

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))....	169461.00	1244945.67
(b) Total Contribution Refunds (from Line 20(d))	0.00	12050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	169461.00	1232895.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	103188.23	321934.64
(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)).....	103188.23	321934.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	910961.03	
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).....	121500.00	1021105.00
(ii) Unitemized.....	1965.00	60642.00
(iii) TOTAL of contributions from individuals ▶	123465.00	1081747.00
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	45996.00	148771.00
(d) The Candidate.....	0.00	13427.67
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	169461.00	1244945.67
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)..... ▶	169461.00	1244945.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	103188.23	321934.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	3500.00
(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)).....	0.00	12050.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	103188.23	333984.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	844688.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	169461.00
25. SUBTOTAL (add Line 23 and Line 24).....	1014149.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	103188.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	910961.03

**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 104
	<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)
DOUGLAS RAY ADAMS

Mailing Address **916 HILLCREST AVE**

City **COLUMBIA** State **TN** Zip Code **38401-2556**

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

Name of Employer **SELF-EMPLOYED** Occupation **STATE FARM AGENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11.2081

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DARRELL D. AKINS

Mailing Address **102 CREST POINTE LN.**

City **OAK RIDGE** State **TN** Zip Code **37830-3108**

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

Name of Employer **AKINS PUBLIC STRATEGIES** Occupation **BUSINESS 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
03 / 07 / 2014

Transaction ID : SA11.1913

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LESLIE N. AKINS

Mailing Address **1518 SHAGBARK TRAIL**

City **MURFREESBORO** State **TN** Zip Code **37130-1132**

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

Name of Employer **MURFREESBORO SURGICAL SPECIALISTS** Occupation **NURSE PRACTITIONER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11.2092

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

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

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

900.00

**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 104
	<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)
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

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

Transaction ID : SA11.2059

Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

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

Mailing Address 146 MAUPIN CIR.

City SHELBYVILLE State TN Zip Code 37160-3781

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

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.1944

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VICTOR H. ASHE

Mailing Address 3709 KINGSTON PIKE

City KNOXVILLE State TN Zip Code 37919-4605

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

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11.1889

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

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

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

6350.00

**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 104
	<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)
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** Occupation **NURSE PRACTITIONER**

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 / 19 / 2014

Transaction ID : SA11.1894

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS O. BAGLEY

Mailing Address **1004 LEWISBURG HWY.**

City **FAYETTEVILLE** State **TN** Zip Code **37334-2202**

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

Name of Employer **BAGLEY AND BAGLEY** Occupation **PRINCIPLE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.2025

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **PO BOX 52206**

City **KNOXVILLE** State **TN** Zip Code **37950-2206**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

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 / 12 / 2014

Transaction ID : SA11.1947

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2250.00

**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 104
	<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)
STEVE BAILEY

Mailing Address **PO BOX 52206**

City **KNOXVILLE** State **TN** Zip Code **37950-2206**

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

Name of Employer **VOLUNTEER LUMBER** 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
03 / 12 / 2014

Transaction ID : SA11.1946

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANNE F. BATEY

Mailing Address **2802 E MAIN STREET**

City **MURFREESBORO** State **TN** Zip Code **37127-4155**

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
2350.00

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

Transaction ID : SA11.2015

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAREK BRANDON BELL

Mailing Address **6008 HILLSBORO PIKE**

City **NASHVILLE** State **TN** Zip Code **37215-5004**

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

Name of Employer **BELL CONSTRUCTION** Occupation **CONSTRUCTION**

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 / 21 / 2014

Transaction ID : SA11.2097

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 104
	<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)
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
250.00

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

Transaction ID : SA11.2079

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY F. BINKLEY

Mailing Address 909 W 7TH ST

City COLUMBIA State TN Zip Code 38401-3055

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

Name of Employer MAURY REGIONAL MEDICAL CENTER Occupation PHARMICIST

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
 02 / 27 / 2014

Transaction ID : SA11.1906

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SIDNEY A. BLALOCK

Mailing Address 10824 WESTLAND DR

City KNOXVILLE State TN Zip Code 37922-5505

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

Name of Employer CHARLES BLALOCK & SONS 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
 02 / 21 / 2014

Transaction ID : SA11.1897

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 10 OF 104
	<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)
JONELDA BLALOCK

Mailing Address 10824 WESTLAND DR

City KNOXVILLE State TN Zip Code 37922-5505

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.1958

Amount of Each Receipt this Period
900.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
SIDNEY A. BLALOCK

Mailing Address 10824 WESTLAND DR

City KNOXVILLE State TN Zip Code 37922-5505

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

Name of Employer **CHARLES BLALOCK & SONS** 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
 03 / 21 / 2014

Transaction ID : SA11.1897B

Amount of Each Receipt this Period
-900.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
RANDAL D. BOYD

Mailing Address 2704 ALLEE DE PAILLON

City KNOXVILLE State TN Zip Code 37922-6560

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

Name of Employer **RADIO SYTEMS CORP.** Occupation **CEO**

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 / 07 / 2014

Transaction ID : SA11.1921

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 11 OF 104
	<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)
CYNTHIA W. BUTTRY

Mailing Address 6404 RIDGEWALK LN

City KNOXVILLE State TN Zip Code 37931-1867

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.1930

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1800 MT. VERNON DR. NW

City CLEVELAND State TN Zip Code 37311-3500

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

Name of Employer EASY AUTO Occupation MANAGER

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 / 24 / 2014

Transaction ID : SA11.1985

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 3264 CHESTNUT CIR.

City CLEVELAND State TN Zip Code 37312-2113

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

Name of Employer EASY AUTO Occupation 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
 03 / 04 / 2014

Transaction ID : SA11.2083

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

**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 104
	<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)
ALLEN F. CARTER

Mailing Address **PO BOX 809**

City **ATHENS** State **TN** Zip Code **37371-0809**

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

Name of Employer **ATHENS INSURANCE** 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
03 / 28 / 2014

Transaction ID : SA11.2028

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **109 HULAN STREET**

City **SHELBYVILLE** State **TN** Zip Code **37160-2232**

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
1000.00

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

Transaction ID : SA11.2077

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KEN 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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11.1890

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 104
	<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 P. CONROY JR.

Mailing Address 1015 SCENIC HWY.

City State Zip Code
LOOKOUT MOUNTAIN GA 30750-3133

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

Name of Employer Occupation
JAT OIL, INC. BUSINESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.1987

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAN S. COOKE

Mailing Address 346 MARINA HILLS CIR. NW

City State Zip Code
CHARLESTON TN 37310-5223

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

Name of Employer Occupation
COOKE'S FOOD STORES 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
03 / 28 / 2014

Transaction ID : SA11.2026

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. PAMELA J. COOPER

Mailing Address P.O. BOX 693

City State Zip Code
SHELBYVILLE TN 37162-0693

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11.1969

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 14 OF 104
	<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)
WAYNE DAMRON

Mailing Address **2364 LEWISBURG HWY.**

City **FAYETTEVILLE** State **TN** Zip Code **37334-6473**

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

Name of Employer **CARDER'S DRUG STORE** Occupation **PHARMACIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.1919

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARTIN BRYAN DANIEL

Mailing Address **1834 DUNCAN WOODS LN.**

City **KNOXVILLE** State **TN** Zip Code **37919-9150**

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

Name of Employer **ELEVATION OUTDOOR ADVERTISING** Occupation **ATTORNEY/BUSINESS 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
02 / 19 / 2014

Transaction ID : SA11.1891

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **58 W MAIN**

City **ALAMO** State **TN** Zip Code **38001-1614**

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

Name of Employer **STATE FARM** Occupation **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
02 / 27 / 2014

Transaction ID : SA11.1879

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 15 OF 104
	<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)
RANDAL L. DELBRIDGE

Mailing Address 4935 FERRELL HOLLOW RD.

City: READYVILLE State: TN Zip Code: 37149-4886

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

Name of Employer: STATE OF TENNESSEE Occupation: FACILITIES CONSTRUCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 28 / 2014

Transaction ID : SA11.1993

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 401 BASCOM RD

City: JACKSON State: TN Zip Code: 38305-9715

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

Name of Employer: DELTA CONTRACTING Occupation: INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11.2038B

Amount of Each Receipt this Period: -2400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION TO GENERAL

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

Mailing Address 401 BASCOM RD

City: JACKSON State: TN Zip Code: 38305-9715

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

Name of Employer: DELTA CONTRACTING Occupation: INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11.2039

Amount of Each Receipt this Period: 2400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) 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 16 OF 104
	<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)
G. ALAN DEMENT

Mailing Address 401 BASCOM RD.

City JACKSON State TN Zip Code 38305-9715

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

Name of Employer DEMENT CONSTRUCTION Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.2017

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

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

Mailing Address 401 BASCOM RD.

City JACKSON State TN Zip Code 38305-9715

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

Name of Employer DEMENT CONSTRUCTION Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.2017B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION TO GENERAL

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

Mailing Address 401 BASCOM RD.

City JACKSON State TN Zip Code 38305-9715

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

Name of Employer DEMENT CONSTRUCTION Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.2036

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) SEE REATTRIBUTION

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

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

5000.00

**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 104
	<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)
G. ALAN DEMENT

Mailing Address 401 BASCOM RD.

City JACKSON State TN Zip Code 38305-9715

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

Name of Employer DEMENT CONSTRUCTION Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.2037

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

Mailing Address 401 BASCOM RD

City JACKSON State TN Zip Code 38305-9715

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

Name of Employer DELTA CONTRACTING Occupation INFORMATION REQUESTED PER BEST EFF

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
 03 / 31 / 2014

Transaction ID : SA11.2038

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

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

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

Mailing Address 401 BASCOM RD.

City JACKSON State TN Zip Code 38305-9715

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

Name of Employer DEMENT CONSTRUCTION Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.2036B

Amount of Each Receipt this Period
-2400.00

CONTRIBUTION

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

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 104
	<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)
KATHERINE A. DEMENT

Mailing Address 4440 BELLS HWY.

City JACKSON State TN Zip Code 38305-7346

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

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

Transaction ID : SA11.2019

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

Mailing Address 4440 BELLS HWY.

City JACKSON State TN Zip Code 38305-7346

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

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

Transaction ID : SA11.2019B

Amount of Each Receipt this Period
-2500.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 4440 BELLS HWY.

City JACKSON State TN Zip Code 38305-7346

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

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

Transaction ID : SA11.2034

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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 19 OF 104
	<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. W. G. DEMENT

Mailing Address 1657 OLD HUMBOLDT RD.

City HUMBOLDT State TN Zip Code 38343-8411

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
5200.00

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

Transaction ID : SA11.2016

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)
MR. W. G. DEMENT

Mailing Address 1657 OLD HUMBOLDT RD.

City HUMBOLDT State TN Zip Code 38343-8411

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
5200.00

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

Transaction ID : SA11.2016B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. W. G. DEMENT

Mailing Address 1657 OLD HUMBOLDT RD.

City HUMBOLDT State TN Zip Code 38343-8411

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
5200.00

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

Transaction ID : SA11.2040

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) SEE REATTRIBUTION

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

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

5000.00

**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 104
	<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. W. G. DEMENT

Mailing Address 1657 OLD HUMBOLDT RD.

City HUMBOLDT State TN Zip Code 38343-8411

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 5200.00

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

Transaction ID : SA11.2041

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

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
 03 / 31 / 2014

Transaction ID : SA11.2042

Amount of Each Receipt this Period
 2400.00

CONTRIBUTION

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

C. Full Name (Last, First, Middle Initial)
MR. W. G. DEMENT

Mailing Address 1657 OLD HUMBOLDT RD.

City HUMBOLDT State TN Zip Code 38343-8411

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 5200.00

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

Transaction ID : SA11.2040B

Amount of Each Receipt this Period
 -2400.00

CONTRIBUTION

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

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 104
	<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) WILLIAM D. DEMENT		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2014
Mailing Address 4440 BELLS HWY		Transaction ID : SA11.2018
City JACKSON	State TN Zip Code 38305-7346	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer DEMENT CONSTRUCTION	Occupation CEO	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5100.00	

Full Name (Last, First, Middle Initial) WILLIAM D. DEMENT		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 4440 BELLS HWY		Transaction ID : SA11.2018B
City JACKSON	State TN Zip Code 38305-7346	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period -2500.00
Name of Employer DEMENT CONSTRUCTION	Occupation CEO	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5100.00	[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) WILLIAM D. DEMENT		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 4440 BELLS HWY		Transaction ID : SA11.2035
City JACKSON	State TN Zip Code 38305-7346	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer DEMENT CONSTRUCTION	Occupation CEO	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5100.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 22 OF 104
	<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: 2000.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11.1983

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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: 450.00

Date of Receipt: 03 / 28 / 2014

Transaction ID : SA11.1999

Amount of Each Receipt this Period: 200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEVEN REID DICKERSON

Mailing Address 93 VICTORIA PARK

City: NASHVILLE State: TN Zip Code: 37205-5007

FEC ID number of contributing federal political committee: C

Name of Employer: ANESTHESIA SERVICES ASSOCIATES Occupation: ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11.2109

Amount of Each Receipt this Period: 1000.00

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 23 OF 104
	<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 L. ELLIS

Mailing Address 700 ORCHARD DR.

City State Zip Code
FAYETTEVILLE TN 37334-2245

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
750.00

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

Transaction ID : SA11.1982

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TERESA L. ERWIN

Mailing Address 1009 ROSEMONT TERRACE

City State Zip Code
SMYRNA TN 37167-6254

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
1000.00

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

Transaction ID : SA11.2119

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DEBBIE P. FORD

Mailing Address 164 QUAIL HOLLOW

City State Zip Code
DYERSBURG TN 38024-7414

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.2053

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: PAGE 24 OF 104
(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)
JOHN H. FORD

Mailing Address 164 QUAIL HOLLOW DR.

City State Zip Code
DYERSBURG TN 38024-7414

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

Name of Employer Occupation
FORD CONSTRUCTION CONTRACTOR

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
 03 / 31 / 2014

Transaction ID : SA11.2044

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address PO BOX 585

City State Zip Code
DYERSBURG TN 38025-0585

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

Name of Employer Occupation
CHOCTOW, INC CONTRACTOR

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 : SA11.2055

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ELIZABETH HARRIS FOSS

Mailing Address 3014 NEW NATCHEZ TRACE

City State Zip Code
NASHVILLE TN 37215-1114

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

Name of Employer Occupation
SOUTHEAST FINANCIAL CREDIT UNION GENERAL COUNSEL

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
 02 / 27 / 2014

Transaction ID : SA11.1884

Amount of Each Receipt this Period
 500.00
 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 25 OF 104
	<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) BRUCE D. FOX		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 310 N MAIN ST		Transaction ID : SA11.1904
City CLINTON	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer FOX AND FARLEY	Occupation ATTORNEY	CONTRIBUTION
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) CINDY W. FREEMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 167 EAGLE CREEK RD. NW		Transaction ID : SA11.2052
City CLEVELAND	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WRIGHT BROTHERS CONSTRUCTION	Occupation VICE PRESIDENT	CONTRIBUTION
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) DR. WILLIAM H. FRIST		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2908 POSTON AVE.		Transaction ID : SA11.1990
City NASHVILLE	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer CRESSEY AND COMPANY	Occupation PARTNER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	6200.00
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 26 OF 104
	<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. WILLIAM H. FRIST

Mailing Address 2908 POSTON AVE.

City: NASHVILLE State: TN Zip Code: 37203-1312

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

Name of Employer: CRESSEY AND COMPANY Occupation: PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11.1990B

Amount of Each Receipt this Period: -2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
DR. WILLIAM H. FRIST

Mailing Address 2908 POSTON AVE.

City: NASHVILLE State: TN Zip Code: 37203-1312

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

Name of Employer: CRESSEY AND COMPANY Occupation: PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11.1992

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 164 COTTONWOOD RD

City: FRANKLIN State: TN Zip Code: 37069

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: 350.00

Date of Receipt: 01 / 16 / 2014

Transaction ID : SA11.2126

Amount of Each Receipt this Period: 350.00

CONTRIBUTION

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

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

350.00

**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 104
	<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)
JEANNETTE GAW

Mailing Address 2199 GARRISON RD.

City: COOKEVILLE State: TN Zip Code: 38501-9326

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11.2120

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 2199 GARRISON RD.

City: COOKEVILLE State: TN Zip Code: 38501-9326

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

Name of Employer: **SELF-EMPLOYED** Occupation: **CONSTRUCTION**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11.2111

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY A. GOLDEN

Mailing Address 101 MOLLOY ST.

City: MCMINNIVILLE State: TN Zip Code: 37110-1859

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: 500.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11.1976

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

2250.00

**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 104
	<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)
TIM GRAHAM

Mailing Address **PO BOX 12489**

City **KNOXVILLE** State **TN** Zip Code **37912-0489**

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

Name of Employer **GRAHAM CORP.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.1938

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 **3000.00**

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

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

Mailing Address **283 MIMOSA RD.**

City **FAYETTEVILLE** State **TN** Zip Code **37334-7137**

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

Name of Employer **LINCOLN PAVING, LLC** Occupation **PARTNER**

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 / 24 / 2014

Transaction ID : SA11.1981

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2250.00

**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 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
JOYCE GROCE

Mailing Address 28 POSSUM HOLLOW RD.

City FAYETTEVILLE State TN Zip Code 37334-7148

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

Name of Employer LINCOLN PAVING, LLC Occupation PAVING CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.1989

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

Transaction ID : SA11.2099

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

Mailing Address 1155 SCENIC DR.

City KNOXVILLE State TN Zip Code 37919-7643

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

Name of Employer EAGLE DISTRIBUTING CO. Occupation BEER WHOLESALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.1925

Amount of Each Receipt this Period
 1000.00

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 30 OF 104
	<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. JIMMY HARRIS

Mailing Address 428 WILEY PARKER RD

City JACKSON State TN Zip Code 38305-2225

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

Name of Employer MADISON COUNTY Occupation MAYOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11.1892

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES A. HASLAM II

Mailing Address PO BOX 10146

City KNOXVILLE State TN Zip Code 37939-0146

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

Name of Employer PILOT OIL Occupation CHAIRMAN

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 / 21 / 2014

Transaction ID : SA11.1900

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATALIE L. HASLAM

Mailing Address PO BOX 10146

City KNOXVILLE State TN Zip Code 37939-0146

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

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 / 21 / 2014

Transaction ID : SA11.1899

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2250.00

**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 104
	<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)
JACK RUSH HICKS

Mailing Address 3415 MEADOWCREST DRIVE

City State Zip Code
MURFREESBORO TN 37129-0836

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

Name of Employer Occupation
BELMONT UNIVERSITY PROFESSOR/ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11.2085

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEVEN L. HICKS

Mailing Address 4110 TOWANDA TRL.

City State Zip Code
KNOXVILLE TN 37919-6610

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

Name of Employer Occupation
CADRE5, LLC SMALL BUSINESS 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
 03 / 07 / 2014

Transaction ID : SA11.1926

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 3205 GOSHEN RD.

City State Zip Code
SANTA FE TN 38482-3362

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11.2033

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
DAVID C. HOGUE

Mailing Address 9000 ARDEN MEADOWS DR.

City State Zip Code
GERMANTOWN TN 38139-5702

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

Name of Employer Occupation
CBS OUTDOOR OUTDOOR ADVERTISING

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 / 28 / 2014

Transaction ID : SA11.1994

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN W. HOLDEN JR.

Mailing Address PO BOX 1055

City State Zip Code
CLEVELAND TN 37364-1055

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

Name of Employer Occupation
PIONEER CREDIT COMPANY CHAIRMAN/CEO

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 : SA11.1882

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM A. HOTZ

Mailing Address 1705 COVE CREEK LN

City State Zip Code
KNOXVILLE TN 37919-8603

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

Name of Employer Occupation
BILL HOTZ & ASSOCIATES TRIAL LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11.1903

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 33 OF 104
	<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. DALE R. HUGHES

Mailing Address 507 STAFFORD AVE. NW

City State Zip Code
CLEVELAND TN 37312-4283

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

Name of Employer Occupation
CITY OF CLEVELAND COUNCILMAN

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 / 28 / 2014

Transaction ID : SA11.2029

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1331 WHITE DR

City State Zip Code
LEWISBURG TN 37091-3634

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11.1893

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN T. JOHNSON

Mailing Address 454 SUGARWOOD DR.

City State Zip Code
KNOXVILLE TN 37934-6645

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

Name of Employer Occupation
KRAMER RAYSON 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
 03 / 07 / 2014

Transaction ID : SA11.1934

Amount of Each Receipt this Period
 500.00
 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: PAGE 34 OF 104
(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)
SHAWN JOHNSON

Mailing Address 1943 TURFLAND DR

City MURFREESBORO State TN Zip Code 37127-5979

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11.1878

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS D. JOHNSON

Mailing Address 502 ANATOLE LN.

City CLEVELAND State TN Zip Code 37312-8240

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

Name of Employer HEALTH SERVICES MGMT. GROUP Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.2010

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. VIRGIL E. JOHNSON

Mailing Address 214 DALE AVE.

City SHELBYVILLE State TN Zip Code 37160-4903

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.1995

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 35 OF 104
	<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)
DALE R. KELLEY

Mailing Address 414 KNOX ST.

City HUNTINGDON State TN Zip Code 38344-3010

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

Name of Employer ATHLETIC DIRECTOR Occupation MAYOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.1996

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN K. KING

Mailing Address PO BOX 2425

City KNOXVILLE State TN Zip Code 37901-2425

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

Name of Employer LEWIS, THOMASON, KING, KRIEQ & WALDR 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
 03 / 12 / 2014

Transaction ID : SA11.1950

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 12227 S FOX DEN DR.

City KNOXVILLE State TN Zip Code 37934-3729

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

Name of Employer CE2/ LAINE COMMUNICATIONS 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
 03 / 07 / 2014

Transaction ID : SA11.1920

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 36 OF 104
(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)
RONALD SANDERS LIGON JR.

Mailing Address 6871 ARNO ALLISONA RD.

City State Zip Code
COLLEGE GROVE TN 37046-9216

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

Name of Employer Occupation
TARKINGTON AND HARWELL COMPANY COMMERCIAL REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.2100

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 607 MARKET ST, STE 900

City State Zip Code
KNOXVILLE TN 37902-2226

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

Name of Employer Occupation
LONDON & AMBURN, PC LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.1941

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
G. MARK MAMANTOV

Mailing Address 1215 GREAT OAKS WAY

City State Zip Code
KNOXVILLE TN 37909-3729

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

Name of Employer Occupation
BEV, BERRY & SIMS, PLC 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
 03 / 07 / 2014

Transaction ID : SA11.1942

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 37 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT A. MCCABE JR.

Mailing Address 4418 HOEBURT PL

City State Zip Code
NASHVILLE TN 37215

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

Name of Employer Occupation
PINNACLE FINANCIAL PARTNERS CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

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

Transaction ID : SA11.2116

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BETTE W. MCFARLAND

Mailing Address 2906 PARSONS CT.

City State Zip Code
MURFREESBORO TN 37129-5299

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

Name of Employer Occupation
PROVIDENCE CHRISTIAN ACADEMY DEVELOPMENT DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.1952

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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
 03 / 28 / 2014

Transaction ID : SA11.2005

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

5750.00

**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 104
	<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)
MIKE MCKEE

Mailing Address P.O. BOX 2198

City State Zip Code
COLLEGEDALE TN 37315-2198

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

Name of Employer Occupation
MCKEE FOODS CORPORATION SELF-EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11.1880

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

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

Mailing Address P.O. BOX 2198

City State Zip Code
COLLEGEDALE TN 37315-2198

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

Name of Employer Occupation
MCKEE FOODS CORPORATION SELF-EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11.2001

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address PO BOX 1144

City State Zip Code
COLLEGEDALE TN 37315-1144

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

Name of Employer Occupation
MCKEE FOOD CORP. SENIOR VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11.1881

Amount of Each Receipt this Period
750.00

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 39 OF 104
	<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)
LAMAR MCKENZIE

Mailing Address 135 ANATOLE LN NW

City State Zip Code
CLEVELAND TN 37312-4241

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE & FINANCIAL SERVICES 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
01 / 18 / 2014

Transaction ID : SA11.1911

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DON MCLEARY

Mailing Address 125 ED SMITH RD.

City State Zip Code
HUMBOLDT TN 38343-8127

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
650.00

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

Transaction ID : SA11.1978

Amount of Each Receipt this Period
150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. WARREN F. MCPHERSON M.D.

Mailing Address 1727 SHAGBARK TRL.

City State Zip Code
MURFREESBORO TN 37130-1136

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
2500.00

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

Transaction ID : SA11.2045

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1650.00

**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 104
	<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)
DEBBIE L. MELTON

Mailing Address 420 BELL CREST DR. NW

City State Zip Code
CLEVELAND TN 37312-4139

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

Name of Employer Occupation
DON FORD AUTOMOTIVE CENTER AUTO DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.1986

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DON C. MIDGETT

Mailing Address 307 HAMPTON RD.

City State Zip Code
TULLAHOMA TN 37388-3059

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.1949

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 7350 S WAKEFIELD

City State Zip Code
REEDLEY CA 93654-9405

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

Name of Employer Occupation
KENCAROL INC FARM MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11.1885

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

EARMARKED BY CONCERNED WOMENS PAC

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: PAGE 41 OF 104
(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)
CHAD MILLS
 Mailing Address 2994 S CHURCH ST
 City State Zip Code
 MURFREESBORO TN 37127-8351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MILLS FAMILY PHARMACY PHARMACIST
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014
Transaction ID : SA11.1912
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOE S. MOORE
 Mailing Address 2401 N OCOEE STREET
 City State Zip Code
 CLEVELAND TN 37311-3853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDICAL CENTER PHARMACY PHARMACIST/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
 03 / 19 / 2014
Transaction ID : SA11.1972
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MATT B. MURFREE III
 Mailing Address 805 S. CHURCH ST, STE 21
 City State Zip Code
 MURFREESBORO TN 37130-5295
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED ATTORNEY
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014
Transaction ID : SA11.2046
 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 42 OF 104
	<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)
SCOTT M. NISWONGER

Mailing Address **PO BOX 938**

City **GREENEVILLE** State **TN** Zip Code **37744-0938**

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

Name of Employer **NISWONGER FOUNDATION** Occupation **PRESIDENT**

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
12 / 03 / 2013

Transaction ID : SA11.1671

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address **PO BOX 938**

City **GREENEVILLE** State **TN** Zip Code **37744-0938**

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

Name of Employer **NISWONGER FOUNDATION** Occupation **SECRETARY**

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
02 / 01 / 2014

Transaction ID : SA11.1962

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
SCOTT M. NISWONGER

Mailing Address **PO BOX 938**

City **GREENEVILLE** State **TN** Zip Code **37744-0938**

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

Name of Employer **NISWONGER FOUNDATION** Occupation **PRESIDENT**

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
02 / 01 / 2014

Transaction ID : SA11.1963

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 104
	<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)
RICHARD SETH NOVACK

Mailing Address **440 BIRCHAM WAY**

City **ROSWELL** State **GA** Zip Code **30075-6607**

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

Name of Employer **CIGNA** Occupation **INSURANCE EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11.2091

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **8119 ISABELLA LN, STE 105**

City **BRENTWOOD** State **TN** Zip Code **37027-8174**

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

Name of Employer **BOB PARKS REALTY** Occupation **OWNER AND CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.1935

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **4433 BETTY FORD ROAD**

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 16 / 2014

Transaction ID : SA11.2086

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: PAGE 44 OF 104
(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)
GEORGE PHILLIPS

Mailing Address 211 WOODLAKE DR.

City State Zip Code
GALLATIN TN 37066-4421

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

Name of Employer Occupation
BONE, MCALLESTER, NORTON, PLLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.1951

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FORREST L. PRESTON

Mailing Address P.O. BOX 3480

City State Zip Code
CLEVELAND TN 37320-3480

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

Name of Employer Occupation
CENTERS OF AMERICA NURSING 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
 03 / 24 / 2014

Transaction ID : SA11.1988

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TIMOTHY A. PRIEST

Mailing Address 809 ANDOVER BLVD.

City State Zip Code
KNOXVILLE TN 37934-1533

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

Name of Employer Occupation
SELF 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
 03 / 07 / 2014

Transaction ID : SA11.1932

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2250.00

**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 104
	<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)
ANDREW C. RAMBO

Mailing Address **PO BOX 129**

City **SHELBYVILLE** State **TN** Zip Code **37162-0129**

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 **1000.00**

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

Transaction ID : SA11.2115

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RONALD L. RAMSEY

Mailing Address **3311 HIGHWAY 126**

City **BLOUNTVILLE** State **TN** Zip Code **37617-4522**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **STATE SENATOR**

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
03 / 31 / 2014

Transaction ID : SA11.2118

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 4089**

City **MURFREESBORO** State **TN** Zip Code **37129-4089**

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

Name of Employer **REEVES-SAIN PHARMACY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11.1966

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).....

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 46 OF 104
	<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)
JOAN REEVES

Mailing Address P.O. BOX 4089

City MURFREESBORO State TN Zip Code 37129-4089

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1900.00

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

Transaction ID : SA11.1973

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

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

Mailing Address P.O. BOX 4089

City MURFREESBORO State TN Zip Code 37129-4089

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

Name of Employer REEVES-SAIN PHARMACY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11.1966B

Amount of Each Receipt this Period
 -1000.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
SAMUEL JASON REITBERGER

Mailing Address 3306 LABYRINTH RD.

City BALTIMORE State MD Zip Code 21215-1730

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

Name of Employer QUEST MANAGEMENT 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
 03 / 07 / 2014

Transaction ID : SA11.1936

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 47 OF 104
	<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. CHARLES W. ROBERTS

Mailing Address 826 REGAL DR.

City MURFREESBORO State TN Zip Code 37129-5238

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 **350.00**

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

Transaction ID : SA11.1979

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN R. ROBERTS

Mailing Address 2747 HILLSBORO BLVD

City MANCHESTER State TN Zip Code 37355-6540

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

Name of Employer SELF-EMPLOYED Occupation AUTODEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11.2102

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address 171 TRENTON HWY

City MILAN State TN Zip Code 38358-6628

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

Name of Employer MILAN EXPRESS Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 20 / 2013

Transaction ID : SA11.1770

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).....

600.00

**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 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

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

Mailing Address 171 TRENTON HWY

City MILAN State TN Zip Code 38358-6628

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

Name of Employer MILAN EXPRESS Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11.1770B

Amount of Each Receipt this Period
 -400.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 171 TRENTON HWY

City MILAN State TN Zip Code 38358-6628

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

Name of Employer MILAN EXPRESS Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11.1852

Amount of Each Receipt this Period
 400.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
MRS. SANDRA M. ROWLAND

Mailing Address 3930 AZALEA DR. NW

City CLEVELAND State TN Zip Code 37312-3910

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

Name of Employer LAWSON & ASSOCIATES Occupation MARKETING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

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

Transaction ID : SA11.2009

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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 49 OF 104
	<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)
MONICA D. SKELTON

Mailing Address 105 BLANTONWOOD DR

City TULLAHOMA State TN Zip Code 37388-5804

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11.1898

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BLAKE JULIAN SMITH

Mailing Address 412 GOLDEN BEAR CT, STE B

City MURFREESBORO State TN Zip Code 37128-5515

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

Name of Employer SMITH DESIGN/ BUILD CORP. INC. Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

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

Transaction ID : SA11.2048

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address 1816 OLD NATCHEZ TRACE

City FRANKLIN State TN Zip Code 37069-4785

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
03 / 30 / 2014

Transaction ID : SA11.2103

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 50 OF 104
	<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)
LUCILE F. SORRELLS

Mailing Address 238 HAPPY VALLEY RD.

City State Zip Code
BELL BUCKLE TN 37020-4319

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
500.00

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

Transaction ID : SA11.1980

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HARRY WES STOWERS JR.

Mailing Address 8733 INLET DR

City State Zip Code
KNOXVILLE TN 37922-6459

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

Name of Employer Occupation
STOWES MACHINERY COPORATION EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11.2125

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
ELIZABETH S. STOWERS

Mailing Address 8733 INLET DR

City State Zip Code
KNOXVILLE TN 37922-6459

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

Name of Employer Occupation
STOWERS MACHINERY OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2014

Transaction ID : SA11.2133

Amount of Each Receipt this Period
2400.00
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).....

5250.00

**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 104
	<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)
HARRY WES STOWERS JR.

Mailing Address 8733 INLET DR

City KNOXVILLE State TN Zip Code 37922-6459

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

Name of Employer STOWES MACHINERY COPORATION Occupation EXECUTIVE

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 / 01 / 2014

Transaction ID : SA11.2125B

Amount of Each Receipt this Period
 -2400.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

B. Full Name (Last, First, Middle Initial)
ROSS H. TARVER

Mailing Address 598 JENKINS RD. NE

City CLEVELAND State TN Zip Code 37312-6636

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

Name of Employer TARVER DISTRIBUTING CO. INC Occupation BEER WHOLESALER

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
 03 / 28 / 2014

Transaction ID : SA11.1998

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DOROTHY TAYLOR

Mailing Address 1434 AUXBURY PL.

City MURFREESBORO State TN Zip Code 37129-1772

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 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.1915

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

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

600.00

**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 52 OF 104
	<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)
SCOTT TAYLOR

Mailing Address 2190 JOY ST. NE

City State Zip Code
CLEVELAND TN 37311-1457

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

Name of Employer Occupation
BANK OF CLEVELAND BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.1984

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BARRY L. THACKER

Mailing Address 812 EMBARCADERO RD.

City State Zip Code
KNOXVILLE TN 37923-1932

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

Name of Employer Occupation
GEO/ENVIRONMENTAL ASSOCIATES ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.1914

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. TIMOTHY L. TUCKER

Mailing Address 553 TARA LN

City State Zip Code
HINTINGDON TN 38344-1705

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

Name of Employer Occupation
CITY DRUG COMPANY PHARMICIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11.1907

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 53 OF 104
	<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) SUSAN B. VANDYKE		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 1727 KINGSBURY DR		Transaction ID : SA11.1901
City NSAHVILLE	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HOWELL AND FISHER	Occupation ATTORNEY	CONTRIBUTION
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) MIKE VINSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4103 JENSOME LANE		Transaction ID : SA11.2078
City FRANKLIN	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TENNESSEE MUNICIPAL ELECTRIC POWER	Occupation EXECUTIVE DIRECTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

Full Name (Last, First, Middle Initial) MICHAEL S. WALDEN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 248 WEST BROW RD.		Transaction ID : SA11.2123
City LOOKOUT MOUNTAIN	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer WALDEN SECURITY	Occupation OWNER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
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 54 OF 104
	<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)
WILLIAM WALKER

Mailing Address 1002 GILLS CHAPEL RD

City State Zip Code
LEWISBERG TN 37091

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11.2128

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RONALD A. WATKINS

Mailing Address 7812 BADGETT DR.

City State Zip Code
KNOXVILLE TN 37919-9003

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

Name of Employer Occupation
PARTNERS DEVELOPMENT REAL ESTATE DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.1939

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1769 MAYFLOWER DRIVE

City State Zip Code
COLUMBIA TN 38401-5190

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

Name of Employer Occupation
MAURY REGIONAL MEDICAL CENTER CEO

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
 03 / 19 / 2014

Transaction ID : SA11.2093

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 104
	<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)
CHRIS WHITE

Mailing Address 1729 FAIRFIELD PIKE

City State Zip Code
SHELBYVILLE TN 37160-5304

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

Name of Employer Occupation
CITY OF SHELBYVILLE ZONING DIRECTOR

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 / 31 / 2014

Transaction ID : SA11.2058

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

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

Mailing Address 9000 LEGENDS LAKE LN.

City State Zip Code
KNOXVILLE TN 37922-5258

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

Name of Employer Occupation
THE PLATEAU GROUP, INC INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.1929

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUSAN RICHARDSON WILLIAMS

Mailing Address 9000 LEGENDS LAKE LN.

City State Zip Code
KNOXVILLE TN 37922-5258

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

Name of Employer Occupation
SRW AND ASSOCIATES 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
03 / 07 / 2014

Transaction ID : SA11.1943

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 104
	<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)
JUSTIN POTTER WILSON

Mailing Address 206 CRAIGHEAD AVE

City: NASHVILLE State: TN Zip Code: 37205-2512

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

Name of Employer: STATE OF TN Occupation: COMPTROLLER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 02 / 19 / 2014

Transaction ID : SA11.1895

Amount of Each Receipt this Period: 5200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JUSTIN POTTER WILSON

Mailing Address 206 CRAIGHEAD AVE

City: NASHVILLE State: TN Zip Code: 37205-2512

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

Name of Employer: STATE OF TN Occupation: COMPTROLLER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 03 / 21 / 2014

Transaction ID : SA11.1895B

Amount of Each Receipt this Period: -2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
JUSTIN POTTER WILSON

Mailing Address 206 CRAIGHEAD AVE

City: NASHVILLE State: TN Zip Code: 37205-2512

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

Name of Employer: STATE OF TN Occupation: COMPTROLLER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 03 / 21 / 2014

Transaction ID : SA11.1961

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 57 OF 104
(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)
BRADLEY D. WOOLDRIDGE

Mailing Address 3254 BROWN RD

City SPRING HILL State TN Zip Code 37174-2100

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

Name of Employer ENTRUST RX Occupation PHARMACY DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11.1902

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DONALD M. WRIGHT

Mailing Address 2709 JIM HOUSTON CT.

City MURFREESBORO State TN Zip Code 37129-5146

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

Name of Employer SELF-EMPLOYED Occupation ADVERTISING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.1997

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

Mailing Address PO BOX 10234

City KNOXVILLE State TN Zip Code 37939-0234

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

Name of Employer BUTLER, VINES AND BABB, PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.1931

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 104
	<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)
KENT D. YOUNCE

Mailing Address 175 N TENN AVE.

City LA FOLLETTE State TN Zip Code 37766-2426

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

Name of Employer SECURITY FINANCE Occupation EXECUTIVE VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.2027

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COHEN COMMUNICATIONS GROUP, LLC

Mailing Address PO BOX 51366

City KNOXVILLE State TN Zip Code 37950-1366

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
 03 / 07 / 2014

Transaction ID : SA11.1923

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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: PAGE 59 OF 104
(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)
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

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

Transaction ID : SA11.2054

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PCS OF TN

Mailing Address **PO BOX 37**

City **CHAPEL HILL** State **TN** Zip Code **37034-0037**

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
09 / 17 / 2013

Transaction ID : SA11.1530

Amount of Each Receipt this Period
500.00
CONTRIBUTION

**[MEMO ITEM]
SEE ATTRIBUTION BELOW**

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

Mailing Address **1396 POWELL LN**

City **LEWISBURG** State **TN** Zip Code **37091-6506**

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11.1875

Amount of Each Receipt this Period
500.00
CONTRIBUTION

[MEMO ITEM]

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 60 OF 104
	<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)
RFW CONSTRUCTION, LLC

Mailing Address 1801 HIGHWAY 51 N

City DTERSBURG State TN Zip Code 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

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

Transaction ID : SA11.2056

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TOSH FARMS PARTNERSHIP

Mailing Address 1586 ATLANTIC AVE

City HENRY State TN Zip Code 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11.1883

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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).....

2000.00

121500.00

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

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

FOR LINE NUMBER: PAGE 61 OF 104
(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)
FRIENDS OF SENATOR MARK NORRIS

Mailing Address P.O. BOX 381075

City State Zip Code
GERMANTOWN TN 38183-1075

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 / 31 / 2014

Transaction ID : SA11.2110

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 1661 AARON BRENNER DR, STE 300

City State Zip Code
MEMPHIS TN 38120-1466

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 / 07 / 2014

Transaction ID : SA11.1928

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 1507 S COURT ST.

City State Zip Code
MARYVILLE TN 37803-6510

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 / 31 / 2014

Transaction ID : SA11.2114

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 104
	<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)
BARRETT RICH CAMPAIGN

Mailing Address **PO BOX 505**

City **SOMERVILLE** State **TN** Zip Code **38056**

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
03 / 31 / 2014

Transaction ID : SA11.2117

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CAMERON SEXTON FOR STATE REPRESENTATIVE

Mailing Address **186 HOMESTEAD DR**

City **CROSSVILLE** State **TN** Zip Code **38555**

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
01 / 16 / 2014

Transaction ID : SA11.2132

Amount of Each Receipt this Period
 _____ 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAMPAIGN TO RE ELECT RON LOLLAR

Mailing Address **5090 BRIARWOOD DR**

City **ARLINGTON** State **TN** Zip Code **38002**

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
02 / 27 / 2014

Transaction ID : SA11.1877

Amount of Each Receipt this Period
 _____ 150.00
 CONTRIBUTION

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

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

_____ 900.00

**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 104
	<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)
CITIZENS FOR MCNALLY

Mailing Address 94 ROYAL TROON CIR.

City OAK RIDGE State TN Zip Code 37830-9019

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 Y Y
03 / 07 / 2014

Transaction ID : SA11.1927

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FERRELL HAILE FOR STATE SENATE

Mailing Address PO BOX 1087

City GALLATIN State TN Zip Code 37066-1087

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
03 / 28 / 2014

Transaction ID : SA11.2031

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRANK NICELEY CAMPAIGN

Mailing Address 1023 CREEK RD

City STRAWBERRY PLAINS State TN Zip Code 37871-3233

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 Y Y
03 / 31 / 2014

Transaction ID : SA11.2112

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 64 OF 104
(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)
FRIENDS OF RYAN HAYNES

Mailing Address P.O. BOX 22091

City State Zip Code
KNOXVILLE TN 37933-0091

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

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

Transaction ID : SA11.1975

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRIENDS OF BO WATSON STATE SENATE

Mailing Address 1208 E DALLAS RD.

City State Zip Code
CHATTANOOGA TN 37405-2304

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 : SA11.2020

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF KEVIN BROOKS

Mailing Address PO BOX 4801

City State Zip Code
CLEVELAND TN 37320-4801

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 / 28 / 2014

Transaction ID : SA11.2030

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2250.00

**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 104
	<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)
FRIENDS OF JIM COLEY

Mailing Address **2498 KENWOOD LN**

City **BARTLETT** State **TN** Zip Code **38134**

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
01 / 16 / 2014

Transaction ID : SA11.2127

Amount of Each Receipt this Period
 _____ 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRIENDS OF RYAN WILLIAMS

Mailing Address **115 RILEYS**

City **ALGOOD** State **TN** Zip Code **38506**

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
01 / 16 / 2014

Transaction ID : SA11.2129

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF STEVE MCMANUS

Mailing Address **405 W RIVEREDGE DR**

City **CORDOVA** State **TN** Zip Code **38018**

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
01 / 16 / 2014

Transaction ID : SA11.2131

Amount of Each Receipt this Period
 _____ 150.00
 CONTRIBUTION

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 66 OF 104
	<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. FRIENDS TO ELECT STEVE SOUTHERLAND

Full Name (Last, First, Middle Initial)
Mailing Address 4648 HARBOR DR.

City MORRISTOWN State TN Zip Code 37814-7713

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 : SA11.1964

Amount of Each Receipt this Period

CONTRIBUTION

B. HOMETOWN PHARMACY PAC

Full Name (Last, First, Middle Initial)
Mailing Address 750 OLD HICKORY BLVD
BLDG 2, STE 150

City BRENTWOOD State TN Zip Code 37027-5387

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 : SA11.1905

Amount of Each Receipt this Period

CONTRIBUTION

C. JIM TRACY STATE SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 332166

City MURFREESBORO State TN Zip Code 37133-2166

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 : SA11.2021

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: (check only one)	PAGE 67 OF 104
	<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	

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. JOHN STEVENS FOR SENATE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 399

City HUNTINGDON	State TN	Zip Code 38344-0399
--------------------	-------------	------------------------

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 : SA11.2023

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. JOHNSON FOR STATE SENATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 FRANKLIN RD, STE 135A-178

City BRENTWOOD	State TN	Zip Code 37027-3280
-------------------	-------------	------------------------

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 / 19 / 2014

Transaction ID : SA11.1965

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. LUNDBERG FOR HOUSE DISTRICT 1
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 SKYLINE DR.

City BRISTOL	State TN	Zip Code 37620-4141
-----------------	-------------	------------------------

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 / 19 / 2014

Transaction ID : SA11.1967

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 104
	<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. MARK GREEN FOR STATE SENATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1990 MADISON STREET
 City State Zip Code
 CLARKSVILLE TN 37043-8071
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 STATE SENATE CAMPAIGN STATE SENATE CAMPAIGN
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014
Transaction ID : SA11.2101
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. MIKE BELL FOR SENATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 261 COUNTY ROAD 757
 City State Zip Code
 RICEVILLE TN 37370-5204
 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
 03 / 28 / 2014
Transaction ID : SA11.2022
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. MUMPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2221
 City State Zip Code
 BRISTOL TN 37621-2221
 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
 03 / 31 / 2014
Transaction ID : SA11.2049
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

2500.00

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

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

FOR LINE NUMBER: PAGE 69 OF 104
(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)
PAT MARSH FOR TN STATE REP.

Mailing Address **PO BOX 1650**

City **SHELBYVILLE** State **TN** Zip Code **37162-1650**

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 / 19 / 2014

Transaction ID : SA11.1971

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **805 S CHURCH ST, UNIT 12**

City **MURFREESBORO** State **TN** Zip Code **37130-4917**

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 : SA11.2122

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAAM PAC-REPUBLICANS ACHIEVING A MAJORITY

Mailing Address **P.O. BOX 158213**

City **NASHVILLE** State **TN** Zip Code **37215-8213**

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 : SA11.2024

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 104
	<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)
RUSTY CROWE VICTORY FUND

Mailing Address 808 EAST EIGHTH AVE

City JOHNSON CITY State TN Zip Code 37601-3410

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 Y Y
 03 / 31 / 2014

Transaction ID : SA11.2113

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TENNESSEE FUNERAL DIRECTORS ASSOC, INC. PAC FUND-TFDA

Mailing Address 1616 CHURCH ST, #2

City NASHVILLE State TN Zip Code 37203-2956

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
 03 / 31 / 2014

Transaction ID : SA11.2121

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE OVERBEY PAC

Mailing Address 900 S GAY ST. STE 703

City KNOXVILLE State TN Zip Code 37902-1823

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.1933

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 104
	<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	

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)
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
776.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.1970

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

TOTAL EARMARKED BY CONDUIT-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
776.00

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

Transaction ID : SA11.2000

Amount of Each Receipt this Period
 60.00
 CONTRIBUTION

TOTAL EARMARKED BY CONDUIT-PAC LIMIT NOT AFFECTED

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
776.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.2067

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

TOTAL EARMARKED BY CONDUIT-PAC LIMIT NOT AFFECTED

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

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

310.00

**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 104
	<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)
CRACKER BARREL OLD COUNTRY STORE, INC. PAC

Mailing Address **PO BOX 787**

City **LEBANON** State **TN** Zip Code **37088-0787**

FEC ID number of contributing federal political committee. **C C00252791**

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
03 / 07 / 2014

Transaction ID : SA11.1937

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ENTERPRISE HOLDINGS, INC PAC

Mailing Address **600 CORPORATE PARK DR.**

City **ST. LOUIS** State **MO** Zip Code **63105-4204**

FEC ID number of contributing federal political committee. **C C00219642**

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
03 / 28 / 2014

Transaction ID : SA11.2043

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. 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

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.1917

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4500.00

**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 104
	<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. FAMILY RESEARCH COUNCIL ACTION PAC-FRC ACTION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 801 G STREET NW

City WASHINGTON State DC Zip Code 20001-3729

FEC ID number of contributing federal political committee. **C C00452383**

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
 03 / 28 / 2014

Transaction ID : SA11.2004

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)
Mailing Address 2300 CLARENDON BLVD, STE 1305

City ARLINGTON State VA Zip Code 22201-3398

FEC ID number of contributing federal political committee. **C C00559740**

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
 03 / 28 / 2014

Transaction ID : SA11.2003

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

C. HUMANA INC PAC

Full Name (Last, First, Middle Initial)
Mailing Address 975 F ST NW STE 550

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00271007**

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
 01 / 16 / 2014

Transaction ID : SA11.2130

Amount of Each Receipt this Period
 400.00

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 75 OF 104
	<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)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. PAC-

Mailing Address 412 FIRST STREET SE, STE 300

City WASHINGTON State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.2066

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

Mailing Address 330 FRANKLIN RD, 135A-178

City BRENTWOOD State TN Zip Code 37027-3280

FEC ID number of contributing federal political committee. **C** C00271171

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 / 19 / 2014

Transaction ID : SA11.1968

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARATHON PETROLEUM CORP. EMPLOYEES PAC-MPAC

Mailing Address 539 SOUTH MAIN ST.

City FINDLAY State OH Zip Code 45840-3229

FEC ID number of contributing federal political committee. **C** C00496307

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 / 28 / 2014

Transaction ID : SA11.2006

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

7000.00

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 76 OF 104	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Tracy for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE PAC-NEMPAC

Mailing Address **PO BOX 619911**

City **DALLAS** State **TX** Zip Code **75261-9911**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.1918

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

_____ 2500.00

_____ 45996.00

**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 77 OF 104			
	<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 01 / 14 / 2014
Mailing Address 1650 CASON LN #311		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.3479
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:		

Full Name (Last, First, Middle Initial) B. MATT HERRIMAN		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 1650 CASON LN #311		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.3481
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:		

Full Name (Last, First, Middle Initial) C. MATT HERRIMAN		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 1650 CASON LN #311		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.3482
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).....	7100.00
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 78 OF 104			
	<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 01 / 28 / 2014
Mailing Address 1650 CASON LN #311		Amount of Each Disbursement this Period 670.10 Transaction ID : SB17.3514
City MURFREESBORO State TN Zip Code 37128	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. MATT HERRIMAN		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 1650 CASON LN #311		Amount of Each Disbursement this Period 793.82 Transaction ID : SB17.3515
City MURFREESBORO State TN Zip Code 37128	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) C. MATT HERRIMAN		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1650 CASON LN #311		Amount of Each Disbursement this Period 624.31 Transaction ID : SB17.3516
City MURFREESBORO State TN Zip Code 37128	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:		

SUBTOTAL of Disbursements This Page (optional).....	2088.23
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 79 OF 104			
	<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 02 / 10 / 2014		
Mailing Address 200 11TH AVE NORTH APT 213			Amount of Each Disbursement this Period 4500.00		
City NASHVILLE	State TN	Zip Code 37203	Transaction ID : SB17.3480		
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. STEPHANIE JARNAGIN			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014		
Mailing Address 200 11TH AVE NORTH APT 213			Amount of Each Disbursement this Period 5190.43		
City NASHVILLE	State TN	Zip Code 37203	Transaction ID : SB17.3483		
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/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 01 / 28 / 2014		
Mailing Address 200 11TH AVE NORTH APT 213			Amount of Each Disbursement this Period 995.53		
City NASHVILLE	State TN	Zip Code 37203	Transaction ID : SB17.3513		
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:					

SUBTOTAL of Disbursements This Page (optional).....	10685.96
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 80 OF 104			
	<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 01 / 02 / 2014
Mailing Address 200 11TH AVE NORTH APT 213		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.890
City NASHVILLE State TN Zip Code 37203	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. REID WITCHER		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 611 COMMERCE ST STE 2927		Amount of Each Disbursement this Period 286.84 Transaction ID : SB17.3512
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) C. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 4333 AMON CARTER BLVD		Amount of Each Disbursement this Period 1101.00 Transaction ID : SB17.3501
City FORT WORTH State TX Zip Code 76155	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).....	5887.84
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 81 OF 104	
	<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. BEDFORD COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO BOX 1725		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.3495
City SHELBYVILLE State TN Zip Code 37162	Purpose of Disbursement REGISTRATION FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BRADLEY COUNTY GOP		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 2163 APD-40		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.3493
City CLEVELAND State TN Zip Code 37323	Purpose of Disbursement REGISTRATION FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BROOKE RAINEY PHOTOS		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 3312 HILLSBORO PIKE		Amount of Each Disbursement this Period 300.44 Transaction ID : SB17.3478
City NASHVILLE State TN Zip Code 37210	Purpose of Disbursement PHOTOGRAPHY 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).....	790.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 104		
	<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. CHEAPTICKETS.COM		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 500 W MADISON STE 1000		Amount of Each Disbursement this Period 65.97
City CHICAGO	State IL	
Zip Code 60661	Purpose of Disbursement TRAVEL	Transaction ID : SB17.3500
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. CHESAPEAKE'S		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO BOX 50370		Amount of Each Disbursement this Period 600.13
City KNOXVILLE	State TN	
Zip Code 37950	Purpose of Disbursement CATERING	Transaction ID : SB17.894
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 01 / 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 CREDIT CARD MERCHANT FEE	Transaction ID : SB17.899
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).....	1464.10
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 83 OF 104	
	<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 02 / 04 / 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	Category/Type	Transaction ID : SB17.915
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 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	Category/Type	Transaction ID : SB17.916
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. COMPLIANCE CONSULTING COMPANY OF VA LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 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	Category/Type	Transaction ID : SB17.896
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).....	3121.00
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 84 OF 104	
	<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 02 / 11 / 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 : SB17.897
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. CORNERSTONE COMPUTERS		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 810 NQ BROAD ST STE 126		Amount of Each Disbursement this Period 147.55
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement EQUIPMENT REPAIR	Transaction ID : SB17.917
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. DOUBLETREE HOTEL		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 7930 JONES BRANCH DR		Amount of Each Disbursement this Period 1197.01
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement FACILITY RENTAL/CATERING	Transaction ID : SB17.918
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).....	2869.56
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 85 OF 104			
	<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 M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 5959 LAS COLINAS BLVD			Amount of Each Disbursement this Period 34.60
City IRVING	State TX	Zip Code 75039	
Purpose of Disbursement TRAVEL	Candidate Name		Transaction ID : SB17.3497
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. EXXON MOBIL			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 5959 LAS COLINAS BLVD			Amount of Each Disbursement this Period 34.85
City IRVING	State TX	Zip Code 75039	
Purpose of Disbursement TRAVEL	Candidate Name		Transaction ID : SB17.3504
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. EXXON MOBIL			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 5959 LAS COLINAS BLVD			Amount of Each Disbursement this Period 37.57
City IRVING	State TX	Zip Code 75039	
Purpose of Disbursement TRAVEL	Candidate Name		Transaction ID : SB17.3506
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).....	107.02
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 104			
	<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 M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 5959 LAS COLINAS BLVD		Amount of Each Disbursement this Period 37.64
City IRVING State TX Zip Code 75039	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.3509
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FEDEX OFFICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address THREE GALLERIA TOWER 13155 NOEL RD		Amount of Each Disbursement this Period 439.34
City DALLAS State TX Zip Code 75240	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	Transaction ID : SB17.3486
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. FIRST BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 615 MEMORIAL BLVD		Amount of Each Disbursement this Period 32.00
City MURFREESBORO State TN Zip Code 37129	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	Transaction ID : SB17.891
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).....	508.98
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 104			
	<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. HARRIS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 611 S CONGRESS AVE STE 400		Amount of Each Disbursement this Period 11969.90 Transaction ID : SB17.3519
City AUSTIN	State TX	
Zip Code 78704	Purpose of Disbursement WEB SERVICE	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. HOLIDAY INN		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address PO BOX 30321		Amount of Each Disbursement this Period 95.24 Transaction ID : SB17.3498
City SALT LAKE CITY	State UT	
Zip Code 84130	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. HOLIDAY INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 30321		Amount of Each Disbursement this Period 95.24 Transaction ID : SB17.3511
City SALT LAKE CITY	State UT	
Zip Code 84130	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	12160.38
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 104		
	<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 01 / 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 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 : SB17.3517
State: District:		

Full Name (Last, First, Middle Initial) B. ICONTACT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 2450 PERIMETER PARK DR STE 105		Amount of Each Disbursement this Period 92.50
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.3520
State: District:		

Full Name (Last, First, Middle Initial) C. ICONTACT CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 2450 PERIMETER PARK DR STE 105		Amount of Each Disbursement this Period 92.50
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.3521
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	277.50
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 89 OF 104			
	<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. JOYNER & HOGAN PRINTERS			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014		
Mailing Address 600 MAIN ST PO BOX 60069			Amount of Each Disbursement this Period 2969.01		
City NASHVILLE	State TN	Zip Code 37206	Transaction ID : SB17.3488		
Purpose of Disbursement PRINTING/POSTAGE		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. JOYNER & HOGAN PRINTERS			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014		
Mailing Address 600 MAIN ST PO BOX 60069			Amount of Each Disbursement this Period 711.91		
City NASHVILLE	State TN	Zip Code 37206	Transaction ID : SB17.3489		
Purpose of Disbursement PRINTING/POSTAGE		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. JOYNER & HOGAN PRINTERS			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014		
Mailing Address 600 MAIN ST PO BOX 60069			Amount of Each Disbursement this Period 1127.08		
City NASHVILLE	State TN	Zip Code 37206	Transaction ID : SB17.3490		
Purpose of Disbursement PRINTING/POSTAGE		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).....	4808.00
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 104			
	<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. KIWANIS CLUB CLEVELAND		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address PO BOX 2726		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.3491
City CLEVELAND	State TN	
Zip Code 37320	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. KROGER FUEL		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 1014 VINE ST		Amount of Each Disbursement this Period 36.88 Transaction ID : SB17.3510
City CINCINNATI	State OH	
Zip Code 45202	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. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 135 PROFESSIONAL DR STE 104		Amount of Each Disbursement this Period 15300.06 Transaction ID : SB17.3487
City PONTE VEDRA BEACH	State FL	
Zip Code 32082	Purpose of Disbursement PRINTING/POSTAGE	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).....	15386.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 104			
	<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. MARINAS ON THE SQUARE

Mailing Address 125 N MAPLE ST

City MURFREESBORO State TN Zip Code 37130

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 27 / 2014

Amount of Each Disbursement this Period: 670.02

Transaction ID : SB17.893

Full Name (Last, First, Middle Initial)
B. MAURY COUNTY CHAMBER OF ECONOMIC ALLIA

Mailing Address 106 W 6TH ST PO BOX 1076

City COLUMBIA State TN Zip Code 38402

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 28 / 2014

Amount of Each Disbursement this Period: 35.00

Transaction ID : SB17.3492

Full Name (Last, First, Middle Initial)
C. MAURY COUNTY CHAMBER OF ECONOMIC ALLIA

Mailing Address 106 W 6TH ST PO BOX 1076

City COLUMBIA State TN Zip Code 38402

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 30.00

Transaction ID : SB17.3494

SUBTOTAL of Disbursements This Page (optional) 735.02

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 104			
	<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. MORRIS VINEYARD		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 346 UNION GROVE RD NE		Amount of Each Disbursement this Period 43.86
City CHARLESTON State TN Zip Code 37310	Purpose of Disbursement FOOD/BEVERAGE 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 : SB17.3472
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 6600 N MILITARY TRL		Amount of Each Disbursement this Period 65.83
City BOCA RATON State FL Zip Code 33496	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.3474
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 263 SHUMAN BLVD		Amount of Each Disbursement this Period 236.62
City NAPERVILLE State IL Zip Code 60563	Purpose of Disbursement OFFICE SUPPLIES/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)		Transaction ID : SB17.3477
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	346.31
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 104		
	<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 03 / 06 / 2014		
Mailing Address 705 MELVIN AVE #105			Amount of Each Disbursement this Period 25795.80		
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SB17.3496		
Purpose of Disbursement SURVEY RESEARCH		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. ONMESSAGE INC			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014		
Mailing Address 705 MELVIN AVE #105			Amount of Each Disbursement this Period 1607.50		
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SB17.3518		
Purpose of Disbursement WEB SERVICE		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. PANERA BREAD			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014		
Mailing Address 3630 S GEYER RD #100			Amount of Each Disbursement this Period 401.62		
City ST LOUIS	State MO	Zip Code 63127	Transaction ID : SB17.892		
Purpose of Disbursement CATERING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	27804.92
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 104			
	<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 01 / 03 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 207.00 Transaction ID : SB17.898
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT 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. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.900
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT 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. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 126.65 Transaction ID : SB17.901
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

SUBTOTAL of Disbursements This Page (optional).....	378.65
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 95 OF 104			
	<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 01 / 13 / 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 : SB17.902
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 01 / 14 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 11.25
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.903
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 01 / 15 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 65.50
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.904
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).....	85.35
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 104			
	<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 01 / 29 / 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 : SB17.905
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 03 / 06 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 10.75
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.906
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 03 / 12 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 11.83
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.907
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).....	44.08
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 97 OF 104			
	<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 03 / 14 / 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 : SB17.908
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 03 / 19 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 1.08
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.909
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 03 / 25 / 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 : SB17.910
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).....	46.23
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 104			
	<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 03 / 26 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 25.80
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.911
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 03 / 27 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 6.03
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.912
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 03 / 28 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 27.95
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.913
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).....	59.78
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 104			
	<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 03 / 31 / 2014
Mailing Address 144 2ND ST 1ST FL		Amount of Each Disbursement this Period 5,000.00 Transaction ID : SB17.914
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT 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. RACHEL BARRETT & COMPANY LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 611 COMMERCE ST STE 2927		Amount of Each Disbursement this Period 140.30 Transaction ID : SB17.3473
City NASHVILLE	State TN	
Zip Code 37203	Purpose of Disbursement FOOD/BEVERAGE	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 01 / 17 / 2014
Mailing Address 611 COMMERCE ST STE 2927		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.919
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).....	5151.05
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 104			
	<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 02 / 04 / 2014
Mailing Address 2702 LOVE FIELD DR.		Amount of Each Disbursement this Period 346.00
City DALLAS State TX Zip Code 75235	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)	Transaction ID : SB17.3502
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 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	
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 : SB17.3503
State: District:		

Full Name (Last, First, Middle Initial) C. SPEEDWAY		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address PO BOX 1500		Amount of Each Disbursement this Period 32.84
City SPRINGFIELD State OH Zip Code 45501	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)	Transaction ID : SB17.3499
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	403.84
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 104			
	<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. TARGET		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 1000 NICOLLETT MALL		Amount of Each Disbursement this Period 110.08
City MINNEAPOLIS	State MN	
Zip Code 55403	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.3475
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE SPALDING GROUP		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 2306 FRANKFORT AVE		Amount of Each Disbursement this Period 172.00
City LOUISVILLE	State KY	
Zip Code 40206	Purpose of Disbursement PRINTING	Transaction ID : SB17.3485
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 02 / 18 / 2014
Mailing Address 10101 LINN STATION RD		Amount of Each Disbursement this Period 30.31
City LOUISVILLE	State KY	
Zip Code 40223	Purpose of Disbursement TRAVEL	Transaction ID : SB17.3505
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	312.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 104	
	<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. TWO WOMEN IN A KITCHEN		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1895 SANDRA DR		Amount of Each Disbursement this Period 347.84 Transaction ID : SB17.895
City CLEVELAND State TN Zip Code 37323	Purpose of Disbursement CATERING	
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 03 / 03 / 2014
Mailing Address 182 HOWARD ST #8		Amount of Each Disbursement this Period 115.00 Transaction ID : SB17.3507
City SAN FRANCISCO State CA Zip Code 94105	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. UBER TECHNOLOGIES		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 182 HOWARD ST #8		Amount of Each Disbursement this Period 30.98 Transaction ID : SB17.3508
City SAN FRANCISCO State CA Zip Code 94105	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).....	493.82
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 104	
	<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 02 / 11 / 2014
Mailing Address 475 L'ENFANT PLAZA SW-RM4012		Amount of Each Disbursement this Period 44.10
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.3484
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 03 / 10 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 26.74
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.3476
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		
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).....	70.84
TOTAL This Period (last page this line number only).....	103188.23