

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
01 / 01 / 2014 through 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Melodie Johnson  
Signature of Treasurer Melodie Johnson [Electronically Filed] Date M M / D D / Y Y Y Y  
04 / 16 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Jim Tracy for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	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))....	172061.00	1247545.67
(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)).....	172061.00	1235495.67
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).....	913561.03	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	123100.00	1022705.00
(ii) Unitemized.....	1965.00	60642.00
(iii) TOTAL of contributions from individuals ▶	125065.00	1083347.00
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	46996.00	149771.00
(d) The Candidate.....	0.00	13427.67
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	172061.00	1247545.67
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)..... ▶	172061.00	1247545.67

**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. <b>TOTAL DISBURSEMENTS</b> (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).....	172061.00
25. SUBTOTAL (add Line 23 and Line 24).....	1016749.26
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).....	913561.03

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

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

FOR LINE NUMBER: PAGE 5 OF 104  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 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)  
**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**

Full Name (Last, First, Middle Initial) <b>A. GREG BIDWELL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1407 BALMORAL WAY		<b>Transaction ID : SA11.2079</b>
City MURFREESBORO	State TN Zip Code 37130-5640	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00 CONTRIBUTION
Name of Employer NHC	Occupation HEALTH CARE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY F. BINKLEY</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 909 W 7TH ST		<b>Transaction ID : SA11.1906</b>
City COLUMBIA	State TN Zip Code 38401-3055	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00 CONTRIBUTION
Name of Employer MAURY REGIONAL MEDICAL CENTER	Occupation PHARMICIST	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. SIDNEY A. BLALOCK</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 10824 WESTLAND DR		<b>Transaction ID : SA11.1897</b>
City KNOXVILLE	State TN Zip Code 37922-5505	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Name of Employer CHARLES BLALOCK & SONS	Occupation CEO	SEE REATTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 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 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 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 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	

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)  
**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	

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**

Full Name (Last, First, Middle Initial) <b>WILLIAM D. DEMENT</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 4440 BELLS HWY		<b>Transaction ID : SA11.2018</b>	
City JACKSON	State TN	Zip Code 38305-7346	
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>WILLIAM D. DEMENT</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 4440 BELLS HWY		<b>Transaction ID : SA11.2018B</b>	
City JACKSON	State TN	Zip Code 38305-7346	
FEC ID number of contributing federal political committee. <b>C</b>		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	<b>[MEMO ITEM] REDESIGNATION TO GENERAL</b>	

Full Name (Last, First, Middle Initial) <b>WILLIAM D. DEMENT</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 4440 BELLS HWY		<b>Transaction ID : SA11.2035</b>	
City JACKSON	State TN	Zip Code 38305-7346	
FEC ID number of contributing federal political committee. <b>C</b>		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	<b>[MEMO ITEM] REDESIGNATION FROM PRIMARY</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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 State Zip Code  
NASHVILLE TN 37228-1703

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

Name of Employer Occupation  
DET DISTRIBUTING PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 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 State Zip Code  
COLUMBIA TN 38401-5801

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

Name of Employer Occupation  
SELF-EMPLOYED OPTOMETRIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 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 State Zip Code  
NASHVILLE TN 37205-5007

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

Name of Employer Occupation  
ANESTHESIA SERVICES ASSOCIATES ANESTHESIOLOGIST

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 : SA11.2109**

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: PAGE 23 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)  
**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: (check only one)	PAGE 24 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 H. FORD**

Mailing Address 164 QUAIL HOLLOW DR.

City DYERSBURG	State TN	Zip Code 38024-7414
-------------------	-------------	------------------------

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

Name of Employer FORD CONSTRUCTION	Occupation 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 DYERSBURG	State TN	Zip Code 38025-0585
-------------------	-------------	------------------------

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

Name of Employer CHOCTOW, INC	Occupation 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 NASHVILLE	State TN	Zip Code 37215-1114
-------------------	-------------	------------------------

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

Name of Employer SOUTHEAST FINANCIAL CREDIT UNION	Occupation 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**

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE D. FOX**

Mailing Address 310 N MAIN ST

City CLINTON State TN Zip Code 37716-3752

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

Name of Employer FOX AND FARLEY 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 : SA11.1904**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CINDY W. FREEMAN**

Mailing Address 167 EAGLE CREEK RD. NW

City CLEVELAND State TN Zip Code 37312-6385

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

Name of Employer WRIGHT BROTHERS CONSTRUCTION Occupation VICE PRESIDENT

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 : SA11.2052**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** 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

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

**Transaction ID : SA11.1990**

Amount of Each Receipt this Period  
 5200.00

CONTRIBUTION

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 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"/> 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: MCMINNVILLE 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: PAGE 29 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)  
**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  
 \_\_\_\_\_ 1000.00

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  
 \_\_\_\_\_ 5200.00

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  
 \_\_\_\_\_ 2000.00

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: (check only one)	PAGE 34 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)  
**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  
500.00

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  
250.00

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  
300.00

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: (check only one)	PAGE 36 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)  
**SONYA ADAMS LEEMAN**

Mailing Address 2929 CHERRY BLOSSOM LN

City MURFREESBORO State TN Zip Code 37129

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 **5200.00**

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

**Transaction ID : SA11.50001**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

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

Mailing Address 6871 ARNO ALLISONA RD.

City COLLEGE GROVE State TN Zip Code 37046-9216

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

Name of Employer **TARKINGTON AND HARWELL COMPANY** Occupation **COMMERCIAL REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **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

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

Mailing Address 607 MARKET ST, STE 900

City KNOXVILLE State TN Zip Code 37902-2226

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

Name of Employer **LONDON & AMBURN, PC** Occupation **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

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

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

**3350.00**

**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)  
**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

**B.** 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

**C.** 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

**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 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)  
**BARRY P. MCINTOSH JR.**

Mailing Address 575 ANDERSON DR.

City PARIS State TN Zip Code 38242-9543

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

Name of Employer SECURITY BANK AND TRUST 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 / 28 / 2014

**Transaction ID : SA11.2005**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 2198

City COLLEGEDALE State TN Zip Code 37315-2198

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

Name of Employer MCKEE FOODS CORPORATION Occupation SELF-EMPLOYED

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 : SA11.1880**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

Mailing Address P.O. BOX 2198

City COLLEGEDALE State TN Zip Code 37315-2198

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

Name of Employer MCKEE FOODS CORPORATION Occupation SELF-EMPLOYED

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 : SA11.2001**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

7500.00

**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"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

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

Mailing Address **PO BOX 1144**

City **COLLEGEDALE** State **TN** Zip Code **37315-1144**

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

Name of Employer **MCKEE FOOD CORP.** Occupation **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

**B.** Full Name (Last, First, Middle Initial)  
**LAMAR MCKENZIE**

Mailing Address **135 ANATOLE LN NW**

City **CLEVELAND** State **TN** Zip Code **37312-4241**

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

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

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

Mailing Address **125 ED SMITH RD.**

City **HUMBOLDT** State **TN** Zip Code **38343-8127**

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  
**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

**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: PAGE 40 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)  
**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

**B.** 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

**C.** 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

**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 41 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)  
**KENDALL C. MILLER**

Mailing Address 7350 S WAKEFIELD

City REEDLEY State CA Zip Code 93654-9405

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

Name of Employer KENCAROL INC Occupation FARM MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
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

**B.** Full Name (Last, First, Middle Initial)  
**CHAD MILLS**

Mailing Address 2994 S CHURCH ST

City MURFREESBORO State TN Zip Code 37127-8351

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

Name of Employer MILLS FAMILY PHARMACY Occupation PHARNACIST

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

**C.** Full Name (Last, First, Middle Initial)  
**JOE S. MOORE**

Mailing Address 2401 N OCOEE STREET

City CLEVELAND State TN Zip Code 37311-3853

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

Name of Employer MEDICAL CENTER PHARMACY Occupation 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

**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 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"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MATT B. MURFREE III**

Mailing Address 805 S. CHURCH ST, STE 21

City MURFREESBORO State TN Zip Code 37130-5295

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  
2500.00

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

**Transaction ID : SA11.2046**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** 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]**

**C.** 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

**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 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)  
**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  
**02 / 01 / 2014**

**Transaction ID : SA11.1963**

Amount of Each Receipt this Period  
**-2600.00**

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**B.** 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

**C.** 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

**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 44 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)  
**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

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE PHILLIPS**

Mailing Address 211 WOODLAKE DR.

City GALLATIN State TN Zip Code 37066-4421

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

Name of Employer BONE, MCALLESTER, NORTON, PLLC 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  
 03 / 12 / 2014

**Transaction ID : SA11.1951**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 3480

City CLEVELAND State TN Zip Code 37320-3480

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

Name of Employer CENTERS OF AMERICA NURSING 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 / 24 / 2014

**Transaction ID : SA11.1988**

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 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)  
**TIMOTHY A. PRIEST**

Mailing Address 809 ANDOVER BLVD.

City KNOXVILLE State TN Zip Code 37934-1533

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  
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

**B.** 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  
 03 / 31 / 2014

**Transaction ID : SA11.2115**

Amount of Each Receipt this Period  
 500.00  
 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  
 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).....

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 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 State Zip Code  
TULLAHOMA TN 37388-5804

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  
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 State Zip Code  
MURFREESBORO TN 37128-5515

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

Name of Employer Occupation  
SMITH DESIGN/ BUILD CORP. INC. 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 State Zip Code  
FRANKLIN TN 37069-4785

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  
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 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  
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 State Zip Code  
CLEVELAND TN 37312-6636

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

Name of Employer Occupation  
TARVER DISTRIBUTING CO. INC 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  
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 State Zip Code  
MURFREESBORO TN 37129-1772

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  
800.00

Date of Receipt  
M M / D D / 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"/> 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**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN B. VANDYKE**

Mailing Address 1727 KINGSBURY DR

City State Zip Code  
NSAHVILLE TN 37215-5705

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

Name of Employer Occupation  
HOWELL AND FISHER 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  
02 / 27 / 2014

**Transaction ID : SA11.1901**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 4103 JENSOME LANE

City State Zip Code  
FRANKLIN TN 37064-1163

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

Name of Employer Occupation  
TENNESSEE MUNICIPAL ELECTRIC POWER EXECUTIVE DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

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

**Transaction ID : SA11.2078**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL S. WALDEN**

Mailing Address 248 WEST BROW RD.

City State Zip Code  
LOOKOUT MOUNTAIN TN 37350-1310

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

Name of Employer Occupation  
WALDEN SECURITY 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 : SA11.2123**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 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 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 EFF( 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  
 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  
 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  
 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 State Zip Code  
NASHVILLE TN 37205-2512

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

Name of Employer Occupation  
STATE OF TN COMPTROLLER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
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 State Zip Code  
NASHVILLE TN 37205-2512

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

Name of Employer Occupation  
STATE OF TN COMPTROLLER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
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 State Zip Code  
NASHVILLE TN 37205-2512

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

Name of Employer Occupation  
STATE OF TN COMPTROLLER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
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: (check only one)	PAGE 57 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. 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  
250.00

Date of Receipt  
 M M / D D / 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  
300.00

Date of Receipt  
 M M / D D / 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  
1000.00

Date of Receipt  
 M M / D D / 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: (check only one)	PAGE 59 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)  
**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 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 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 **SELF EMPLOYED** Occupation **BUSINESS OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

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

123100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 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 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.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2110**

Amount of Each Receipt this Period

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.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.1928**

Amount of Each Receipt this Period

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.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2114**

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 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 **500.00**

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 **250.00**

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 **150.00**

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: PAGE 63 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)  
**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  
 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  
 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  
 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: (check only one)	PAGE 64 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 RYAN HAYNES**

Mailing Address P.O. BOX 22091

City State Zip Code  
KNOXVILLE TN 37933-0091

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 : SA11.1975**

Amount of Each Receipt this Period

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.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2020**

Amount of Each Receipt this Period

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.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2030**

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 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**

Full Name (Last, First, Middle Initial) <b>FRIENDS OF JIM COLEY</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 2498 KENWOOD LN		<b>Transaction ID : SA11.2127</b>	
City BARTLETT	State TN	Zip Code 38134	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>FRIENDS OF RYAN WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 115 RILEYS		<b>Transaction ID : SA11.2129</b>	
City ALGOOD	State TN	Zip Code 38506	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>FRIENDS OF STEVE MCMANUS</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 405 W RIVEREDGE DR		<b>Transaction ID : SA11.2131</b>	
City CORDOVA	State TN	Zip Code 38018	Amount of Each Receipt this Period _____ 150.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 150.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1400.00
<b>TOTAL</b> 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 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	

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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 CLARKSVILLE	State TN	Zip Code 37043-8071
---------------------	-------------	------------------------

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 : SA11.2101**

Amount of Each Receipt this Period

CONTRIBUTION

**B. MIKE BELL FOR SENATE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 261 COUNTY ROAD 757

City RICEVILLE	State TN	Zip Code 37370-5204
-------------------	-------------	------------------------

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 : SA11.2022**

Amount of Each Receipt this Period

CONTRIBUTION

**C. MUMPAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2221

City BRISTOL	State TN	Zip Code 37621-2221
-----------------	-------------	------------------------

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 : SA11.2049**

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 69 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)  
**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: PAGE 70 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)  
**RON RAMSEY STATE SENATE**

Mailing Address 3311 HIGHWAY 126

City State Zip Code  
BLOUNTVILLE TN 37617-4522

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  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.2118**

Amount of Each Receipt this Period  
  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RUSTY CROWE VICTORY FUND**

Mailing Address 808 EAST EIGHTH AVE

City State Zip Code  
JOHNSON CITY TN 37601-3410

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  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.2113**

Amount of Each Receipt this Period  
  
CONTRIBUTION

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

Mailing Address 1616 CHURCH ST, #2

City State Zip Code  
NASHVILLE TN 37203-2956

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  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.2121**

Amount of Each Receipt this Period  
  
CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 71 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)  
**THE OVERBEY PAC**

Mailing Address 900 S GAY ST. STE 703

City State Zip Code  
KNOXVILLE TN 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

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

Election Cycle-to-Date  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN OSTEOPATHIC INFORMATION ASSC. OSTEOPATHIC PAC-AOIAO**

Mailing Address 1090 VERMONT AVENUE NW, STE 510

City State Zip Code  
WASHINGTON DC 20005-4949

FEC ID number of contributing federal political committee. **C** C00113803

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 : SA11.2057**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Election Cycle-to-Date  
 2500.00

**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

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

**Transaction ID : SA11.1916**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Election Cycle-to-Date  
 776.00

TOTAL EARMARKED BY CONDUIT-PAC LIMIT NOT AFFECTED

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

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

3550.00

**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	

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NAME OF COMMITTEE (In Full)  
**Jim Tracy for Congress**

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

Mailing Address P.O. BOX 66680

City 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 / 12 / 2014

**Transaction ID : SA11.1945**

Amount of Each Receipt this Period  
86.00

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 / 19 / 2014

**Transaction ID : SA11.1970**

Amount of Each Receipt this Period  
100.00

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 / 28 / 2014

**Transaction ID : SA11.2000**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

TOTAL EARMARKED BY CONDUIT-PAC LIMIT NOT AFFECTED

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

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

246.00



**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)  
**CONCERNED WOMEN PAC-CWPAC**

Mailing Address P.O. BOX 66680

City WASHINGTON State DC Zip Code 20035-6680

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
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

**B.** 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  
1000.00

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

**C.** 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  
2500.00

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

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

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

3650.00

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

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

FOR LINE NUMBER: PAGE 74 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)  
**EXPRESS SCRIPTS INC PAC**

Mailing Address 1 EXPRESS WAY

City State Zip Code  
ST LOUIS MO 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  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
**FAMILY RESEARCH COUNCIL ACTION PAC-FRC ACTION PAC**

Mailing Address 801 G STREET NW

City State Zip Code  
WASHINGTON DC 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  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
**GOPAC ELECTION FUND**

Mailing Address 2300 CLARENDON BLVD, STE 1305

City State Zip Code  
ARLINGTON VA 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  
2600.00

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

**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: PAGE 75 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)  
**HUMANA INC PAC**

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 Y  
01 / 16 / 2014

**Transaction ID : SA11.2130**

Amount of Each Receipt this Period  
400.00  
CONTRIBUTION

**B.** 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

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

**Transaction ID : SA11.2066**

Amount of Each Receipt this Period  
5000.00  
CONTRIBUTION

**C.** 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

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

**Transaction ID : SA11.1968**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

6400.00

**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)  
**MARATHON PETROLEUM CORP. EMPLOYEES PAC-MPAC**

Mailing Address 539 SOUTH MAIN ST.

City State Zip Code  
FINDLAY OH 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 Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.2006**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address PO BOX 619911

City State Zip Code  
DALLAS TX 75261-9911

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.1918**

Amount of Each Receipt this Period  
 2500.00  
 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).....

3500.00

46996.00

**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) <b>A. MATT HERRIMAN</b>		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 <b>Transaction ID : SB17.3479</b>
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MATT HERRIMAN</b>		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 <b>Transaction ID : SB17.3481</b>
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MATT HERRIMAN</b>		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 <b>Transaction ID : SB17.3482</b>
City MURFREESBORO	State TN	
Zip Code 37128	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. MATT HERRIMAN</b>			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		
City MURFREESBORO	State TN	Zip Code 37128	Transaction ID : SB17.3514		
Purpose of Disbursement TRAVEL- MILEAGE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MATT HERRIMAN</b>			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		
City MURFREESBORO	State TN	Zip Code 37128	Transaction ID : SB17.3515		
Purpose of Disbursement TRAVEL- MILEAGE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. MATT HERRIMAN</b>			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		
City MURFREESBORO	State TN	Zip Code 37128	Transaction ID : SB17.3516		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2088.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. STEPHANIE JARNAGIN</b>			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>B. STEPHANIE JARNAGIN</b>			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) <b>C. STEPHANIE JARNAGIN</b>			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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10685.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. STEPHANIE JARNAGIN</b>		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 <b>Transaction ID : SB17.890</b>
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>B. REID WITCHER</b>		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 <b>Transaction ID : SB17.3512</b>
City NASHVILLE State TN Zip Code 37203	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		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 <b>Transaction ID : SB17.3501</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5887.84
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. BEDFORD COUNTY REPUBLICAN PARTY</b>		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 <b>Transaction ID : SB17.3495</b>
City SHELBYVILLE	State TN	
Zip Code 37162	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>B. BRADLEY COUNTY GOP</b>		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 <b>Transaction ID : SB17.3493</b>
City CLEVELAND	State TN	
Zip Code 37323	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>C. BROOKE RAINEY PHOTOS</b>		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 <b>Transaction ID : SB17.3478</b>
City NASHVILLE	State TN	
Zip Code 37210	Purpose of Disbursement PHOTOGRAPHY 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	790.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. CHEAPTICKETS.COM</b>		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>B. CHESAPEAKE'S</b>		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) <b>C. CMDI</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1464.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. CMDI</b>		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 <b>Transaction ID : SB17.915</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT 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>B. CMDI</b>		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 <b>Transaction ID : SB17.916</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT 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>C. COMPLIANCE CONSULTING COMPANY OF VA LLC</b>		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 <b>Transaction ID : SB17.896</b>
City MCLEAN	State VA Zip Code 22101	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3121.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. COMPLIANCE CONSULTING COMPANY OF VA LLC</b>		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 <b>Transaction ID : SB17.897</b>
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CORNERSTONE COMPUTERS</b>		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 <b>Transaction ID : SB17.917</b>
City MURFREESBORO	State TN	
Zip Code 37129	Purpose of Disbursement EQUIPMENT REPAIR	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>C. DOUBLETREE HOTEL</b>		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 <b>Transaction ID : SB17.918</b>
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement FACILITY RENTAL/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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2869.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. EXXON MOBIL</b>		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		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. EXXON MOBIL</b>		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		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. EXXON MOBIL</b>		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		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	107.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. EXXON MOBIL</b>		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	<b>Transaction ID : SB17.3509</b>
Office Sought: <input type="checkbox"/> 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>B. FEDEX OFFICE</b>		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	<b>Transaction ID : SB17.3486</b>
Office Sought: <input type="checkbox"/> 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>C. FIRST BANK</b>		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	<b>Transaction ID : SB17.891</b>
Office Sought: <input type="checkbox"/> 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	508.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. HARRIS MEDIA LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 14 / 2014</b>
Mailing Address <b>611 S CONGRESS AVE STE 400</b>			Amount of Each Disbursement this Period <b>11969.90</b> <b>Transaction ID : SB17.3519</b>
City <b>AUSTIN</b>	State <b>TX</b>	Zip Code <b>78704</b>	
Purpose of Disbursement <b>WEB SERVICE</b>		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>B. HOLIDAY INN</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 27 / 2014</b>
Mailing Address <b>PO BOX 30321</b>			Amount of Each Disbursement this Period <b>95.24</b> <b>Transaction ID : SB17.3498</b>
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84130</b>	
Purpose of Disbursement <b>TRAVEL</b>		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>C. HOLIDAY INN</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address <b>PO BOX 30321</b>			Amount of Each Disbursement this Period <b>95.24</b> <b>Transaction ID : SB17.3511</b>
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84130</b>	
Purpose of Disbursement <b>TRAVEL</b>		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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>12160.38</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. ICONTACT CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 03 / 2014</b>
Mailing Address <b>2450 PERIMETER PARK DR STE 105</b>		Amount of Each Disbursement this Period <b>92.50</b>
City <b>MORRISVILLE</b> State <b>NC</b> Zip Code <b>27560</b>	Purpose of Disbursement <b>WEB SERVICE</b>	
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)	<b>Transaction ID : SB17.3517</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ICONTACT CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 04 / 2014</b>
Mailing Address <b>2450 PERIMETER PARK DR STE 105</b>		Amount of Each Disbursement this Period <b>92.50</b>
City <b>MORRISVILLE</b> State <b>NC</b> Zip Code <b>27560</b>	Purpose of Disbursement <b>WEB SERVICE</b>	
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)	<b>Transaction ID : SB17.3520</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ICONTACT CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 04 / 2014</b>
Mailing Address <b>2450 PERIMETER PARK DR STE 105</b>		Amount of Each Disbursement this Period <b>92.50</b>
City <b>MORRISVILLE</b> State <b>NC</b> Zip Code <b>27560</b>	Purpose of Disbursement <b>WEB SERVICE</b>	
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)	<b>Transaction ID : SB17.3521</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>277.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. JOYNER &amp; HOGAN PRINTERS</b>		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 <b>Transaction ID : SB17.3488</b>
City NASHVILLE State TN Zip Code 37206	Purpose of Disbursement PRINTING/POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOYNER &amp; HOGAN PRINTERS</b>		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 <b>Transaction ID : SB17.3489</b>
City NASHVILLE State TN Zip Code 37206	Purpose of Disbursement PRINTING/POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JOYNER &amp; HOGAN PRINTERS</b>		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 <b>Transaction ID : SB17.3490</b>
City NASHVILLE State TN Zip Code 37206	Purpose of Disbursement PRINTING/POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4808.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. KIWANIS CLUB CLEVELAND</b>			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 <b>Transaction ID : SB17.3491</b>
City CLEVELAND	State TN	Zip Code 37320	
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>B. KROGER FUEL</b>			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 <b>Transaction ID : SB17.3510</b>
City CINCINNATI	State OH	Zip Code 45202	
Purpose of Disbursement TRAVEL	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MAJORITY STRATEGIES</b>			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 <b>Transaction ID : SB17.3487</b>
City PONTE VEDRA BEACH	State FL	Zip Code 32082	
Purpose of Disbursement PRINTING/POSTAGE	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15386.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. MORRIS VINEYARD</b>			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	Transaction ID : SB17.3472		
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) <b>B. OFFICE DEPOT</b>			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	Transaction ID : SB17.3474		
Purpose of Disbursement OFFICE SUPPLIES		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>C. OFFICE MAX</b>			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	Transaction ID : SB17.3477		
Purpose of Disbursement OFFICE SUPPLIES/PRINTING		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	346.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. ONMESSAGE INC</b>		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	Purpose of Disbursement SURVEY RESEARCH	Transaction ID : SB17.3496
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>B. ONMESSAGE INC</b>		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	Purpose of Disbursement WEB SERVICE	Transaction ID : SB17.3518
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PANERA BREAD</b>		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	Purpose of Disbursement CATERING	Transaction ID : SB17.892
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27804.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. PIRYX</b>		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 <b>Transaction ID : SB17.898</b>
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>B. PIRYX</b>		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 <b>Transaction ID : SB17.900</b>
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>C. PIRYX</b>		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 <b>Transaction ID : SB17.901</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	378.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. PIRYX</b>		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>B. PIRYX</b>		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) <b>C. PIRYX</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	85.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. PIRYX</b>		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 <b>Transaction ID : SB17.905</b>
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>B. PIRYX</b>		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 <b>Transaction ID : SB17.906</b>
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>C. PIRYX</b>		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 <b>Transaction ID : SB17.907</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.08
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. PIRYX</b>		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	<b>Transaction ID : SB17.908</b>
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>B. PIRYX</b>		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	<b>Transaction ID : SB17.909</b>
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>C. PIRYX</b>		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	<b>Transaction ID : SB17.910</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	46.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. PIRYX</b>		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>B. PIRYX</b>		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) <b>C. PIRYX</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. PIRYX</b>		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>B. RACHEL BARRETT &amp; COMPANY LLC</b>		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) <b>C. RACHEL BARRETT &amp; COMPANY LLC</b>		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5151.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 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		Transaction ID : SB17.3502
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 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		Transaction ID : SB17.3503
Office Sought: <input type="checkbox"/> 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>C. SPEEDWAY</b>		Date of Disbursement MM / DD / YYYY 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		Transaction ID : SB17.3499
Office Sought: <input type="checkbox"/> 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	403.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

Mailing Address 1000 NICOLLETT MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 04 / 2014

Amount of Each Disbursement this Period: 110.08

Transaction ID : SB17.3475

Full Name (Last, First, Middle Initial)  
**B. THE SPALDING GROUP**

Mailing Address 2306 FRANKFORT AVE

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement PRINTING

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: 172.00

Transaction ID : SB17.3485

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

Mailing Address 10101 LINN STATION RD

City LOUISVILLE State KY Zip Code 40223

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 18 / 2014

Amount of Each Disbursement this Period: 30.31

Transaction ID : SB17.3505

**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**

**A. TWO WOMEN IN A KITCHEN**

Full Name (Last, First, Middle Initial)  
Mailing Address 1895 SANDRA DR

City CLEVELAND State TN Zip Code 37323

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 27 / 2014

Amount of Each Disbursement this Period: 347.84

Transaction ID : SB17.895

**B. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 182 HOWARD ST #8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 115.00

Transaction ID : SB17.3507

**C. UBER TECHNOLOGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 182 HOWARD ST #8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 30.98

Transaction ID : SB17.3508

**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) <b>A. USPS</b>		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	Category/Type	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:	

Full Name (Last, First, Middle Initial) <b>B. WALMART</b>		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	Category/Type	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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	70.84
<b>TOTAL</b> This Period (last page this line number only).....	103188.23