Initial) <b>B. Waterhouse Public Relations</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2012
Mailing Address 735 Broad St Ste 1004		Amount of Each Disbursement this Period 1935.00
City Chattanooga	State TN	Zip Code 37402
Purpose of Disbursement Public Relations Consulting	Category/Type 004	
Candidate Name		Transaction ID : SB17-EX289
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:	Public Relations Consulting	

Full Name (Last, First, Middle Initial) <b>c. Maddi Mas</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 10 South White Street		Amount of Each Disbursement this Period 578.77
City Athens	State TN	Zip Code 37303
Purpose of Disbursement Food and Beverage	Category/Type 007	
Candidate Name		Transaction ID : SB17-EX284
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:	Food and Beverage	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5731.27
<b>TOTAL</b> This Period (last page this line number only).....	96427.11

**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 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Goodfriend Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address PO Box 22726		Amount of Each Disbursement this Period 2500.00
City Knoxville	State TN	Zip Code 37933
Purpose of Disbursement Contribution Ref to Partnership	Category/ Type	
Candidate Name	Transaction ID : SB20a-CR5	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Clarice M Baggett</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 200 Hwy 307		Amount of Each Disbursement this Period 2500.00
City Athens	State TN	Zip Code 37303
Purpose of Disbursement Contribution Ref to Individual	Category/ Type	
Candidate Name	Transaction ID : SB20a-CR21	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dr. James Dean Baggett</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address PO Box 1773		Amount of Each Disbursement this Period 2500.00
City Athens	State TN	Zip Code 37371
Purpose of Disbursement Contribution Ref to Individual	Category/ Type	
Candidate Name	Transaction ID : SB20a-CR22	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 47	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Carlydia Berry</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 11227 Meadowview Rd		Amount of Each Disbursement this Period 2500.00
City Georgetown	State TN	
Zip Code 37336	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR17</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. James C Berry</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address Republic Centre Ste 2000		Amount of Each Disbursement this Period 2500.00
City Chattanooga	State TN	
Zip Code 37450	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR16</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Katharine S Caldwell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 523 Fleetwood Dr		Amount of Each Disbursement this Period 2500.00
City Lookout Mountain	State TN	
Zip Code 37350	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Lafayette Hacker Caldwell III</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012	
Mailing Address 736 Market St #1400			Amount of Each Disbursement this Period 2500.00	
City Chattanooga	State TN	Zip Code 37402	Transaction ID : SB20a-CR6	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of General Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mr. Bob Card</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012	
Mailing Address 1800 Mt Vernon Dr NW			Amount of Each Disbursement this Period 2500.00	
City Cleveland	State TN	Zip Code 37311	Transaction ID : SB20a-CR2	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of General Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Mr. Joseph H Davenport III</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012	
Mailing Address 735 Broad St # 1108			Amount of Each Disbursement this Period 2500.00	
City Chattanooga	State TN	Zip Code 37402	Transaction ID : SB20a-CR9	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of General Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 47	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Stephen Elliott Davenport Sr</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 5909 Lula Lake Rd		Amount of Each Disbursement this Period 1000.00
City Lookout Mountain	State TN	Zip Code 30750
Purpose of Disbursement Contribution Ref to Individual	Category/Type	
Candidate Name	Transaction ID : SB20a-CR20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Susan M Davenport</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 216 W Brow Rd		Amount of Each Disbursement this Period 2500.00
City Lookout Mountain	State TN	Zip Code 37350
Purpose of Disbursement Contribution Ref to Individual	Category/Type	
Candidate Name	Transaction ID : SB20a-CR7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Thomas Hopper</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 151 Brookstone Pl		Amount of Each Disbursement this Period 250.32
City Jackson	State TN	Zip Code 38303
Purpose of Disbursement Contribution Ref to Individual	Category/Type	
Candidate Name	Transaction ID : SB20a-CR23	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 47	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joseph Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 436 Market St		Amount of Each Disbursement this Period 10.00
City Chattanooga	State TN	
Zip Code 37402	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR3</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Leslie Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 436 Market Street		Amount of Each Disbursement this Period 2500.00
City Chattanooga	State TN	
Zip Code 37402	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR4</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Robert Mark Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 1110 Steed Ave NW		Amount of Each Disbursement this Period 2500.00
City Cleveland	State TN	
Zip Code 37311	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR10</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5010.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Jamie L Mayfield</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 257 Highway 307			Amount of Each Disbursement this Period 2500.00
City Athens	State TN	Zip Code 37303	Transaction ID : <b>SB20a-CR13</b>
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Julie S Mayfield</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 1535 Cooper Lake Rd			Amount of Each Disbursement this Period 2500.00
City Atlanta	State GA	Zip Code 30082	Transaction ID : <b>SB20a-CR11</b>
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Lisa Mayfield</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 151 Highway 307			Amount of Each Disbursement this Period 2500.00
City Athens	State TN	Zip Code 37303	Transaction ID : <b>SB20a-CR15</b>
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 47			
	<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)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Mariah S Mayfield</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012	
Mailing Address 1033 Englewood Ave			Amount of Each Disbursement this Period 2500.00	
City Chattanooga	State TN	Zip Code 37405	Transaction ID : SB20a-CR12	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of General Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael S Mayfield</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012	
Mailing Address 268 Highway 307 E			Amount of Each Disbursement this Period 2500.00	
City Athens	State TN	Zip Code 37303	Transaction ID : SB20a-CR14	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of General Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Mr. William Thorpe McKenzie</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012	
Mailing Address 735 Broad St # 1108			Amount of Each Disbursement this Period 2500.00	
City Chattanooga	State TN	Zip Code 37402	Transaction ID : SB20a-CR18	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of General Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 47	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scottie Mayfield for Congress**

Full Name (Last, First, Middle Initial) <b>A. Layne Provine</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address PO Box 196		Amount of Each Disbursement this Period 108.00
City Collierville	State TN	Zip Code 38027
Purpose of Disbursement Contribution Ref to Individual	Category/ Type	
Candidate Name	Transaction ID : SB20a-CR24	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. John A Stout</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 735 Broad St # 1108		Amount of Each Disbursement this Period 2500.00
City Chattanooga	State TN	Zip Code 37402
Purpose of Disbursement Contribution Ref to Individual	Category/ Type	
Candidate Name	Transaction ID : SB20a-CR19	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Diane K Wolford</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 412 Georgia Ave # 400		Amount of Each Disbursement this Period 2500.00
City Chattanooga	State TN	Zip Code 37403
Purpose of Disbursement Contribution Ref to Individual	Category/ Type	
Candidate Name	Transaction ID : SB20a-CR1	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2012	Refund of General Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5108.00
<b>TOTAL</b> This Period (last page this line number only).....	51368.32

**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)

Transaction ID : SC10-LN1

Scottie Mayfield for Congress

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

[PERSONAL FUNDS]

Election: 2012

Charles Mayfield

Primary

General

Other (specify) ▼

Mailing Address

151 Highway 307

City

State

ZIP Code

Athens

TN

37303

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150000

.00

150000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M

D 06 D

Y 2012 Y

M 01 M

D 01 D

Y 2013 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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)..... ▶

150000.00

**TOTALS** This Period (last page in this line only)..... ▶

150000.00

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