

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Jim Tracy for Congress

ADDRESS (number and street) P.O. Box 332490
 Check if different than previously reported. (ACC) Murfreesboro TN 37133

2. **FEC IDENTIFICATION NUMBER** ▼ C00540633 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
TN 04

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer SHANE REEVES
Signature of Treasurer SHANE REEVES [Electronically Filed] Date M M / D D / Y Y Y Y
07 / 15 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Jim Tracy for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	149924.00	1397469.67
(b) Total Contribution Refunds (from Line 20(d))	2250.00	14300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	147674.00	1383169.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	356121.06	678055.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	356121.06	678055.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	705113.97	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Jim Tracy for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	91159.00	1113864.00
(ii) Unitemized.....	2915.00	63557.00
(iii) TOTAL of contributions from individuals ▶	94074.00	1177421.00
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	55850.00	205621.00
(d) The Candidate.....	0.00	13427.67
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	149924.00	1397469.67
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	149924.00	1397469.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	356121.06	678055.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2250.00	5750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8550.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2250.00	14300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	358371.06	692355.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	913561.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	149924.00
25. SUBTOTAL (add Line 23 and Line 24).....	1063485.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	358371.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	705113.97

**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 130
	<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	

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

NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MRS. DARA C. ADAMS

Mailing Address **1487 AVELLINO CIRCLE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2371

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM A. ADAMS JR.

Mailing Address **1487 AVELLINO CIRCLE**

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

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

Name of Employer **SELF EMPLOYED** Occupation **INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2370

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **1152 HWY 130W**

City **SHELBYVILLE** State **TN** Zip Code **37160-6527**

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

Name of Employer **LEE ADCOCK CONST.CO. INC.** Occupation **GENERAL CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11.2292

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

5700.00

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
BRADLEY D. ALLEN

Mailing Address 2251 OAKLEIGH DR.

City MURFREESBORO State TN Zip Code 37129-0842

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

Name of Employer VENTURE EXPRESS Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.2059

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BRADLEY D. ALLEN

Mailing Address 2251 OAKLEIGH DR.

City MURFREESBORO State TN Zip Code 37129-0842

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

Name of Employer VENTURE EXPRESS Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11.2063

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
ELIZABETH J. ALLEN

Mailing Address 2251 OAKLEIGH DR.

City MURFREESBORO State TN Zip Code 37129-0842

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

Name of Employer E. ALLEN BOUTIQUE Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11.2062

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
DWAYNE ALLEN

Mailing Address **3886 ALBERT MATTHEWS RD**

City **COLUMBIA** State **TN** Zip Code **38401-8957**

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

Name of Employer **PUGMILL SYSTEMS INC** Occupation **OWNER/MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.2230

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **1414 W NORTHFIELD BLVD**

City **MURFREESBORO** State **TN** Zip Code **37129-1463**

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

Name of Employer **SELF-EMPLOYED** Occupation **NURSE PRACTITIONER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.2282

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JULIAN B. BAKER JR.

Mailing Address **P.O. BOX 101261**

City **NASHVILLE** State **TN** Zip Code **37224-1261**

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

Name of Employer **SPRINT LOGISTICS** Occupation **TRUCKING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11.2194

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SEE REATTRIBUTION

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

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

1500.00

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
CARYLON BAKER

Mailing Address P.O. BOX 101261

City: NASHVILLE State: TN Zip Code: 37224-1261

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

Name of Employer: N/A Occupation: HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1250.00

Date of Receipt: 06 / 05 / 2014

Transaction ID : SA11.2274

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
JULIAN B. BAKER JR.

Mailing Address P.O. BOX 101261

City: NASHVILLE State: TN Zip Code: 37224-1261

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

Name of Employer: SPRINT LOGISTICS Occupation: TRUCKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 05 / 2014

Transaction ID : SA11.2194B

Amount of Each Receipt this Period: -1000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
J. BARRY BANKER

Mailing Address 1033 CHANCERY LN.

City: NASHVILLE State: TN Zip Code: 37215-4523

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

Name of Employer: STEWART HOME SCHOOL Occupation: MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 800.00

Date of Receipt: 05 / 14 / 2014

Transaction ID : SA11.2180

Amount of Each Receipt this Period: 300.00

CONTRIBUTION

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

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

300.00

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JIM G. BARRIER

Mailing Address 1766 HAMPSHIRE PIKE

City COLUMBIA State TN Zip Code 38401-5645

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

Name of Employer SMELTER SERVICE CORP Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2385

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1703 WILTSHIRE DR

City MURFREESBORO State TN Zip Code 37129-1085

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

Name of Employer CLUBSIDE CLEANERS, INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2368

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN MARSH BEASLEY

Mailing Address 4424 PEYTONSVILLE RD.

City FRANKLIN State TN Zip Code 37064-7605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2308

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
SHARON L. BELL

Mailing Address 5844 BEAUREGARD DR.

City Nashville State TN Zip Code 37215-4805

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

Name of Employer FOUR SQUARE CREATIVE Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2396

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS WAYNE BELT

Mailing Address 1410 BROADLANDS DR

City Murfreesboro State TN Zip Code 37130-5972

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE AND CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2386

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1407 BALMORAL WAY

City Murfreesboro State TN Zip Code 37130-5640

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

Name of Employer NHC Occupation HEALTH CARE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11.2283

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

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

Mailing Address 2235 BREAKWATER DR.

City State Zip Code
KNOXVILLE TN 37922-5678

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

Name of Employer Occupation
EAST TENNESSEE CARDIOVASCULAR CENT SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1025.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.2321

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 11631 LANESBOROUGH WAY #913

City State Zip Code
KNOXVILLE TN 37934-7802

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

Name of Employer Occupation
EAST TENNESSEE CARDIOVASCULAR CENT SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1025.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : SA11.2346

Amount of Each Receipt this Period
25.00
CONTRIBUTION

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

Mailing Address 3722 IRONHORSE CT.

City State Zip Code
MURFREESBORO TN 37128-3911

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

Name of Employer Occupation
STATE FARM INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.2307

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1275.00

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
ERNEST G. BURGESS III

Mailing Address 7097 FRANKLIN RD.

City MURFREESBORO State TN Zip Code 37128-3612

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

Name of Employer RUTHERFORD COUNTY Occupation MAYOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11.2278

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 825 N WASHINGTON

City COOKEVILLE State TN Zip Code 38501-2675

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11.2265

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES H. BURNETT III

Mailing Address 8215 VICTORY TRAIL

City BRENTWOOD State TN Zip Code 37027-7374

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

Name of Employer SMS HOLDINGS Occupation CHIEF DEVELOPMENT OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11.2201

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3250.00

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JAMES W. CAMERON

Mailing Address 5766 S LICK CREEK RD

City State Zip Code
FRANKLIN TN 37064-9226

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

Name of Employer Occupation
CAMERON WORLEY PC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.2221

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KEITH E. CANTER

Mailing Address 121 HIGHLAND CIRCLE

City State Zip Code
SHELBYVILLE TN 37160-5415

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

Name of Employer Occupation
FIRST COMMUNITY MORTGAGE, INC. MORTGAGE BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11.2347

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID J. CARPENTER

Mailing Address 4020 BRANDYWINE POINTE BLVD.

City State Zip Code
OLD HICKORY TN 37138-1971

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

Name of Employer Occupation
NATIONWIDE INSURANCE CO. OWNER/AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.2186

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1500.00

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. KIRK D. CATRON		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 101 NORTH MAPLE ST.		Transaction ID : SA11.2271
City State Zip Code MURFREESBORO TN 37130-3506	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation SELF-EMPLOYED ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. DORON L. CLAIBORNE		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 2613 SEQUOYA TRACE		Transaction ID : SA11.2275
City State Zip Code MURFREESBORO TN 37127-8361	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation CLAIBORNE & TAYLOR INSURANCE INSURANCE AGENCY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) C. DORON L. CLAIBORNE		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 2613 SEQUOYA TRACE		Transaction ID : SA11.2337
City State Zip Code MURFREESBORO TN 37127-8361	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation CLAIBORNE & TAYLOR INSURANCE INSURANCE AGENCY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	_____

**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 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MELISSA CLARK

Mailing Address 11681 LASCASSAS PIKE

City Milton State TN Zip Code 37118-4030

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11.2400

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 9273 LERWICK DR

City DUBLIN State OH Zip Code 43017-9492

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

Name of Employer SELF-EMPLOYED Occupation GOVERNMENT RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11.2202

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 1800

City SHELBYVILLE State TN Zip Code 37162-1800

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2293

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
ADAM F. COGGIN

Mailing Address 919 SPRINGLEAF CT.

City MURFREESBORO State TN Zip Code 37130-9002

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

Name of Employer ADAM'S PLACE Occupation DIRECTOR OF INDEPENDENT LIVING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11.2276

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 75 HOGOHEGEE DR

City SAVANNAH State TN Zip Code 38372-2096

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

Name of Employer FRIENDS OF SHILOH Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2294

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 825 N CURTISWOOD LN

City NASHVILLE State TN Zip Code 37204-4313

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11.2222

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JUDGE LEW CONNER

Mailing Address **PO BOX 150039**

City **NASHVILLE** State **TN** Zip Code **37215-0039**

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

Name of Employer **WALLER** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.2181

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KERRY E. COUCH

Mailing Address **3898 ALBERT MATTHEWS RD.**

City **COLUMBIA** State **TN** Zip Code **38401-8957**

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

Name of Employer **NASHVILLE COMPUTER, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.2297

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM J. CRAWFORD

Mailing Address **3309 STILLCORN RIDGE RD.**

City **COLUMBIA** State **TN** Zip Code **38401-5957**

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

Name of Employer **TN ALUMINUM PROCESSOR** Occupation **OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.2309

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
DANIEL CROCKETT

Mailing Address **PO BOX 158187**

City **NASHVILLE** State **TN** Zip Code **37215-8187**

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

Name of Employer **FRANKLIN AMERICAN MORTGAGE** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.2220

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHAD CURRY DMD

Mailing Address **614 EAST CLARK BLVD.**

City **MURFREESBORO** State **TN** Zip Code **37130-2121**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2377

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ESLICK E. DANIEL

Mailing Address **4682 BASS ALDERSON RD.**

City **WILLIAMSPORT** State **TN** Zip Code **38487-2211**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11.2246

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
ESLICK E. DANIEL

Mailing Address 4682 BASS ALDERSON RD.

City WILLIAMSPORT State TN Zip Code 38487-2211

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

Name of Employer SELF-EMPLOYED Occupation ORTHOPAEDIC SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2303

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM T. DELAY

Mailing Address 115 LYNNWOOD TERRACE

City NASHVILLE State TN Zip Code 37205-2911

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

Name of Employer SHERMAN DIXIE Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11.2156

Amount of Each Receipt this Period
 600.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 1812

City JACKSON State TN Zip Code 38302-1812

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

Name of Employer DEMENT CONSTRUCTION Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.2042

Amount of Each Receipt this Period
 2400.00
 CONTRIBUTION

[MEMO ITEM]

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
BETH DEMENT

Mailing Address P.O. BOX 1812

City JACKSON State TN Zip Code 38302-1812

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

Name of Employer DEMENT CONSTRUCTION Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.2042B

Amount of Each Receipt this Period
-2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address P.O. BOX 1812

City JACKSON State TN Zip Code 38302-1812

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

Name of Employer DEMENT CONSTRUCTION Occupation CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.2176

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. JIM P. DEMOS

Mailing Address 618 PALISADE DRIVE

City MURFREESBORO State TN Zip Code 37129-1254

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.2342

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
FRED DETTWILLER

Mailing Address 301 GREAT CIRCLE RD.

City: NASHVILLE State: TN Zip Code: 37228-1703

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

Name of Employer: DET DISTRIBUTING Occupation: PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 05 / 05 / 2014

Transaction ID : SA11.2159

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

B. Full Name (Last, First, Middle Initial)
DR. STAN M. DICKERSON

Mailing Address 2508 SHANGRILA TRL.

City: COLUMBIA State: TN Zip Code: 38401-5801

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

Name of Employer: SELF-EMPLOYED Occupation: OPTOMETRIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 05 / 05 / 2014

Transaction ID : SA11.2237

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAROL I. DODSON

Mailing Address 1085 SUNSET RD

City: BRENTWOOD State: TN Zip Code: 37027-8277

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 21 / 2014

Transaction ID : SA11.2207

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
TRACI DOWER

Mailing Address **PO BOX 1467**

City **LA FOLLETTE** State **TN** Zip Code **37766-1467**

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

Name of Employer **THE AYERS TEAM** Occupation **REAL ESTATE AGENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.2322

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **234 MYLES MANOR DR**

City **FRANKLIN** State **TN** Zip Code **37064-2245**

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

Name of Employer **THE DRURY GROUP** Occupation **FCFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11.2208

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **7311 ZION LN.**

City **COLUMBIA** State **TN** Zip Code **38401-6030**

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

Name of Employer **RAYMOND JAMES** Occupation **FINANCIAL ADVSOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.2311

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD W. DYCUS D.D.S.

Mailing Address 390 S LOWE AVENUE, STE G

City State Zip Code
COOKEVILLE TN 38501-4703

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

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2014

Transaction ID : SA11.2151

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD W. DYCUS D.D.S.

Mailing Address 390 S LOWE AVENUE, STE G

City State Zip Code
COOKEVILLE TN 38501-4703

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

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SA11.2151B

Amount of Each Receipt this Period
-150.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
RICHARD W. DYCUS D.D.S.

Mailing Address 390 S LOWE AVENUE, STE G

City State Zip Code
COOKEVILLE TN 38501-4703

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

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SA11.2333

Amount of Each Receipt this Period
150.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
ANN L. ELLIOTT

Mailing Address 1291 N STROUDSVILLE RD.

City ADAMS State TN Zip Code 37010-9109

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2388

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK A. EMKES

Mailing Address 7 CAMEL BACK CT.

City BRENTWOOD State TN Zip Code 37027-8939

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11.2216

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWIN E. FLORIDA

Mailing Address 412 W LYTLE ST

City MURFREESBORO State TN Zip Code 37130-3611

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

Name of Employer SELF-EMPLOYED Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11.2351

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
LYNN B. FOSTER

Mailing Address 2034 PRESTWICK DR.

City MURFREESBORO State TN Zip Code 37130-2350

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

Name of Employer NATIONAL HEALTHCARE CORP. Occupation ADMINISTRATOR NHC MURFREESBORO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2390

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID A. FRENCH

Mailing Address 7141 OLD ZION ROAD

City COLUMBIA State TN Zip Code 38401-6035

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

Name of Employer AMERICAN CENTER FOR LAW AND JUSTICE Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2366

Amount of Each Receipt this Period
 1600.00
 CONTRIBUTION

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

Mailing Address 3233 MEADOW LN.

City MURFREESBORO State TN Zip Code 37130-9039

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2381

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MR. SCOTT A. GARDNER

Mailing Address 5410 SHERRINGTON ROAD

City MURFREESBORO State TN Zip Code 37128-2741

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

Name of Employer Occupation
CRACKER BARREL OLD COUNTRY STORE, I SR. DIRECTOR OF DISTRIBUTION AND LOG

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2014

Transaction ID : SA11.2339

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD P. GARVIN

Mailing Address 2123 RIVERBEND DR

City MURFREESBORO State TN Zip Code 37129-1358

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

Name of Employer Occupation
SELF-EMPLOYED INTERNAL MEDICINE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11.2200

Amount of Each Receipt this Period
300.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALVIN SHIRLEY GAW

Mailing Address 1310 CHATTSWORTH BLVD.

City COOKEVILLE State TN Zip Code 38501-5800

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11.2262

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

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

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

2550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
COURTNEY GEDULDIG

Mailing Address 1423 SPRING VALE AVE

City MCLEAN State VA Zip Code 22101-3528

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

Name of Employer MCGRAW HILL FINANCIAL Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11.2203

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1101 K ST NW STE 650

City WASHINGTON State DC Zip Code 20005-4048

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

Name of Employer CLARK, GEDULDIG, CRANFORD NIELSEN Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11.2198

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
W. WARREN GILL

Mailing Address 382 ROXIE CT.

City MURFREESBORO State TN Zip Code 37128-5789

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

Name of Employer MIDDLE TENNESSEE STATE UNIVERSITY Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
583.34

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2382

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
DR. CHARLES E. GOODMAN JR.

Mailing Address 320 E MAIN STREET

City MURFREESBORO State TN Zip Code 37130-3827

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

Name of Employer SELF-EMPLOYED Occupation DERMATOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11.2280

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOLORES R. GRESHAM

Mailing Address 3515 COUNTRY CLUB RD.

City SOMERVILLE State TN Zip Code 38068-6313

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

Name of Employer SELF-EMPLOYED Occupation STATE SENATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11.1977

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DOLORES R. GRESHAM

Mailing Address 3515 COUNTRY CLUB RD.

City SOMERVILLE State TN Zip Code 38068-6313

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

Name of Employer SELF-EMPLOYED Occupation STATE SENATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11.2065

Amount of Each Receipt this Period
 -400.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
WILL GRESHAM

Mailing Address 3515 COUNTRY CLUB RD.

City SOMERVILLE State TN Zip Code 38068-6313

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11.2064

Amount of Each Receipt this Period
400.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

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

Mailing Address 5205 STILL HOUSE HOLLOW RD

City FRANKLIN State TN Zip Code 37064-9484

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

Name of Employer GRAND AVENUE Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11.2099

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 5205 STILL HOUSE HOLLOW RD

City FRANKLIN State TN Zip Code 37064-9484

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

Name of Employer GRAND AVENUE Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11.2099B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

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

Mailing Address 5205 STILL HOUSE HOLLOW RD

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

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

Name of Employer: GRAND AVENUE Occupation: PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 04 / 09 / 2014

Transaction ID : SA11.2124

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 2123 RIVERVIEW DRIVE

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

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

Name of Employer: SELF-EMPLOYED Occupation: ORAL SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1900.00

Date of Receipt: 06 / 23 / 2014

Transaction ID : SA11.2350

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 2278 HICKS LN.

City: COLUMBIA State: TN Zip Code: 38401-6824

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

Name of Employer: STATE OF TN Occupation: ASSISTANT COMMISSIONER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 13 / 2014

Transaction ID : SA11.2312

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JOSHUA M. HELTON

Mailing Address 2014 STOKES LN

City NASHVILLE State TN Zip Code 37215-1520

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

Name of Employer STATE OF TN Occupation ASST COMMISSIONER OF POLICY & INTL T

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.2240

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 105 WALDEN RD.

City COLUMBIA State TN Zip Code 38401-5711

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11.2233

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACK R. HICKS

Mailing Address 3415 MEADOWCREST DRIVE

City MURFREESBORO State TN Zip Code 37129-0836

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

Name of Employer BELMONT UNIVERSITY Occupation PROFESSOR/ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA11.2336

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

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

800.00

**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 32 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MR. JACK R. HICKS

Mailing Address 3415 MEADOWCREST DRIVE

City MURFREESBORO State TN Zip Code 37129-0836

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

Name of Employer BELMONT UNIVERSITY Occupation PROFESSOR/ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2356

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TERRY D. HINES

Mailing Address 710 HINES LN

City MCMINNVILLE State TN Zip Code 37110-4186

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

Name of Employer HALE & HINES NURSERY, INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.2295

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES R. HUDSON

Mailing Address 216 PLEASANT ST.

City MT. PLEASANT State TN Zip Code 38474-1549

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

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

Transaction ID : SA11.2236

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

425.00

**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 33 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
KAREN W. HUDSON

Mailing Address 2010 STRATFORD RD.

City MURFREESBORO State TN Zip Code 37129-1336

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11.2281

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 4041 DEER CREEK BLVD

City SPRING HILL State TN Zip Code 37174-2284

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

Name of Employer TENNESSEE TRUCKING ASSOCIATION Occupation TRADE ASSOCIATION PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

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

Transaction ID : SA11.2231

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID B. INGRAM

Mailing Address 4417 TYNE BLVD.

City NASHVILLE State TN Zip Code 37215-4537

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

Name of Employer INGRAM ENTERTAINMENT INC. Occupation OWNER, CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11.2252

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1500.00

**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 34 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MS. BILLIE J. JOSOVITZ

Mailing Address 1511 BRADBERRY DR

City State Zip Code
MURFREESBORO TN 37130-1142

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

Name of Employer Occupation
RELIANT REALTY AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11.2352

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GERALD A. KESSLER

Mailing Address 548 BROADHOLLOW RD

City State Zip Code
MELVILLE NY 11747

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

Name of Employer Occupation
BOXWOOD PLANTATION LLC PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.2217

Amount of Each Receipt this Period
2200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY R. KING

Mailing Address P.O. BOX 607

City State Zip Code
SHELBYVILLE TN 37162-0607

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

Name of Employer Occupation
SELF-EMPLOYED SOUTHERN ENERGY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6200.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.2179

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

REFUND TO BE ISSUED

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

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

3450.00

**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 35 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MR. STANLEY G. KING

Mailing Address **2221 OAKLEIGH DR.**

City **MURFREESBORO** State **TN** Zip Code **37129-0842**

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

Name of Employer **ICA ENGINEERING** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.2277

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. C. A. KYLE JR.

Mailing Address **448 KYLE LN. NW**

City **CLEVELAND** State **TN** Zip Code **37312-6435**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11.2153

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT L. LEDLOW

Mailing Address **3113 LANDVIEW DR.**

City **MURFREESBORO** State **TN** Zip Code **37128-5697**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.2306

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
LYNN LIEN

Mailing Address 1715 RIVERVIEW DR.

City MURFREESBORO State TN Zip Code 37129-6018

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11.2285

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RONALD SANDERS LIGON JR.

Mailing Address 6871 ARNO ALLISONA RD.

City COLLEGE GROVE State TN Zip Code 37046-9216

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

Name of Employer TARKINGTON AND HARWELL COMPANY Occupation COMMERCIAL REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11.2195

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM E. MARBET

Mailing Address 1309 MAIN SAIL DR.

City COLUMBIA State TN Zip Code 38401-4667

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

Name of Employer SOUTHERN ATHLETIC FIELDS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2299

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1500.00

**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 37 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
LINDA G. MATLOCK

Mailing Address 2935 LONGFORD DR.

City MURFREESBORO State TN Zip Code 37129-5814

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

Name of Employer MATLOCK AND ASSOCIATES Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2373

Amount of Each Receipt this Period
 1250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD W. MCALLISTER

Mailing Address 238 OLD PARKSVILLE RD. NE

City CLEVELAND State TN Zip Code 37323-5004

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11.2260

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
J. DAVID MCCLAIN

Mailing Address 2306 COUNTRY CLUB LN.

City COLUMBIA State TN Zip Code 38401-5172

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

Name of Employer SHAPARD LUMBER CO. INC. Occupation BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2300

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

2000.00

**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 38 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES C. MCDERMOTT

Mailing Address 926 SHOREHAM ST.

City MURFREESBORO State TN Zip Code 37130-9505

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

Name of Employer EXIT REALTY BOB LAMB & ASSC. Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2363

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
J. MICHAEL MCFARLIN

Mailing Address 1692 OLD HILLSBORO RD

City FRANKLIN State TN Zip Code 37069-4702

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

Name of Employer THE M&W LOGISTICS GROUP Occupation TRANSPORTATION & LOGISTICS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11.2191

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address 1692 OLD HILLSBORO RD

City FRANKLIN State TN Zip Code 37069-4702

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

Name of Employer SELF-EMPLOYED Occupation PEDIATRICS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : SA11.2272

Amount of Each Receipt this Period
400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED
 (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

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

1050.00

**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 39 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
J. MICHAEL MCFARLIN

Mailing Address 1692 OLD HILLSBORO RD

City	State	Zip Code
FRANKLIN	TN	37069-4702

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

Name of Employer	Occupation
THE M&W LOGISTICS GROUP	TRANSPORTATION & LOGISTICS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11.2191B

Amount of Each Receipt this Period
 _____ -400.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
BARRY P. MCINTOSH JR.

Mailing Address 575 ANDERSON DR.

City	State	Zip Code
PARIS	TN	38242-9543

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

Name of Employer	Occupation
SECURITY BANK AND TRUST	CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.2005

Amount of Each Receipt this Period
 _____ 5000.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BARRY P. MCINTOSH JR.

Mailing Address 575 ANDERSON DR.

City	State	Zip Code
PARIS	TN	38242-9543

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

Name of Employer	Occupation
SECURITY BANK AND TRUST	CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11.2005B

Amount of Each Receipt this Period
 _____ -2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

_____ 0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
BARRY P. MCINTOSH JR.

Mailing Address 575 ANDERSON DR.

City	State	Zip Code
PARIS	TN	38242-9543

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

Name of Employer	Occupation
SECURITY BANK AND TRUST	CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11.2075

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
EDNA H. MCKNIGHT

Mailing Address 1000 W TRIMBLE RD.

City	State	Zip Code
MILTON	TN	37118-4413

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

Name of Employer	Occupation
MCKNIGHT INSURANCE	INSURANCE AND INVESTMENT BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2383

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDDIE J. MORELAND

Mailing Address 240 MORELAND DR. NW

City	State	Zip Code
CLEVELAND	TN	37311-8007

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

Name of Employer	Occupation
N/A	RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11.2349

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

450.00

**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 41 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM D. MORGAN

Mailing Address **ROSEHILL 3110 DEL RIO PIKE**

City **FRANKLIN** State **TN** Zip Code **37069-8712**

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

Name of Employer **JOHN BOUCHARD & SONS CO** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11.2205

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **1708 SHAGBARK TRL.**

City **MURFREESBORO** State **TN** Zip Code **37130-1135**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.2286

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DIANNE FERRELL NEAL

Mailing Address **3721 C WEST END AVE**

City **NASHVILLE** State **TN** Zip Code **37205-2464**

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

Name of Employer **SELF-EMPLOYED** Occupation **INDEPENDENT GOVT RELATIONS ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11.2204

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 42 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
PAUL NEY

Mailing Address **3504 RICHLAND AVENUE**

City **NASHVILLE** State **TN** Zip Code **37205-2354**

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

Name of Employer **WADDEY PATTERSON** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.2218

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 12467**

City **MURFREESBORO** State **TN** Zip Code **37129-0050**

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

Name of Employer **IBM** Occupation **DATABASE ADMINISTRATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.2279

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROY G. PALMER

Mailing Address **1526 BRADBERRY DR.**

City **MURFREESBORO** State **TN** Zip Code **37130-1143**

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

Name of Employer **PALMER SALES** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.2317

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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: (check only one)	PAGE 43 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JOHN RUSSELL PARKES

Mailing Address **2417 HIDDEN LAKE CIR**

City **COLUMBIA** State **TN** Zip Code **38401-5807**

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

Name of Employer **HARDIN & PARKES PLLC** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.2242

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COURTNEY N. PEARRE

Mailing Address **427 PRESTWICK CT.**

City **NASHVILLE** State **TN** Zip Code **37205-5016**

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

Name of Employer **AMERIGROUP** Occupation **V.P.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11.2147

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **4433 BETTY FORD RD.**

City **MURFREESBORO** State **TN** Zip Code **37130-6717**

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

Name of Employer **U.S. DEPT OF HEALTH AND HUMAN SERVICE** Occupation **SPECIAL AGENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.2284

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1500.00

**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 44 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
PHILIP MAURICE PFEFFER

Mailing Address 836 TREMONT CT

City State Zip Code
NASHVILLE TN 37220-1536

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

Name of Employer Occupation
TREMONT CAPITAL INC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.2219

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 508 N CHURCH ST.

City State Zip Code
LIVINGSTON TN 38570-1539

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

Name of Employer Occupation
TN BOARD OF INDUSTRY MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11.2173B

Amount of Each Receipt this Period
-900.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 508 N CHURCH ST.

City State Zip Code
LIVINGSTON TN 38570-1539

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

Name of Employer Occupation
TN BOARD OF INDUSTRY MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11.2175

Amount of Each Receipt this Period
900.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

250.00

**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 45 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
DR. L. G. PUCKETT D.D.S.

Mailing Address 508 N CHURCH ST.

City State Zip Code
LIVINGSTON TN 38570-1539

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

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11.2148

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address 508 N CHURCH ST.

City State Zip Code
LIVINGSTON TN 38570-1539

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

Name of Employer Occupation
TN BOARD OF INDUSTRY MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.2173

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
DR. L. G. PUCKETT D.D.S.

Mailing Address 508 N CHURCH ST.

City State Zip Code
LIVINGSTON TN 38570-1539

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

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.2148B

Amount of Each Receipt this Period
 -1000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 46 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
RANDLE RICHARDSON

Mailing Address 405 HUNTINGTON RIDGE DR.

City State Zip Code
NASHVILLE TN 37211-5921

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

Name of Employer Occupation
COMMUNITY EDUCATION PARTNERS BUSINESSMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11.2158

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LLOYD D. ROGERS

Mailing Address PO BOX 3624

City State Zip Code
CLEVELAND TN 37320-3624

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

Name of Employer Occupation
WHOLESALE SUPPLY GROUP, INC. DISTRIBUTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2395

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

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

Mailing Address 171 TRENTON HWY

City State Zip Code
MILAN TN 38358-6628

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

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

Transaction ID : SA11.2348

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

REATTRIBUTION/REDESIGNATION REQUESTED

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

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

1400.00

**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 47 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
PAT RYAN

Mailing Address **PO BOX 11369**

City **MURFREESBORO** State **TN** Zip Code **37129-0028**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.2287

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **415 CHURCH ST, APT 3015**

City **NASHVILLE** State **TN** Zip Code **37219-1849**

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

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

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

Transaction ID : SA11.2157

Amount of Each Receipt this Period
700.00
 CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address **415 CHURCH ST, APT 3015**

City **NASHVILLE** State **TN** Zip Code **37219-1849**

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

Name of Employer **BROADWAY ENTERTAINMENT** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11.2168

Amount of Each Receipt this Period
700.00
 CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 130			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
RUBLE SANDERSON

Mailing Address 415 CHURCH ST, APT 3015

City	State	Zip Code
NASHVILLE	TN	37219-1849

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

Name of Employer	Occupation
SELF-EMPLOYED	BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11.2157B

Amount of Each Receipt this Period
 _____ -700.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

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

Mailing Address 415 CHURCH ST, APT 3015

City	State	Zip Code
NASHVILLE	TN	37219-1849

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

Name of Employer	Occupation
SELF-EMPLOYED	BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2375

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

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

Mailing Address 3 STRAWBERRY HILL

City	State	Zip Code
NASHVILLE	TN	37215-4118

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

Name of Employer	Occupation
N/A	RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.2341

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

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

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

_____ 2000.00

**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 49 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MARY SCOGGINS

Mailing Address 308 KIPPSFORD POND RD

City State Zip Code
COLUMBIA TN 38401-5752

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.2244

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BOB G. SHUPE

Mailing Address 5104 HITCHING POST LANE

City State Zip Code
NASHVILLE TN 37211

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

Name of Employer Occupation
ESP INC INSURANCE CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11.2344

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHERI N. SISKIN

Mailing Address 238 FOUNDRY CIR.

City State Zip Code
MURFREESBORO TN 37128-5145

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

Name of Employer Occupation
DERMATIX LASER CENTER DIRECTOR AND LASER TRAINER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2392

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
KAREN B. SLOAN

Mailing Address 100 BRIGHTON CT

City State Zip Code
COLUMBIA TN 38401-6206

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.2245

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
H. E. SMITH

Mailing Address 2212 AVANTI LN.

City State Zip Code
BIRMINGHAM AL 35226-1030

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11.2259

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 2033 RICHARD JONES RD

City State Zip Code
NASHVILLE TN 37215-2801

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

Name of Employer Occupation
SPECIALTY ACCOUNT MANAGEMENT DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11.2250

Amount of Each Receipt this Period
3500.00

CONTRIBUTION

REFUND TO BE ISSUED

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

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

4250.00

**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 51 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

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

Mailing Address 7065 MOORES LN, STE 300

City State Zip Code
BRENTWOOD TN 37027-8576

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HAURY AND SMITH PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2374

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
S. DOUGLAS SMITH

Mailing Address PO BOX 159021

City State Zip Code
NASHVILLE TN 37215-9021

FEC ID number of contributing federal political committee.

Name of Employer Occupation
THE SMART HOSPITAL CO PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2206

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEVE B. SMITH

Mailing Address 2033 RICHARD JONES RD

City State Zip Code
NASHVILLE TN 37215-2801

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HAURY AND SMITH EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2232

Amount of Each Receipt this Period

CONTRIBUTION

REFUND TO BE ISSUED

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

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

**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 52 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
DR. LEON E. STANISLAV

Mailing Address 409 SAVANNAH TRACE

City State Zip Code
CLARKSVILLE TN 37043-5443

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

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11.2152

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1401 CROWE ST

City State Zip Code
COLUMBIA TN 38401-5266

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

Name of Employer Occupation
TN ALUMINUM PROCESSOR CO-OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.2249

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAYMOND YOUNG THOMASSON

Mailing Address PO BOX 120976

City State Zip Code
NASHVILLE TN 37212-0976

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

Name of Employer Occupation
BEVERAGE ASSOCIATION OF TN ASSOCIATION EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11.2187

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
LARRY T. THRAILKILL

Mailing Address **205 DERBY GLEN LANE**

City **BRENTWOOD** State **TN** Zip Code **37027-4869**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.2243

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **306 BETHANY LN.**

City **SHELBYVILLE** State **TN** Zip Code **37160-3454**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11.2149

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

Mailing Address **249 LINCOLN RD**

City **FAYETTEVILLE** State **TN** Zip Code **37334-6871**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2365

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

650.00

**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 54 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MIKE VAUGHT

Mailing Address 6594 BROWNS MILL RD

City LASCASSAS State TN Zip Code 37085-4625

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

Name of Employer SELF-EMPLOYED Occupation AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2376

Amount of Each Receipt this Period
 1250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID V. WALDRON

Mailing Address 125A RIVER ROCK BLVD.

City MURFREESBORO State TN Zip Code 37128-4875

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

Name of Employer WALDRON ENTERPRISES Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2393

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM R. WALTER

Mailing Address 103 WALDEN RD.

City COLUMBIA State TN Zip Code 38401-5711

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

Name of Employer MAURY REGIONAL MEDICAL CENTER Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2313

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. JAMES C. WARD III		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 1209 NICHOL LANE		Transaction ID : SA11.2192	
City NASHVILLE	State TN	Amount of Each Receipt this Period 500.00	
Zip Code 37205-4419		CONTRIBUTION	
FEC ID number of contributing federal political committee. C		REATTRIBUTION/REDESIGNATION REQUESTED	
Name of Employer THE CRICHTON GROUP	Occupation INSURANCE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) B. H. ALAN WATSON		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 1769 MAYFLOWER DR.		Transaction ID : SA11.2302	
City COLUMBIA	State TN	Amount of Each Receipt this Period 250.00	
Zip Code 38401-5190		CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer MAURY REGIONAL MEDICAL CENTER	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) C. JACK O. WEATHERFORD		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 820 E MAIN ST.		Transaction ID : SA11.2254	
City MURFREESBORO	State TN	Amount of Each Receipt this Period 500.00	
Zip Code 37130-3945		CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer BOB PARK REALTY	Occupation SALES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1525.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**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 56 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
S. JASON WHATLEY

Mailing Address **PO BOX 411**

City **COLUMBIA** State **TN** Zip Code **38402-0411**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.2288

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAN C. WHEELER

Mailing Address **3316 STILLCORN RIDGE RD**

City **COLUMBIA** State **TN** Zip Code **38401-5956**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

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

Transaction ID : SA11.2234

Amount of Each Receipt this Period
750.00
 CONTRIBUTION

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

Mailing Address **3899 ALBERT MATTHEWS RD.**

City **COLUMBIA** State **TN** Zip Code **38401-8961**

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

Name of Employer **MID TENNESSEE BONE & JOINT CLINIC** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11.2270

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
C. DOUGLAS WILBURN

Mailing Address 3899 ALBERT MATTHEWS RD.

City COLUMBIA	State TN	Zip Code 38401-8961
------------------	-------------	------------------------

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

Name of Employer MID TENNESSEE BONE & JOINT CLINIC	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2296

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIMBERLY J. WILLIS

Mailing Address 1774 DARKS MILL RD.

City COLUMBIA	State TN	Zip Code 38401-1535
------------------	-------------	------------------------

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

Name of Employer COLUMBIA CONSTRUCTION CO. INC.	Occupation BUSINESS OWNER
--	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2298

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TIMOTHY W. WILLIAMS

Mailing Address 2028 CHEROKEE BLVD.

City KNOXVILLE	State TN	Zip Code 37919-8339
-------------------	-------------	------------------------

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

Name of Employer 21ST MORTGAGE	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11.2264

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

5400.00

**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 58 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY W. WILLIAMS

Mailing Address 2028 CHEROKEE BLVD.

City KNOXVILLE State TN Zip Code 37919-8339

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

Name of Employer 21ST MORTGAGE Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2264B

Amount of Each Receipt this Period
-2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
TIMOTHY W. WILLIAMS

Mailing Address 2028 CHEROKEE BLVD.

City KNOXVILLE State TN Zip Code 37919-8339

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

Name of Employer 21ST MORTGAGE Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2291

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
CAROL ANN WILSON

Mailing Address 5214 COUNTRY CLUB DR.

City BRENTWOOD State TN Zip Code 37027-5172

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11.2193

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
ROGER WITHEROW

Mailing Address P.O. BOX 375

City COLUMBIA State TN Zip Code 38402-0375

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

Name of Employer: **ROGER WITHEROW & ASSOCIATES, INC** Occupation: **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **05 / 22 / 2014**

Transaction ID : SA11.2215

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

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

Mailing Address P.O. BOX 375

City COLUMBIA State TN Zip Code 38402-0375

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

Name of Employer: **ROGER WITHEROW & ASSOCIATES, INC** Occupation: **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **06 / 18 / 2014**

Transaction ID : SA11.2318

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KATHERINE L. YARBROUGH

Mailing Address 4431 DYKE BENNETT RD.

City FRANKLIN State TN Zip Code 37064-7602

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

Name of Employer: **N/A** Occupation: **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **2600.00**

Date of Receipt: **06 / 13 / 2014**

Transaction ID : SA11.2301

Amount of Each Receipt this Period: **1700.00**

CONTRIBUTION

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

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

2200.00

**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 60 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVIS YOUNG

Mailing Address P.O. BOX 1526

City MURFREESBORO State TN Zip Code 37133-1526

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

Name of Employer MURFREESBORO PURE MILK CO Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2360

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 2127 OOLTEWAH-RINGGOLD RD.

City OOLTEWAH State TN Zip Code 37363-9392

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2304

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

REDESIGNATION REQUESTED

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

Mailing Address 2127 OOLTEWAH RINGGOLD RD

City OOLTEWAH State TN Zip Code 37363-9392

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

Name of Employer ARMOUR COMMERCIAL REAL ESTATE Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11.2316

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

[MEMO ITEM]

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

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

3250.00

**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 61 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
NELSON BOWERS

Mailing Address **217 COLEMORE CIR**

City **LOOKOUT MOUNTAIN** State **TN** Zip Code **37350**

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

Name of Employer **ABM PROPERTIES** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11.2315

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DR. DEWAYNE B. MCCAMISH

Mailing Address **4610 BRAINERD RD, STE 3**

City **CHATTANOOGA** State **TN** Zip Code **37411-3835**

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

Name of Employer **ABM PROPERTIES** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11.2314

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GIBCO CONSTRUCTION, LLC

Mailing Address **241 INDUSTRIAL WAY SW**

City **CLEVELAND** State **TN** Zip Code **37311-7110**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11.2032

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 62 OF 130
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
SHARON GILBERT

Mailing Address **241 INDUSTRIAL WAY SW**

City **CLEVELAND** State **TN** Zip Code **37311-7110**

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

Name of Employer **GIBCO CONSTRUCTION, LLC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11.2108

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HAND FAMILY TN, LLC-BUDWEISER OF CHATTANOOGA

Mailing Address **PO BOX 30789**

City **CLARKSVILLE** State **TN** Zip Code **37040-0014**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.2162

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **PO BOX 1125**

City **PARIS** State **TN** Zip Code **38242-1125**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.2054

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JERRY HAYES

Mailing Address P.O. BOX 1125

City State Zip Code
PARIS TN 38242-1125

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

Name of Employer Occupation
HAYES FARM PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11.2060

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RFW CONSTRUCTION, LLC

Mailing Address 1801 HIGHWAY 51 N

City State Zip Code
DYERSBURG TN 38024-2872

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.2056

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

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

Mailing Address 800 SCOTSMAN TRACE

City State Zip Code
DYERSBURG TN 38024-2910

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

Name of Employer Occupation
RFW CONSTRUCTION GROUP, LLC VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11.2141

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
TOSH FARMS PARTNERSHIP

Mailing Address 1586 ATLANTIC AVE

City State Zip Code
HENRY TN 38231-3551

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11.1883

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

**[MEMO ITEM]
SEE ATTRIBUTION BELOW**

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

Mailing Address 1570 ATLANTA AVE.

City State Zip Code
HENRY TN 38231

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

Name of Employer Occupation
TOSH FARMS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11.2107

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 1586 ATLANTIC AVE.

City State Zip Code
HENRY TN 38231-3551

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

Name of Employer Occupation
TOSH FARMS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11.2104

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JAMEY TOSH

Mailing Address 7535 PALESTINE RD.

City State Zip Code
HENRY TN 38231-3713

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

Name of Employer Occupation
TOSH FARMS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11.2106

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 1701 GILKEY RD.

City State Zip Code
HENRY TN 38231-3628

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

Name of Employer Occupation
TOSH FARMS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11.2105

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address P.O. BOX 66680

City State Zip Code
WASHINGTON DC 20035-6680

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3566.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11.2165

Amount of Each Receipt this Period
10.00

CONTRIBUTION

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

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
VIRGINIA D. BURLESON

Mailing Address **2184 MANZANITA ST. NE**

City **KEIZER** State **OR** Zip Code **97303-1020**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **40.00**

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

Transaction ID : SA11.2166

Amount of Each Receipt this Period
10.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

Mailing Address **P.O. BOX 66680**

City **WASHINGTON** State **DC** Zip Code **20035-6680**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3566.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.216500

Amount of Each Receipt this Period
50.00

CONTRIBUTION

**[MEMO ITEM]
TOTAL EARMARKED BY CONDUIT-PAC LIMIT NOT AFFECTED SEE ATTRIBUTION BELOW**

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

Mailing Address **7872 FIRWOOD WAY NE**

City **FRIDLEY** State **MN** Zip Code **55432-2414**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2384

Amount of Each Receipt this Period
50.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

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

60.00

**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 67 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

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

Mailing Address P.O. BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3566.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.216501

Amount of Each Receipt this Period
 214.00

CONTRIBUTION

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

B. Full Name (Last, First, Middle Initial)
JOYCE E. ANDERSON

Mailing Address 15701 73RD CIR N

City MAPLE GROVE State MN Zip Code 55311-2135

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 20.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11.2228

Amount of Each Receipt this Period
 20.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

C. Full Name (Last, First, Middle Initial)
VIRGINIA D. BURLERSON

Mailing Address 2184 MANZANITA ST. NE

City KEIZER State OR Zip Code 97303-1020

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 40.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11.2225

Amount of Each Receipt this Period
 10.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

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

30.00

**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 68 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
DONALD A. DENECKE

Mailing Address 500 N WALNUT ST APT 14G

City EAST ORANGE State NJ Zip Code 07017-4031

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.2227

Amount of Each Receipt this Period
10.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

B. Full Name (Last, First, Middle Initial)
DONALD A. DENEKE

Mailing Address 500 N WALNUT ST APT 14G

City EAST ORANGE State NJ Zip Code 07017-4031

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.2229

Amount of Each Receipt this Period
10.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

C. Full Name (Last, First, Middle Initial)
OLIN M. MATSON JR.

Mailing Address 11358 WASHINGTON PL APT D

City LOS ANGELES State CA Zip Code 90066-5032

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.2226

Amount of Each Receipt this Period
25.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

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

45.00

**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 69 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

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

Mailing Address **2700 SEVEN MILE WAY SE**

City **ALBANY** State **OR** Zip Code **97322-7113**

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
146.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2014

Transaction ID : SA11.2223

Amount of Each Receipt this Period
89.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

Mailing Address **918 LIVE OAK TR NE**

City **CLEVELAND** State **TN** Zip Code **37323-5537**

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2014

Transaction ID : SA11.2224

Amount of Each Receipt this Period
50.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

Mailing Address **P.O. BOX 66680**

City **WASHINGTON** State **DC** Zip Code **20035-6680**

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

Name of Employer
Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3566.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2014

Transaction ID : SA11.2177

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

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

139.00

**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 70 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
KENDALL C. MILLER

Mailing Address 7350 S WAKEFIELD

City REEDLEY State CA Zip Code 93654-9405

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

Name of Employer KENCAROL INC Occupation FARM MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : SA11.2178

Amount of Each Receipt this Period
250.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

Mailing Address P.O. BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1421.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.2210

Amount of Each Receipt this Period
225.00

CONTRIBUTION

**[MEMO ITEM]
SEE ATTRIBUTION BELOW**

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

Mailing Address S 5240 DAMAR PRIVATE DR

City EAU CLAIRE State WI Zip Code 54701-9974

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11.2213

Amount of Each Receipt this Period
50.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

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

300.00

**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 71 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JUDSON CAUTHEN

Mailing Address 10916 MEMORY LN

City State Zip Code
TAVARES FL 32778-4655

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11.2211

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

Mailing Address 2212 ROSA VISTA TERRACE

City State Zip Code
CAMARILLO CA 93012-9094

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11.2212

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

Mailing Address 3823 N MOLTER RD

City State Zip Code
OTIS ORCHARDS WA 99027-8304

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11.2214

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

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

175.00

**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 72 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

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

Mailing Address P.O. BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3566.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11.2266

Amount of Each Receipt this Period
 85.00

CONTRIBUTION

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

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

Mailing Address 7384 WINDSOR LN.

City CLEARWATER State FL Zip Code 33764

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11.2402

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

Mailing Address 301 RAMEY RD.

City BRISTOL State TN Zip Code 37620

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 10.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11.2401

Amount of Each Receipt this Period
 10.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

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

35.00

**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 73 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
MONA STEWART

Mailing Address 1361 CR 82

City State Zip Code
QUINTER KS 67752

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11.2403

Amount of Each Receipt this Period
50.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

Mailing Address P.O. BOX 66680

City State Zip Code
WASHINGTON DC 20035-6680

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3566.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.2327

Amount of Each Receipt this Period
75.00

CONTRIBUTION

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

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

Mailing Address 10916 MEMORY LN

City State Zip Code
TAVARES FL 32778-4655

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.2329

Amount of Each Receipt this Period
25.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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

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

75.00

**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 74 OF 130
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
SUSAN HAWK

Mailing Address 999 KEFFER RD

City State Zip Code
HOLTVILLE CA 92250-9743

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11.2330

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

EARMARKED - CONCERNED WOMEN PAC LIMIT NOT AFFECTED

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).....

50.00

91159.00

**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 75 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
ADVANCE PAC

Mailing Address 1901 CHURCH ST.

City State Zip Code
NASHVILLE TN 37203-2203

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2154

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BARRY DOSS FOR STATE HOUSE #70

Mailing Address 2784 HIGHWAY 43 N

City State Zip Code
LAWRENCEBURG TN 38464-6051

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2256

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN FORGETY FOR STATE HOUSE

Mailing Address 120 COUNTY RD. 447

City State Zip Code
ATHENS TN 37303-6462

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2261

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 76 OF 130
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
KELLY T. KEISLING CAMPAIGN FUND

Mailing Address **PO BOX 577**

City **BYRDSTOWN** State **TN** Zip Code **38549-0577**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.2161

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICK WOMICK CAMPAIGN FUND

Mailing Address **6015 HIGHWAY 99**

City **ROCKVALE** State **TN** Zip Code **37153-4134**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11.2257

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TENNESEEANS FOR BETTER LEADERSHIP PAC

Mailing Address **106 SPRINGVIEW DR.**

City **JACKSON** State **TN** Zip Code **38305-6232**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11.2263

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
TERRY CHANDLER FOR SHERIFF

Mailing Address 1312 MORLINTY CT.

City State Zip Code
COLUMBIA TN 38401-8064

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.2324

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICA FIRST POLITICAL ACTION COMMITTEE

Mailing Address 611 PENNSYLVANIA AVE SE #308

City State Zip Code
WASHINGTON DC 20003-4303

FEC ID number of contributing federal political committee. **C** C00427187

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11.2209

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS- CRNA PAC

Mailing Address 25 MASSACHUSETTS AVE NW, STE 550

City State Zip Code
WASHINGTON DC 20001-1408

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11.2164

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

4600.00

**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 78 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR PAC

Mailing Address 101 NORTH THIRD ST.

City: MOORHEAD State: MN Zip Code: 56560-1952

FEC ID number of contributing federal political committee: **C C00110338**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 05 / 14 / 2014

Transaction ID : SA11.2184

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL PAC- ADPAC

Mailing Address 1111-14TH STRET NW, STE 1100

City: WASHINGTON State: DC Zip Code: 20005

FEC ID number of contributing federal political committee: **C C00000729**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA11.2394

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN HEALTH CARE ASSOC.-AHCA PAC

Mailing Address 1201 L STREET NW

City: WASHINGTON State: DC Zip Code: 20005-4024

FEC ID number of contributing federal political committee: **C C00006080**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 18 / 2014

Transaction ID : SA11.2319

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

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

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

10000.00

**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 79 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOC. PAC

Mailing Address 325 SEVENTH STREET NW, STE 700

City WASHINGTON State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2379

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC-AMPAC

Mailing Address 25 MASSACHUSETTS AVE. NW, STE 600

City WASHINGTON State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2397

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMSURG CORP. GOOD GOVERNMENT FUND-AMSURG

Mailing Address 20 BURTON HILLS BLVD, 5TH FLR.

City NASHVILLE State TN Zip Code 37215-6197

FEC ID number of contributing federal political committee. **C C00484410**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2391

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

10000.00

**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 80 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. ASSOCIATED EQUIPMENT DISTRIBUTORS PAC-AED PAC

Full Name (Last, First, Middle Initial)
Mailing Address 121 N HENRY ST.

City ALEXANDRIA State VA Zip Code 22314-2903

FEC ID number of contributing federal political committee. **C** C00010124

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.2163

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. ATMOS ENERGY CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 5430 LBJ FREEWAY, STE 160

City DALLAS State TX Zip Code 75240-2630

FEC ID number of contributing federal political committee. **C** C00381954

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2325

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. BUILD PAC THE NATIONAL ASSOCIATION OF HOME BUILDERS PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1201 15TH ST NW

City WASHINGTON State DC Zip Code 20005-2899

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.2238

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
EXPRESS SCRIPTS INC. PAC

Mailing Address 1 EXPRESS WAY

City ST LOUIS State MO Zip Code 63121-1824

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11.2182

Amount of Each Receipt this Period
 _____ 3000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHIGAN SUGAR COMPANY GROWERS PAC

Mailing Address 2600 SOUTH EUCLID AVE

City BAY CITY State MI Zip Code 48706-3414

FEC ID number of contributing federal political committee. **C** C00384354

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

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

Transaction ID : SA11.2239

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES

Mailing Address 1600 DUKE ST

City ALEXANDRIA State VA Zip Code 22314-3466

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

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

Transaction ID : SA11.2241

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

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

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

_____ 6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOC. OF HEALTH UNDERWRITERS PAC-NAHU

Mailing Address 1212 NEW YORK AVE. NW

City WASHINGTON State DC Zip Code 20005-3987

FEC ID number of contributing federal political committee. **C C00283135**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2387

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL STONE, SAND AND GRAVEL ASSOC.-ROCKPAC

Mailing Address 1605 KING ST.

City ALEXANDRIA State VA Zip Code 22314-2726

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.2323

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONWIDE MUTUAL INSURANCE CO. PAC

Mailing Address ONE NATIONWIDE PLAZA

City COLUMBUS State OH Zip Code 43215-2226

FEC ID number of contributing federal political committee. **C C00076174**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11.2255

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
PETROLEUM MARKETERS ASSOC. OF AMERICA'S-SMALL BUSINESS CMTE

Mailing Address 1901 N. FORT MYER DR, STE 500

City ARLINGTON State VA Zip Code 22209-1609

FEC ID number of contributing federal political committee. **C** C00035204

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.2305

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REALTORS PAC-R.P.A.C.

Mailing Address 430 N MICHIGAN AVE.

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11.2155

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TENNESSEE BANKERS ASSOC. FEDERAL PAC

Mailing Address 211 ATHENS WAY, STE 100

City NASHVILLE State TN Zip Code 37228-1381

FEC ID number of contributing federal political committee. **C** C00114447

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2389

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

8000.00

**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 84 OF 130
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
THMCARE PAC

Mailing Address 52 WEST 8TH STREET

City PARSONS State TN Zip Code 38363-4656

FEC ID number of contributing federal political committee. **C C00484964**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11.2150

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNITED STATES BEET SUGAR ASSOC. PAC

Mailing Address 1156 15TH STREET NW, STE 1019

City WASHINGTON State DC Zip Code 20005-1754

FEC ID number of contributing federal political committee. **C C00063586**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11.2183

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WESTERN SUGAR COOPERATIVE PAC

Mailing Address 7555 E HAMPDEN AVE, STE 600

City DENVER State CO Zip Code 80231-4837

FEC ID number of contributing federal political committee. **C C00446674**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.2320

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2500.00

55850.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. RACHEL BARRETT			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 611 COMMERCE STREET STE 2927			Amount of Each Disbursement this Period 5000.00	
City NASHVILLE	State TN	Zip Code 37203	Transaction ID : SB17.1034	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. RACHEL BARRETT			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 611 COMMERCE STREET STE 2927			Amount of Each Disbursement this Period 386.37	
City NASHVILLE	State TN	Zip Code 37203	Transaction ID : SB17.1157	
Purpose of Disbursement TRAVEL- MILEAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. DUNCAN BRYANT			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 2330 QUAIL RIDGE			Amount of Each Disbursement this Period 833.33	
City ATHENS	State TN	Zip Code 37303	Transaction ID : SB17.1089	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional)	6219.70
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. JOHN HOLT EDWARDS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 5823 GARDEN OAK COVE		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.1077
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN HOLT EDWARDS		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 5823 GARDEN OAK COVE		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.1085
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MATT HERRIMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1650 CASON LN #311		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.1072
City MURFREESBORO State TN Zip Code 37128	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 130		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. MATT HERRIMAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1650 CASON LN #311		Amount of Each Disbursement this Period 2900.00 Transaction ID : SB17.1074
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MATT HERRIMAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1650 CASON LN #311		Amount of Each Disbursement this Period 822.08 Transaction ID : SB17.1159
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement TRAVEL- MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STEPHANIE JARNAGIN		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 200 11TH AVE NORTH APT 213		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.1073
City NASHVILLE	State TN	
Zip Code 37203	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8222.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 130			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. STEPHANIE JARNAGIN		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 200 11TH AVE NORTH APT 213		Amount of Each Disbursement this Period 4500.00
City NASHVILLE State TN Zip Code 37203	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.1075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STEPHANIE JARNAGIN		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 200 11TH AVE NORTH APT 213		Amount of Each Disbursement this Period 4500.00
City NASHVILLE State TN Zip Code 37203	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.1087
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JACOB LOVELL		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 178 BRAKEBELL ROAD		Amount of Each Disbursement this Period 1067.00
City KNOXVILLE State TN Zip Code 37924	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.1080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10067.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 130		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. JACOB LOVELL		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 178 BRAKEBELL ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.1083
City KNOXVILLE State TN Zip Code 37924	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LAWRENCE WILSON RICHARDSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1711 BRIGHTON DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.1079
City MURFREESBORO State TN Zip Code 37130	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LAWRENCE WILSON RICHARDSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 1911 BRIGHTON DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.1084
City MURFREESBORO State TN Zip Code 37130	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. MIKE ROBINSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 116 O'HARA LN		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.1076
City JACKSON State TN Zip Code 38305	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MIKE ROBINSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 116 O'HARA LN		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.1082
City JACKSON State TN Zip Code 38305	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMERON RUSH		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 301 RICHMOND HEIGHTS RD		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.1081
City BRISTOL State TN Zip Code 37620	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. CAMERON RUSH		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 301 RICHMOND HEIGHTS RD		Amount of Each Disbursement this Period 3000.00
City BRISTOL	State TN	
Zip Code 37620	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.1088
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MATTHEW RUSSELL		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 4638 BROWN LEAF DR		Amount of Each Disbursement this Period 3500.00
City OLD HICKORY	State TN	
Zip Code 37138	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.1078
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MATTHEW RUSSELL		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 4638 BROWN LEAF DR		Amount of Each Disbursement this Period 3500.00
City OLD HICKORY	State TN	
Zip Code 37138	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.1086
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. REID WITCHER		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 611 COMMERCE ST STE 2927		Amount of Each Disbursement this Period 105.26 Transaction ID : SB17.1158
City NASHVILLE State TN Zip Code 37203	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ABBOTTS PRINT SHOP INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 130 ABBOTT LANE		Amount of Each Disbursement this Period 546.80 Transaction ID : SB17.1101
City PARIS State TN Zip Code 38242	Purpose of Disbursement PRINTING	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ABBOTTS PRINT SHOP INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 130 ABBOTT LANE		Amount of Each Disbursement this Period 1092.50 Transaction ID : SB17.1103
City PARIS State TN Zip Code 38242	Purpose of Disbursement PRINTING	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1744.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 130			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. ABBOTTS PRINT SHOP INC			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 130 ABBOTT LANE			Amount of Each Disbursement this Period 482.75 Transaction ID : SB17.1104
City PARIS	State TN	Zip Code 38242	
Purpose of Disbursement PRINTING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. ABBOTTS PRINT SHOP INC			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 130 ABBOTT LANE			Amount of Each Disbursement this Period 810.50 Transaction ID : SB17.1106
City PARIS	State TN	Zip Code 38242	
Purpose of Disbursement PRINTING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. AIRNET GROUP INC			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address PO BOX 11181			Amount of Each Disbursement this Period 964.35 Transaction ID : SB17.1131
City CHATTANOOGA	State TN	Zip Code 37401	
Purpose of Disbursement TELEPHONE SERVICE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2257.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 130			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. BLACKMAN COMMUNITY CLUB			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014	
Mailing Address 4310 MANSON PIKE			Amount of Each Disbursement this Period 150.00	
City MURFREESBORO	State TN	Zip Code 37129	Transaction ID : SB17.1122	
Purpose of Disbursement REGISTRATION FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. BLACKMAN COMMUNITY CLUB			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 4310 MANSON PIKE			Amount of Each Disbursement this Period 640.00	
City MURFREESBORO	State TN	Zip Code 37129	Transaction ID : SB17.1127	
Purpose of Disbursement REGISTRATION FEE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. BOWMAN BROADCASTING/WDUC			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 401 WILSON AVE			Amount of Each Disbursement this Period 2640.00	
City TULLAHOMA	State TN	Zip Code 37388	Transaction ID : SB17.1043	
Purpose of Disbursement MEDIA		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3430.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. CLEVELAND DAILY BANNER		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 3600		Amount of Each Disbursement this Period 433.26
City CLEVELAND	State TN	
Zip Code 37320	Purpose of Disbursement MEDIA	Transaction ID : SB17.1051
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Transaction ID : SB17.1024
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Transaction ID : SB17.1025
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2029.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.1026
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. COMPLIANCE CONSULTING COMPANY OF VA LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1525.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.1005
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COMPLIANCE CONSULTING COMPANY OF VA LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1525.00
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.1006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3848.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 130		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. COMPLIANCE CONSULTING COMPANY OF VA LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1525.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.1007
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 5959 LAS COLINAS BLVD		Amount of Each Disbursement this Period 44.24
City IRVING	State TX	
Zip Code 75039	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1144
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 5959 LAS COLINAS BLVD		Amount of Each Disbursement this Period 5.37
City IRVING	State TX	
Zip Code 75039	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1145
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1574.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. EXXON MOBIL		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014
Mailing Address 5959 LAS COLINAS BLVD		Amount of Each Disbursement this Period 37.90
City IRVING	State TX Zip Code 75039	
Purpose of Disbursement TRAVEL	Category/Type	Transaction ID : SB17.1148
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 05 / 06 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 250.00
City ST PAUL	State MN Zip Code 55128	
Purpose of Disbursement TELEPHONE SERVICE	Category/Type	Transaction ID : SB17.1129
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 7300 HUDSON BLVD STE 270		Amount of Each Disbursement this Period 250.00
City ST PAUL	State MN Zip Code 55128	
Purpose of Disbursement TELEPHONE SERVICE	Category/Type	Transaction ID : SB17.1130
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	537.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. FOLEY & LARDNER LLP		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 3000 K STREET NW STE 600		Amount of Each Disbursement this Period 518.00
City WASHINGTON State DC Zip Code 20007	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name		Transaction ID : SB17.1035
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. HARRIS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 611 S CONGRESS AVE STE 400		Amount of Each Disbursement this Period 7785.45
City AUSTIN State TX Zip Code 78704	Purpose of Disbursement MEDIA	
Candidate Name		Transaction ID : SB17.1050
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ICONTACT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 2450 PERIMETER PARK DR STE 105		Amount of Each Disbursement this Period 92.50
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICE	
Candidate Name		Transaction ID : SB17.1160
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	8395.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. ICONTACT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2450 PERIMETER PARK DR STE 105		Amount of Each Disbursement this Period 92.50
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICE	
Candidate Name		Transaction ID : SB17.1161
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ICONTACT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2450 PERIMETER PARK DR STE 105		Amount of Each Disbursement this Period 92.50
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICE	
Candidate Name		Transaction ID : SB17.1162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JONES PROPERTIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 1015		Amount of Each Disbursement this Period 1000.00
City CLEVELAND State TN Zip Code 37364	Purpose of Disbursement RENT	
Candidate Name		Transaction ID : SB17.1128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. JOSLIN AND SONS SIGNS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO BOX 100994		Amount of Each Disbursement this Period 1092.50
City NASHVILLE State TN Zip Code 37224	Purpose of Disbursement PRINTING	
Candidate Name		Transaction ID : SB17.1105
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JOSLIN AND SONS SIGNS		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address PO BOX 100994		Amount of Each Disbursement this Period 1311.00
City NASHVILLE State TN Zip Code 37224	Purpose of Disbursement PRINTING	
Candidate Name		Transaction ID : SB17.1107
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JOYNER & HOGAN PRINTERS		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 600 MAIN ST PO BOX 60069		Amount of Each Disbursement this Period 496.00
City NASHVILLE State TN Zip Code 37206	Purpose of Disbursement PRINTING/POSTAGE	
Candidate Name		Transaction ID : SB17.1111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2899.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. JULIE'S BARTENDING SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 11000 HIGHWAY 99		Amount of Each Disbursement this Period 292.00 Transaction ID : SB17.1029
City ROCKVALE	State TN	
Zip Code 35153	Purpose of Disbursement FACILITY RENTAL/FOOD/BEVERAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LANE AGRI PARK OFFICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 315 JOHN R RICE BLVD STE 101		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.1027
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement FACILITY RENTAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. LANE AGRI PARK OFFICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 315 JOHN R RICE BLVD STE 101		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.1028
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement FACILITY RENTAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1142.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

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

Mailing Address 135 PROFESSIONAL DR STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
04 / 18 / 2014

Amount of Each Disbursement this Period: 6000.00

Transaction ID : SB17.1102

Category/Type

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

Mailing Address 135 PROFESSIONAL DR STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
05 / 02 / 2014

Amount of Each Disbursement this Period: 6350.00

Transaction ID : SB17.1108

Category/Type

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

Mailing Address 135 PROFESSIONAL DR STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
05 / 20 / 2014

Amount of Each Disbursement this Period: 7726.11

Transaction ID : SB17.1109

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 20076.11

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 135 PROFESSIONAL DR STE 104		Amount of Each Disbursement this Period 49623.87
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Disbursement PRINTING/POSTAGE	Category/Type	
Candidate Name	Transaction ID : SB17.1110	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 135 PROFESSIONAL DR STE 104		Amount of Each Disbursement this Period 28703.26
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Disbursement PRINTING/POSTAGE	Category/Type	
Candidate Name	Transaction ID : SB17.1112	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 135 PROFESSIONAL DR STE 104		Amount of Each Disbursement this Period 19966.63
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Disbursement PRINTING/POSTAGE	Category/Type	
Candidate Name	Transaction ID : SB17.1113	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	98293.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. MARSHALL COUNTY GOP

Full Name (Last, First, Middle Initial)
Mailing Address 1730 BEARD LN

City LEWISBURG State TN Zip Code 37091

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 02 / 2014

Amount of Each Disbursement this Period
400.00

Transaction ID : SB17.1116

Category/Type

B. MOUNT PLEASANT GRILL

Full Name (Last, First, Middle Initial)
Mailing Address 100 S MAIN STREET

City MT. PLEASANT State TN Zip Code 38474

Purpose of Disbursement
CATERING

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 16 / 2014

Amount of Each Disbursement this Period
646.25

Transaction ID : SB17.1004

Category/Type

C. ONMESSAGE INC

Full Name (Last, First, Middle Initial)
Mailing Address 705 MELVIN AVE #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
MEDIA

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 05 / 2014

Amount of Each Disbursement this Period
22037.00

Transaction ID : SB17.1044

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 23083.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. ONMESSAGE INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 705 MELVIN AVE #105		Amount of Each Disbursement this Period 6655.00
City ANNAPOLIS	State MD	
Zip Code 21401	Purpose of Disbursement MEDIA	Transaction ID : SB17.1047
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ONMESSAGE INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 705 MELVIN AVE #105		Amount of Each Disbursement this Period 33729.00
City ANNAPOLIS	State MD	
Zip Code 21401	Purpose of Disbursement MEDIA	Transaction ID : SB17.1048
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ONMESSAGE INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 705 MELVIN AVE #105		Amount of Each Disbursement this Period 20498.85
City ANNAPOLIS	State MD	
Zip Code 21401	Purpose of Disbursement MEDIA	Transaction ID : SB17.1049
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	60882.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. ONMESSAGE INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 705 MELVIN AVE #105		Amount of Each Disbursement this Period 33958.00
City ANNAPOLIS	State MD	
Zip Code 21401	Purpose of Disbursement MEDIA	Transaction ID : SB17.1054
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PANERA BREAD		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 3630 S GEYER RD #100		Amount of Each Disbursement this Period 65.50
City ST LOUIS	State MO	
Zip Code 63127	Purpose of Disbursement CATERING	Transaction ID : SB17.1003
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 4.30
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1008
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	34027.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 53.75
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1009
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 111.80
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1010
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 53.75
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1011
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	219.30
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 21.50
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1012
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 21.50
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1013
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 66.65
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1014
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	109.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 04 / 14 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 2.15
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1015
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 2.15
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1016
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement MM / DD / YYYY 04 / 21 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 8.60
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1017
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 2.15
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1018
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 2.15
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1019
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 4.30
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1020
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 4.30
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1021
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 43.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1022
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 21.50
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.1023
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	68.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. RACHEL BARRETT & COMPANY LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO BOX 331983		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.1030
City NASHVILLE	State TN	
Zip Code 37203	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RACHEL BARRETT & COMPANY LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO BOX 331983		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.1031
City NASHVILLE	State TN	
Zip Code 37203	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RACHEL BARRETT & COMPANY LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO BOX 331983		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.1032
City NASHVILLE	State TN	
Zip Code 37203	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. RACHEL BARRETT & COMPANY LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 331983		Amount of Each Disbursement this Period 109.13 Transaction ID : SB17.1033
City NASHVILLE	State TN	
Zip Code 37203	Purpose of Disbursement FOOD/BEVERAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RACHEL BARRETT & COMPANY LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO BOX 331983		Amount of Each Disbursement this Period 182.98 Transaction ID : SB17.1152
City NASHVILLE	State TN	
Zip Code 37203	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RHEA COUNTY RADIO		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address PO BOX 1235		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.1037
City DAYTON	State TN	
Zip Code 37321	Purpose of Disbursement MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	492.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial)
A. RHEA COUNTY RADIO

Mailing Address PO BOX 1235

City DAYTON State TN Zip Code 37321

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.1039

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

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 23 / 2014

Amount of Each Disbursement this Period: 513.00

Transaction ID : SB17.1132

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

Mailing Address 2702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 23 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.1133

SUBTOTAL of Disbursements This Page (optional) 2538.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 2702 LOVE FIELD DR.		Amount of Each Disbursement this Period 25.00
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1134
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 435.89
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.1057
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 104.77
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.1059
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	565.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 95.45
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.1061
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 1.64
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.1064
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 31.82
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.1065
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	128.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 500 STAPLES DR		Amount of Each Disbursement this Period 92.17
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.1070
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THORTONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 10101 LINN STATION RD		Amount of Each Disbursement this Period 34.35
City LOUISVILLE	State KY	
Zip Code 40223	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1143
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THORTONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 10101 LINN STATION RD		Amount of Each Disbursement this Period 37.64
City LOUISVILLE	State KY	
Zip Code 40223	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1149
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	164.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. THORTONS		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 10101 LINN STATION RD		Amount of Each Disbursement this Period 38.96 Transaction ID : SB17.1153
City LOUISVILLE State KY Zip Code 40223	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THORTONS		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 10101 LINN STATION RD		Amount of Each Disbursement this Period 36.31 Transaction ID : SB17.1154
City LOUISVILLE State KY Zip Code 40223	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THORTONS		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 10101 LINN STATION RD		Amount of Each Disbursement this Period 40.74 Transaction ID : SB17.1155
City LOUISVILLE State KY Zip Code 40223	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	116.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 182 HOWARD ST #8		Amount of Each Disbursement this Period 121.20
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1137
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 182 HOWARD ST #8		Amount of Each Disbursement this Period 9.56
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1138
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 182 HOWARD ST #8		Amount of Each Disbursement this Period 8.99
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1139
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	139.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 182 HOWARD ST #8		Amount of Each Disbursement this Period 86.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1140
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 182 HOWARD ST #8		Amount of Each Disbursement this Period 14.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1142
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 182 HOWARD ST #8		Amount of Each Disbursement this Period 17.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL	Transaction ID : SB17.1146
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	117.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 147.00
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1090
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 294.00
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1091
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 148.00
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1092
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	589.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 980.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1093
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 980.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1094
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 3185.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.1095
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 980.00
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1096
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 245.00
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1097
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 490.00
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.1098
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1715.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 490.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.1099
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 980.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.1100
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 85.34
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.1055
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1555.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 7 5 8 9 0 1 2 3 4 5 6 7 8 9 19.49
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Transaction ID : SB17.1056
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 7 5 8 9 0 1 2 3 4 5 6 7 8 9 26.60
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Transaction ID : SB17.1060
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 7 5 8 9 0 1 2 3 4 5 6 7 8 9 29.39
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Transaction ID : SB17.1063
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	75.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 130	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 32.89
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Transaction ID : SB17.1067
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WCLE		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 1860 EXECUTIVE PARK PL NW STE E		Amount of Each Disbursement this Period 2000.00
City CLEVELAND	State TN Zip Code 37312	
Purpose of Disbursement MEDIA	Candidate Name	Transaction ID : SB17.1046
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WGNS RADIO		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 306 S CHURCH ST		Amount of Each Disbursement this Period 2476.82
City MURFREESBORO	State TN Zip Code 37130	
Purpose of Disbursement MEDIA	Candidate Name	Transaction ID : SB17.1041
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4509.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 130			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. WKRM/WKOM RADIO		Date of Disbursement
Mailing Address 315 WEST 7TH STREET		M M / D D / Y Y Y Y 05 / 23 / 2014
City	State	Zip Code
COLUMBIA	TN	38401
Purpose of Disbursement MEDIA	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
	3999.00	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.1040	

Full Name (Last, First, Middle Initial) B. WUAT RADIO		Date of Disbursement
Mailing Address PO BOX 128		M M / D D / Y Y Y Y 05 / 31 / 2014
City	State	Zip Code
PIKEVILLE	TN	37367
Purpose of Disbursement MEDIA	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
	1000.00	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.1042	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4999.00
TOTAL This Period (last page this line number only).....	354148.46

**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 130 OF 130			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

Full Name (Last, First, Middle Initial) A. JULIAN B BAKER JR		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO BOX 101261		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.679
City NASHVILLE	State TN	
Zip Code 37224	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHARLES FARRER		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1122 BRINKLEY AVE		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.678
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RUBLE SANDERSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 415 CHURCH ST APT 405		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.680
City NASHVILLE	State TN	
Zip Code 37219	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	2250.00