

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Marsha Blackburn for Congress, Inc.

ADDRESS (number and street) PO Box 682185  
 Check if different than previously reported. (ACC)  
Franklin TN 37068 2185

2. **FEC IDENTIFICATION NUMBER** C00376939  
**CITY** STATE ZIP CODE STATE DISTRICT  
TN 07

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

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

5. Covering Period 01 01 2009 through 03 31 2009

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 Tea Hoffman

Signature of Treasurer Electronically Filed by Tea Hoffman Date 04 15 2009

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

Office Use Only **FEC FORM 3** (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Marsha Blackburn for Congress, Inc.

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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)).....	69719.00	82182.66
(b) Total Contribution Refunds (from Line 20(d)).....	3000.00	3000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	66719.00	79182.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	99379.59	172768.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	10188.60	10200.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	89190.99	162568.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	317808.07	
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).....	7402.28	

**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  
Marsha Blackburn for Congress, Inc.

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**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).....

32350.00

39930.00

(ii) Unitemized.....

12869.00

15752.66

(iii) TOTAL of contributions

45219.00

55682.66

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

24500.00

26500.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

69719.00

82182.66

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

10188.60

10200.17

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)..... ▶

79907.60

92382.83

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	99379.59	172768.82
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3000.00	3000.00
21. OTHER DISBURSEMENTS.....	200.00	575.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	102579.59	176343.82

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	340480.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	79907.60
25. SUBTOTAL (add Line 23 and Line 24).....	420387.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	102579.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	317808.07

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 92  
(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)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) E.M. Edington</p> <p>Mailing Address 1301 Peachers Mill Road</p> <p>City State Zip Code Clarksville TN 37042-4610</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Dentist</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 1 9 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C13882</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) William Wyatt</p> <p>Mailing Address 830 River Run</p> <p>City State Zip Code Clarksville TN 37043-6041</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer E &amp; M Bank Occupation Executive Vice President</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 1 9 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C13867</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Clark Jones</p> <p>Mailing Address 18 Colonel Winstead Drive</p> <p>City State Zip Code Brentwood TN 37027-8936</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self Occupation Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 3 / 2 7 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C14051</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; height: 20px;"></span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 92  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael L Mullins</p> <p>Mailing Address 829 Salisbury Way</p> <p>City State Zip Code Clarksville TN 37043-5690</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Gateway Medical Center Occupation Hospital CEO</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">02 / 19 / 2009</span></p> <p><b>Transaction ID:</b> A-C13872</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Winston Wolfe</p> <p>Mailing Address 8671 Tournament Drive</p> <p>City State Zip Code Memphis TN 38125-8807</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Olympic Optical Occupation C.E.O.</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">02 / 10 / 2009</span></p> <p><b>Transaction ID:</b> A-C13792</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) BICO ASSOCIATES</p> <p>Mailing Address 100 Peabody Place Suite 1400</p> <p>City State Zip Code Memphis TN 38103-3648</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 24 / 2009</span></p> <p><b>Transaction ID:</b> A-C14048</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Carolyn Pancoast

Mailing Address 13 Foxhall Close

City State Zip Code  
Nashville TN 37215-1864

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

Name of Employer Occupation  
None homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: A-C13883

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Carolyn E. Amiot

Mailing Address 106 Bonaventure Place

City State Zip Code  
Nashville TN 37205-4440

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

Name of Employer Occupation  
Deloitte & Touche Accountant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: A-C14076

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Jane G. Hospelhorn

Mailing Address 10944 Back Piney Road

City State Zip Code  
Bon Aqua TN 37025-3000

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

Name of Employer Occupation  
retired retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: A-C13796

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1600.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Rushton Patterson, Jr.

Mailing Address 44 S Front Street  
Apt. 3B

City State Zip Code  
Memphis TN 38103-2424

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

Name of Employer self Occupation  
MD

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: A-C13764

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Ronald H Kirkland

Mailing Address 107 Tuckahoe Road

City State Zip Code  
Jackson TN 38305-8864

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

Name of Employer The Jackson Clinic Occupation  
physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: A-C13952

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Toy J Fuson, Jr.

Mailing Address 6221 Milbrook Road

City State Zip Code  
Brentwood TN 37027-4911

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

Name of Employer Self Occupation  
Real estate broker/agent

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: A-C14035

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

600.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

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

Mailing Address PO Box 1402

City Hendersonville State TN Zip Code 37077-1402

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

Name of Employer self Occupation entertainer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 02 / 20 / 2009  
**Transaction ID: A-C13907**  
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ronald Alan Belz

Mailing Address 100 Peabody Place Suite 1400

City Memphis State TN Zip Code 38103-3648

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

Name of Employer Belz Inc. Occupation Developer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 01 / 27 / 2009  
**Transaction ID: A-C13757**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John F Jordan

Mailing Address 4111 Dorman Drive

City Nashville State TN Zip Code 37215-2404

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

Name of Employer N.A. Holding Cöl Occupation President CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: A-C14079**  
 Amount of Each Receipt this Period: 4800.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 92  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
James Eason

Mailing Address 77 Waring Road

City State Zip Code  
Memphis TN 38117-2431

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

Name of Employer Occupation  
UT Medical Group, Inc. Transplant surgeon

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2009

**Transaction ID:** A-C13776

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Maclin P Davis, Jr.

Mailing Address 429 Davidson Road

City State Zip Code  
Nashville TN 37205-3134

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

Name of Employer Occupation  
WallerLansden Dortch & Davis Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C14077

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Patricia H Ligon

Mailing Address 1919 Overhill Drive  
# A

City State Zip Code  
Nashville TN 37215-3412

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

Name of Employer Occupation  
retired retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2009

**Transaction ID:** A-C13939

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 92  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Jerry Clark

Mailing Address 2931 Crye Crest Cove

City State Zip Code  
Germantown TN 38138-8763

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

Name of Employer Occupation  
Wachovia sales

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** A-C13854

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

300.00

**B.**

Full Name (Last, First, Middle Initial)  
John F Jordan

Mailing Address 4111 Dorman Drive

City State Zip Code  
Nashville TN 37215-2404

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

Name of Employer Occupation  
N.A. Holding Col President CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-MC2

Amount of Each Receipt this Period  
2400.00

redesignation of funds to general  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

4800.00

**C.**

Full Name (Last, First, Middle Initial)  
Rushton Patterson, Jr.

Mailing Address 44 S Front Street  
Apt. 3B

City State Zip Code  
Memphis TN 38103-2424

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

Name of Employer Occupation  
self MD

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** A-C13850

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Ernest Dewald

Mailing Address 847 River Run

City State Zip Code  
Clarksville TN 37043-6043

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

Name of Employer self Occupation dentist

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: A-C13861

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Cordia Harrington

Mailing Address 4009 Lynnwood Court

City State Zip Code  
Franklin TN 37069-6119

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

Name of Employer Tennessee Bun Company Occupation CEO

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: A-C14050

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Matthew Spencer

Mailing Address 7 Fox Vale Lane

City State Zip Code  
Nashville TN 37221-4516

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

Name of Employer Dixie Medical Inc. Occupation sales/owner

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: A-C13858

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Robert K Farmer  
Mailing Address 4 Belleair Drive  
City Memphis State TN Zip Code 38104-2727  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spectrum Corporation Occupation president/CEO  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 300.00  
Date of Receipt 01 / 27 / 2009  
Transaction ID: A-C13760  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John F Jordan  
Mailing Address 4111 Dorman Drive  
City Nashville State TN Zip Code 37215-2404  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N.A. Holding Col Occupation President CEO  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: A-MC1  
Amount of Each Receipt this Period -2400.00  
Redesignation of funds to general  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Pamela Stephens  
Mailing Address 605 Akin Court  
City Franklin State TN Zip Code 37064-5043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wmson Mem. Funeral Home Occupation funeral director  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00  
Date of Receipt 02 / 20 / 2009  
Transaction ID: A-C13884  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **350.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Winston Wolfe	Date of Receipt MM / DD / YYYY 02 / 24 / 2009
	Mailing Address 8671 Tournament Drive	<b>Transaction ID:</b> A-C13933
	City State Zip Code Memphis TN 38125-8807	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Olympic Optical C.E.O.	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Virginia McMullan	Date of Receipt MM / DD / YYYY 02 / 24 / 2009
	Mailing Address 1119 Blackburn Drive	<b>Transaction ID:</b> A-C13929
	City State Zip Code Kingston Springs TN 37082-8128	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation state of TN teacher	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) B. Lee Mallory, III	Date of Receipt MM / DD / YYYY 01 / 27 / 2009
	Mailing Address 4294 Swinnea Road	<b>Transaction ID:</b> A-C13766
	City State Zip Code Memphis TN 38118-6620	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation The Mallory Group Executive	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2050.00
<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: PAGE 15 / 92  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial) Jerry Clark		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
Mailing Address 2931 Crye Crest Cove		<b>Transaction ID:</b> A-C13791
City Germantown	State TN	Zip Code 38138-8763
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Wachovia	Occupation sales	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Fred Miller		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 313 Appomattox Drive		<b>Transaction ID:</b> A-C13812
City Brentwood	State TN	Zip Code 37027-4956
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Business Solutions	Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Jack Turner		Date of Receipt MM / DD / YYYY 02 / 19 / 2009
Mailing Address PO Box 627		<b>Transaction ID:</b> A-C13873
City Clarksville	State TN	Zip Code 37041-0627
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Jack B. Turner & Associates	Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<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: PAGE 16 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
BICO ASSOCIATES

Mailing Address 100 Peabody Place  
Suite 1400

City State Zip Code  
Memphis TN 38103-3648

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: A-C13804

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Susan Lee

Mailing Address 9056 Macon Road

City State Zip Code  
Cordova TN 38016-6110

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

Name of Employer Occupation  
Security Signals Inc. President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: A-C13774

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
James G Holleman

Mailing Address 1949 Norwood Trail

City State Zip Code  
Clarksville TN 37043-4634

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

Name of Employer Occupation  
Conroy, marable and holleman retired/ part pres/owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: A-C13785

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1100.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Wendell H Gilbert		Date of Receipt
	Mailing Address 809 Foxwood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Clarksville	TN	37043-5940
	FEC ID number of contributing federal political committee.		Transaction ID: A-C13866
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer Tenn./retired		Occupation Veterans Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 500.00		
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) James O Hastings, Jr.		Date of Receipt
	Mailing Address 400 Leake Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 2 / 1 3 / 2 0 0 9
	City	State	Zip Code
	Nashville	TN	37205-3712
	FEC ID number of contributing federal political committee.		Transaction ID: A-C13811
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer Self		Occupation Architect	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00		
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Randall Rawlings		Date of Receipt
	Mailing Address 800 Northwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 1 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Selmer	TN	38375-1819
	FEC ID number of contributing federal political committee.		Transaction ID: A-C13759
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer spectrum corp		Occupation officer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 500.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 92  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fred Tillman</p> <p>Mailing Address 5645 Murray Road</p> <p>City State Zip Code Memphis TN 38119-3831</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Century Management President</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2300.00</p>	<p>Date of Receipt MM / DD / YYYY 01 / 11 / 2009</p> <p><b>Transaction ID:</b> A-C13724</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Barry Coburn</p> <p>Mailing Address 33 Music Square W Suite 110</p> <p>City State Zip Code Nashville TN 37203-6612</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Ten Ten Music Group, Inc. co-president</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 17 / 2009</p> <p><b>Transaction ID:</b> A-C14043</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Wilbur Sensing</p> <p>Mailing Address 9135 Old Smyrna Road</p> <p>City State Zip Code Brentwood TN 37027-6103</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation retired farmer</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 27 / 2009</p> <p><b>Transaction ID:</b> A-C14053</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3550.00</b>
<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: PAGE 19 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Jim D Ethridge  
Mailing Address 507 Rocky Point Road  
City Cordova State TN Zip Code 38018-7027  
FEC ID number of contributing federal political committee. C  
Name of Employer Coastal Fuels Occupation President  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00  
Date of Receipt 01 / 27 / 2009  
**Transaction ID:** A-C13762  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David R. Patrick  
Mailing Address 7461 Summerdale Cove  
City Bartlett State TN Zip Code 38133-2644  
FEC ID number of contributing federal political committee. C  
Name of Employer self Occupation CPA  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt 02 / 13 / 2009  
**Transaction ID:** A-C13809  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lucy Sensing  
Mailing Address 9135 Old Smyrna Road  
City Brentwood State TN Zip Code 37027-6103  
FEC ID number of contributing federal political committee. C  
Name of Employer retired Occupation retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2300.00  
Date of Receipt 03 / 04 / 2009  
**Transaction ID:** A-C13951  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3050.00  
**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 20 / 92  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

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

Mailing Address 1692 Fort Campbell Boulevard

City State Zip Code  
Clarksville TN 37042-7531

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

Name of Employer Self Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 9 / 2 0 0 9

**Transaction ID:** A-C13869

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James A Haslam, II

Mailing Address 1640 Lyons Bend Road

City State Zip Code  
Knoxville TN 37919-8918

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

Name of Employer Pilot Oil Corporations Occupation Chairman

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

**Transaction ID:** A-C14054

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Stefan M. Smith

Mailing Address 1992 Kirbywills Cove

City State Zip Code  
Memphis TN 38119-6426

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

Name of Employer Lexus of Memphis Occupation Auto Dealer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 0 / 2 0 0 9

**Transaction ID:** A-C13910

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 92  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Kevin T. Foley, M.D.

Mailing Address 2877 Keasler Circle W

City State Zip Code  
Germantown TN 38139-6828

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

Name of Employer semmes-murphey clinic Occupation physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: A-C14052

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Edward L. Cattau

Mailing Address 2232 Lake Page Drive

City State Zip Code  
Collierville TN 38017-8857

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

Name of Employer Memphis Gastroenterology Grp Occupation MD

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2009

Transaction ID: A-C13940

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Carolyn E. Amiot

Mailing Address 106 Bonaventure Place

City State Zip Code  
Nashville TN 37205-4440

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

Name of Employer Deloitte & Touche Occupation Accountant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 10 / 2009

Transaction ID: A-C13793

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1450.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **32350.00**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 92  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Amgen Political Action Committee

Mailing Address 1 Amgen Center Drive

City State Zip Code  
Thousand Oaks CA 91320-1730

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

**Transaction ID:** A-C13781

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Franklin TN 37067-2662

FEC ID number of contributing federal political committee. **C** C00421420

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 9

**Transaction ID:** A-C13876

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT&T Inc. Federal PAC

Mailing Address 208 S Akard Street  
Suite 3521

City State Zip Code  
Dallas TX 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

**Transaction ID:** A-C14081

Amount of Each Receipt this Period  
4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL PAPER PAC (IP PAC)  
Mailing Address 1101 Pennsylvania Avenue NW  
Suite 200  
City Washington State DC Zip Code 20004-2514  
FEC ID number of contributing federal political committee. **C** C00034405  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: A-C14082  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Caremark RX Inc. Employees PAC  
Mailing Address 2211 Sanders Road  
City Northbrook State IL Zip Code 60062-6150  
FEC ID number of contributing federal political committee. **C** C00384818  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 03 / 17 / 2009  
Transaction ID: A-C14042  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
DELOITTE AND TOUCHE LLP FEDERAL POLITICAL ACTION COMMITTEE  
Mailing Address PO Box 365  
City Washington State DC Zip Code 20044-0365  
FEC ID number of contributing federal political committee. **C** C00211318  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 03 / 17 / 2009  
Transaction ID: A-C14045  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 92  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Universal Music Group Political Action Committee

Mailing Address PO Box 31756

City State Zip Code  
Charlotte NC 28231-1756

FEC ID number of contributing federal political committee. **C** C00392464

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C14095

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Association of Convenience Stores Political Action Committee

Mailing Address 1600 Duke Street

City State Zip Code  
Alexandria VA 22314-3466

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2009

**Transaction ID:** A-C13949

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE (USTAPAC)

Mailing Address 607 14th Street NW  
Suite 400

City State Zip Code  
Washington DC 20005-2000

FEC ID number of contributing federal political committee. **C** C00000984

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2009

**Transaction ID:** A-C14046

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3500.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

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

Mailing Address 1400 16th Street NW  
Suite 600

City State Zip Code  
Washington DC 20036-2225

FEC ID number of contributing federal political committee. **C** C00262295

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C14080

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
T-Mobile Political Action Committee

Mailing Address 401 9th Street NW  
Suite 550

City State Zip Code  
Washington DC 20004-2141

FEC ID number of contributing federal political committee. **C** C00361758

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2009

**Transaction ID:** A-C14040

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Verizon Wireless Pac

Mailing Address 20 Independence Boulevard

City State Zip Code  
Warren NJ 07059-2731

FEC ID number of contributing federal political committee. **C** C00363127

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C14085

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Branch Banking & Trust Multicandidate Committee

Mailing Address PO Box 1290

City State Zip Code  
Winston Salem NC 27102-1290

FEC ID number of contributing federal political committee. **C** C00075291

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C14083

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Exxon Mobil Corporation PAC

Mailing Address 325 Pennsylvania Avenue SE  
# 280

City State Zip Code  
Washington DC 20003-1148

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 04 / 2009

**Transaction ID:** A-C13950

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 235 E 42nd Street  
Floor 30

City State Zip Code  
New York NY 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 17 / 2009

**Transaction ID:** A-C14044

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 92  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
American College Of Radiology Association Political Action Committee (RADPAC)

Mailing Address 1701 Pennsylvania Avenue NW  
Suite 610

City State Zip Code  
Washington DC 20006-5805

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2009

Transaction ID: A-C14084

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	24500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 92  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Patton Boggs, L.L.P., Attorneys at Law

Mailing Address 2550 M Street NW

City State Zip Code  
Washington DC 20037-1301

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7173.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

Transaction ID: A-O14128

Amount of Each Receipt this Period  
7173.80

Refund - Legal Expense  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Rachel Willis

Mailing Address 6688 Willow Break Drive

City State Zip Code  
Memphis TN 38135-3055

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

Name of Employer Requested Occupation Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: A-O14139

Amount of Each Receipt this Period  
250.00

State Dated Check 4341  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Friends of Dolores Gresham

Mailing Address PO Box 877

City State Zip Code  
Somerville TN 38068-0877

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: A-O14146

Amount of Each Receipt this Period  
1000.00

State Dated Check 09/18/09  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8423.80**

**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 29 / 92	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) H Three Events		Date of Receipt	
	Mailing Address 311 Robinhood Road		M M / D D / Y Y Y Y 03 / 24 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> A-O14130
	Brentwood	TN	37027-5137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	1055.42
	Name of Employer		Occupation	Refund over payment
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		1055.42		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1055.42
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9479.22

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-S-1642 Date of Disbursement 02 / 28 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 232.50
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Social Security Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Paychex, Inc.(02/28/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Kathy Danner	Transaction ID: B-E-14103 Date of Disbursement 03 / 31 / 2009
	Mailing Address 513 Brennan Lane	Amount of Each Disbursement this Period 104.09
	City Franklin State TN Zip Code 37067-6237	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Complete Campaigns	Transaction ID: B-E-13997 Date of Disbursement 01 / 08 / 2009
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 500.00
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Software Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	604.09
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Kathy Danner  Mailing Address 513 Brennan Lane  City Franklin State TN Zip Code 37067-6237  Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13959 Date of Disbursement 01 / 30 / 2009  Amount of Each Disbursement this Period 187.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Original vendors exceeding reporting threshold itemized as memo transactions.
B.	Full Name (Last, First, Middle Initial) Corner Wine & Spirits  Mailing Address 110 Hillsboro Rd, #120  City Franklin State TN Zip Code 37064  Purpose of Disbursement Beverage Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-1556 Date of Disbursement 03 / 06 / 2009  Amount of Each Disbursement this Period 50.23  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Subitemization of American Express(03/06/09)
C.	Full Name (Last, First, Middle Initial) Edwin B Raskin Company  Mailing Address 5210 Maryland Way Suite 300  City Brentwood State TN Zip Code 37027-5065  Purpose of Disbursement Rent Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13961 Date of Disbursement 02 / 04 / 2009  Amount of Each Disbursement this Period 1715.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1902.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box for total)

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)  
Edwin B Raskin Company

Transaction ID: B-E-13996  
Date of Disbursement

Mailing Address 5210 Maryland Way  
Suite 300

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	9	

City State Zip Code  
Brentwood TN 37027-5065

Amount of Each Disbursement this Period

1715.00
---------

Purpose of Disbursement  
Administrative/Salary/Overhead: Rent  
Candidate Name

001
Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
FedEx Corp.

Transaction ID: B-S-1511  
Date of Disbursement

Mailing Address 225 Franklin Road

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	9	

City State Zip Code  
Brentwood TN 37027-5214

Amount of Each Disbursement this Period

240.95
--------

Purpose of Disbursement  
Mail and Delivery  
Candidate Name

001
Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

[MEMO ITEM]

Subitemization of American Express(02/06/09)

C.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Transaction ID: B-E-14111  
Date of Disbursement

Mailing Address 3 Lakeview Place  
Suite 150

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	9	

City State Zip Code  
Nashville TN 37214

Amount of Each Disbursement this Period

4078.13
---------

Purpose of Disbursement  
Other: Payroll SEE BELOW  
Candidate Name

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Original vendors exceeding reporting threshold itemized as memo transactions.

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

5793.13
---------

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

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# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathy Danner  Mailing Address 513 Brennan Lane  City Franklin State TN Zip Code 37067-6237  Purpose of Disbursement Payroll / Salary Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B-S-1663 Date of Disbursement 01 / 15 / 2009  Amount of Each Disbursement this Period 1500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/15/09)
<b>B.</b>	Full Name (Last, First, Middle Initial) Paychex, Inc.  Mailing Address 3 Lakeview Place Suite 150  City Nashville State TN Zip Code 37214  Purpose of Disbursement MEDICARE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B-S-1648 Date of Disbursement 02 / 15 / 2009  Amount of Each Disbursement this Period 54.38  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(02/15/09)
<b>C.</b>	Full Name (Last, First, Middle Initial) Racquet Club of Memphis  Mailing Address 5111 Sanderlin Avenue  City Memphis State TN Zip Code 38117-4329  Purpose of Disbursement Facility Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B-S-1496 Date of Disbursement 02 / 06 / 2009  Amount of Each Disbursement this Period 1026.90  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)

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

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 105378 City Atlanta State GA Zip Code 30348-5378 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13975 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 300.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) Shelby County Republican Party Mailing Address 4515 Poplar Avenue Suite 520 City Memphis State TN Zip Code 38117-7513 Purpose of Disbursement Campaign Event: Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14020 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1474 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1758.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(01/20/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	600.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Red Door Salon Mailing Address 1401 Pennsylvania Avenue NW City Washington State DC Zip Code 20004-1047 Purpose of Disbursement Spa Day Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1600 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9 Amount of Each Disbursement this Period 1235.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(03/31/09)
	Category/Type 003

<b>B.</b> Full Name (Last, First, Middle Initial) Darcy Anderson Mailing Address PO Box 159213 City Nashville State TN Zip Code 37215-9213 Purpose of Disbursement Salary Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1658 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/31/09)
	Category/Type 001

<b>C.</b> Full Name (Last, First, Middle Initial) Earthlink.net Mailing Address PO Box 6452 City Carol Stream State IL Zip Code 60197-6452 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1504 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 Amount of Each Disbursement this Period 79.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)
	Category/Type 001

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

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A. Complete Campaigns	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-14008																					
	Mailing Address	Date of Disbursement																					
	610 Gateway Center Way Suite K	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	0	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	0	/	2	0	0	9														
	City	State	Zip Code																				
	San Diego	CA	92102-4548																				
	Purpose of Disbursement	Amount of Each Disbursement this Period																					
	Accounting Software	<table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																			
500.00																							
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
	Office Sought:	Disbursement For:																					
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State:	District:																					

B. Rotary Club of Nashville	Full Name (Last, First, Middle Initial)	Transaction ID: B-E-13963																					
	Mailing Address	Date of Disbursement																					
	4525 Trousdale Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	6	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	0	6	/	2	0	0	9														
	City	State	Zip Code																				
	Nashville	TN	37204-4513																				
	Purpose of Disbursement	Amount of Each Disbursement this Period																					
	Membership	<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																							
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
	Office Sought:	Disbursement For:																					
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State:	District:																					

C. Paychex, Inc.	Full Name (Last, First, Middle Initial)	Transaction ID: B-S-1665																					
	Mailing Address	Date of Disbursement																					
	3 Lakeview Place Suite 150	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	1	5	/	2	0	0	9														
	City	State	Zip Code																				
	Nashville	TN	37214																				
	Purpose of Disbursement	Amount of Each Disbursement this Period																					
	Medicare	<table border="1"> <tr> <td>54.38</td> </tr> </table>		54.38																			
54.38																							
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
	Office Sought:	Disbursement For:																					
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State:	District:																					

**[MEMO ITEM]**  
Subitemization of Paychex, Inc.(01/15/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00
1500.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td> </td></tr></table>	

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Darcy Anderson	Transaction ID: B-S-1639 Date of Disbursement 02 / 28 / 2009
	Mailing Address PO Box 159213	Amount of Each Disbursement this Period 2000.00
	City Nashville State TN Zip Code 37215-9213	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(02/28/09)
	Purpose of Disbursement Salary Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The Homestead	Transaction ID: B-S-1531 Date of Disbursement 03 / 06 / 2009
	Mailing Address 1766 Homestead Road	Amount of Each Disbursement this Period 292.52
	City Hot Springs State VA Zip Code 24445-2773	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(03/06/09)
	Purpose of Disbursement Lodging Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: B-S-1515 Date of Disbursement 02 / 06 / 2009
	Mailing Address Oak Meadow Dr.	Amount of Each Disbursement this Period 2534.59
	City Franklin State TN Zip Code 37064-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) RCM Banquet and Catering  Mailing Address 5111 Sanderlin Avenue  City Memphis State TN Zip Code 38117-4329 Purpose of Disbursement Campaign Event: Catering Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13979 Date of Disbursement 02 / 09 / 2009  Amount of Each Disbursement this Period 1277.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Kathy Danner  Mailing Address 513 Brennan Lane  City Franklin State TN Zip Code 37067-6237 Purpose of Disbursement Salary Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-1631 Date of Disbursement 03 / 31 / 2009  Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/31/09)
<b>C.</b>	Full Name (Last, First, Middle Initial) Paychex, Inc.  Mailing Address 3 Lakeview Place Suite 150  City Nashville State TN Zip Code 37214 Purpose of Disbursement Payroll Service Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14124 Date of Disbursement 03 / 10 / 2009  Amount of Each Disbursement this Period 126.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1403.45

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rachel Baily</p> <p>Mailing Address 114 Acklen Park Drive Apt. 6</p> <p>City Nashville State TN Zip Code 37203-1123</p> <p>Purpose of Disbursement Salary Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1637 <b>Date of Disbursement</b> 03 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/15/09)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capital Hill Club</p> <p>Mailing Address 300 1st Street</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Food/Beverage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1612 <b>Date of Disbursement</b> 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 315.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of American Express(03/31/09)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 3 Lakeview Place Suite 150</p> <p>City Nashville State TN Zip Code 37214</p> <p>Purpose of Disbursement Other: PAYROLL: SEE BELOW Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-14110 <b>Date of Disbursement</b> 02 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 4078.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4078.13

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Pitney Bowes	Transaction ID: B-S-1475
	Mailing Address PO Box 856390	Date of Disbursement 01 / 20 / 2009
	City Louisville State KY Zip Code 40285-6390	Amount of Each Disbursement this Period 46.93
	Purpose of Disbursement Postage Meter Rental Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of American Express(01/20/09)

B.	Full Name (Last, First, Middle Initial) Friends of Nashville Ballet	Transaction ID: B-E-13984
	Mailing Address 3630 Redmon Street	Date of Disbursement 03 / 06 / 2009
	City Nashville State TN Zip Code 37209	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Campaign Event: Event Tickets Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 007
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Rachel Bailly	Transaction ID: B-S-1640
	Mailing Address 114 Acklen Park Drive Apt. 6	Date of Disbursement 02 / 28 / 2009
	City Nashville State TN Zip Code 37203-1123	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Salary Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(02/28/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>800.00</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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement Food and Beverage Candidate Name	Transaction ID: B-E-13978 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 315.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) US Postmaster Mailing Address Oak Meadow Dr. City Franklin State TN Zip Code 37064-9998 Purpose of Disbursement Po Box Renewal Candidate Name	Transaction ID: B-E-14003 Date of Disbursement 01 / 20 / 2009 Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) Cool Springs Wine & Spirits Mailing Address 1935 Mallory Lane Suite 100 City Franklin State TN Zip Code 37067-2814 Purpose of Disbursement Beverage Service Candidate Name	Transaction ID: B-S-1501 Date of Disbursement 02 / 06 / 2009 Amount of Each Disbursement this Period 41.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
Subitemization of American Express(02/06/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**357.61**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Darcy Anderson	Transaction ID: B-S-1459 Date of Disbursement 02 / 11 / 2009
	Mailing Address PO Box 159213	Amount of Each Disbursement this Period 424.97
	City Nashville State TN Zip Code 37215-9213	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Candidate Name	<b>[MEMO ITEM]</b> Subitemization of Darcy Anderson(02/11/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-S-1664 Date of Disbursement 01 / 15 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 232.50
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Social Security Expense Candidate Name	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/15/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: B-E-14021 Date of Disbursement 03 / 06 / 2009
	Mailing Address Oak Meadow Dr.	Amount of Each Disbursement this Period 106.00
	City Franklin State TN Zip Code 37064-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>106.00</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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)  
Woody's Smokes and Brews

Mailing Address 1935 Mallory Lane

City Franklin State TN Zip Code 37067-2813

Purpose of Disbursement  
Food and Beverage

Candidate Name

007  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1492

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

335.74

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of American Express(01/20/09)

B.

Full Name (Last, First, Middle Initial)  
Marsha Blackburn

Mailing Address 6103 Murray Lane

City Brentwood State TN Zip Code 37027-6209

Purpose of Disbursement  
Reissue Stale Dated Check from

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-14148

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

53.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Rachel Willis

Mailing Address 6688 Willow Break Drive

City Memphis State TN Zip Code 38135-3055

Purpose of Disbursement  
Reissue Stale Dated Check from

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-14151

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

303.20

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Transaction ID: B-S-1632  
Date of Disbursement

Mailing Address 3 Lakeview Place  
Suite 150

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	9	

City Nashville State TN Zip Code 37214

Amount of Each Disbursement this Period

54.38
-------

Purpose of Disbursement  
Medicare

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

Subitemization of Paychex, Inc.(03/15/09)

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Transaction ID: B-E-13988  
Date of Disbursement

Mailing Address 300 1st Street SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	9	

City Washington State DC Zip Code 20003-1801

Amount of Each Disbursement this Period

43.04
-------

Purpose of Disbursement  
Food and Beverage

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Transaction ID: B-E-14010  
Date of Disbursement

Mailing Address PO Box 105378

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	9	

City Atlanta State GA Zip Code 30348-5378

Amount of Each Disbursement this Period

801.11
--------

Purpose of Disbursement  
Telephone

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

844.15
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**TOTAL** This Period (last page this line number only) ..... ▶

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**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 105378</p> <p>City Atlanta State GA Zip Code 30348-5378</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-14022 <b>Date of Disbursement</b> 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 275.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WM Fundraising &amp; Event Planning, Inc.</p> <p>Mailing Address 1302 13th Street NW # 2</p> <p>City Washington State DC Zip Code 20005-4419</p> <p>Purpose of Disbursement Fundraising: Fundraising Commission Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-13983 <b>Date of Disbursement</b> 02 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 4950.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Fort Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement PAYMENT: SEE BELOW Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-13965 <b>Date of Disbursement</b> 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 7842.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**13068.63**

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) FEC Financial, LLC</p> <p>Mailing Address PO Box 651374</p> <p>City Potomac Falls State VA Zip Code 20165-1374</p> <p>Purpose of Disbursement Accounting Services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-13982 <b>Date of Disbursement</b> 02 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Corner Wine &amp; Spirits</p> <p>Mailing Address 110 Hillsboro Rd, #120</p> <p>City Franklin State TN Zip Code 37064</p> <p>Purpose of Disbursement Beverage Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1565 <b>Date of Disbursement</b> 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 335.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Marsha Blackburn(02/06/09)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pitney Bowes</p> <p>Mailing Address PO Box 856390</p> <p>City Louisville State KY Zip Code 40285-6390</p> <p>Purpose of Disbursement Postage Meter Rent Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1536 <b>Date of Disbursement</b> 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 46.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of American Express(03/06/09)</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 3 Lakeview Place Suite 150</p> <p>City Nashville State TN Zip Code 37214</p> <p>Purpose of Disbursement TN SUTA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1650</p> <p>Date of Disbursement 02 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 11.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(02/15/09)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 2950 Kraft Drive Suite 100</p> <p>City Nashville State TN Zip Code 37204-3682</p> <p>Purpose of Disbursement Internet and cable expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-14125</p> <p>Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 105.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Click &amp; Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060-6704</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-14126</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 289.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

394.96

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Welders Supply & Equipment Mailing Address PO Box 90445 City Nashville State TN Zip Code 37209-0445 Purpose of Disbursement Equipment rental and supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13977 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 1048.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Doubletree Hotel Mailing Address 315 4th Avenue N City Nashville State TN Zip Code 37219-1601 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1497 Date of Disbursement 02 / 06 / 2009 Amount of Each Disbursement this Period 125.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)
C.	Full Name (Last, First, Middle Initial) Kathy Danner Mailing Address 513 Brennan Lane City Franklin State TN Zip Code 37067-6237 Purpose of Disbursement Salary Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1638 Date of Disbursement 03 / 15 / 2009 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/15/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1048.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Nashville Tent & Awning Company <hr/> Mailing Address 1301 Herman Street <hr/> City Nashville State TN Zip Code 37208-3334 <hr/> Purpose of Disbursement Campaign Event: Tent and Carpet Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13966 Date of Disbursement 02 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 1584.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Nashville Gas Company <hr/> Mailing Address 665 Mainstream Drive <hr/> City Nashville State TN Zip Code 37228-1203 <hr/> Purpose of Disbursement Office Utility Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14122 Date of Disbursement 02 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 112.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Pitney Bowes <hr/> Mailing Address PO Box 856390 <hr/> City Louisville State KY Zip Code 40285-6390 <hr/> Purpose of Disbursement Postage Meter Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1512 Date of Disbursement 02 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 46.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1696.22

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Konica Minolta Business Solutions	Transaction ID: B-E-13989
	Mailing Address 3100 W End Avenue Suite 1150	Date of Disbursement 03 / 12 / 2009
	City Nashville State TN Zip Code 37203-1652	Amount of Each Disbursement this Period 50.11
	Purpose of Disbursement Copier Contract Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FedEx Corp.	Transaction ID: B-S-1460
	Mailing Address 225 Franklin Road	Date of Disbursement 02 / 24 / 2009
	City Brentwood State TN Zip Code 37027-5214	Amount of Each Disbursement this Period 43.69
	Purpose of Disbursement Mailing Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Kathy Danner(02/24/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B-S-1477
	Mailing Address PO Box 360001	Date of Disbursement 01 / 20 / 2009
	City Fort Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Membership Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of American Express(01/20/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	50.11
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Earthlink.net	Transaction ID: B-S-1603 Date of Disbursement 03 / 05 / 2009
	Mailing Address PO Box 6452	Amount of Each Disbursement this Period 79.90
	City Carol Stream State IL Zip Code 60197-6452	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(03/31/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Darcy Anderson	Transaction ID: B-S-1629 Date of Disbursement 03 / 31 / 2009
	Mailing Address PO Box 159213	Amount of Each Disbursement this Period 2000.00
	City Nashville State TN Zip Code 37215-9213	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/31/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: B-S-1558 Date of Disbursement 03 / 06 / 2009
	Mailing Address 330 Franklin Road	Amount of Each Disbursement this Period 54.00
	City Brentwood State TN Zip Code 37027-3280	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Hanging Folders, Lables, Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(03/06/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Rachel Baily	Transaction ID: B-S-1630 Date of Disbursement 03 / 31 / 2009
	Mailing Address 114 Acklen Park Drive Apt. 6	Amount of Each Disbursement this Period 250.00
	City Nashville State TN Zip Code 37203-1123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/31/09)

B.	Full Name (Last, First, Middle Initial) Federal City Caterers	Transaction ID: B-E-13987 Date of Disbursement 03 / 12 / 2009
	Mailing Address 1119 12th Street NW	Amount of Each Disbursement this Period 313.50
	City Washington State DC Zip Code 20005-4632	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Event: Food and Beverage Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Mallory Station Storage	Transaction ID: B-S-1472 Date of Disbursement 01 / 20 / 2009
	Mailing Address 600 Church Street E	Amount of Each Disbursement this Period 103.00
	City Brentwood State TN Zip Code 37027-5284	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(01/20/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	313.50
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-E-14108 Date of Disbursement MM / DD / YYYY 03 / 15 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 4050.63
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: PAYROLL: SEE BELOW	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Original vendors exceeding reporting threshold itemi- zed as memo transactions.
	State: District:	

B.	Full Name (Last, First, Middle Initial) Nashville Gas Company	Transaction ID: B-E-13998 Date of Disbursement MM / DD / YYYY 01 / 08 / 2009
	Mailing Address 665 Mainstream Drive	Amount of Each Disbursement this Period 76.86
	City Nashville State TN Zip Code 37228-1203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Utility Expense	
	Candidate Name	Category/ Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: B-S-1601 Date of Disbursement MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 2700 Lone Oak Parkway	Amount of Each Disbursement this Period 552.40
	City Eagan State MN Zip Code 55121-1546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare	
	Candidate Name	Category/ Type 002
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of American Express(03/31/09)
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4127.49</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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address Cool Spring Market 2000 Mallory La

City Franklin State TN Zip Code 37069

Purpose of Disbursement  
Office Equipment

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1516  
Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

225.33

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of American Express(02/06/09)

B.

Full Name (Last, First, Middle Initial)  
Woody's Smokes and Brews

Mailing Address 1935 Mallory Lane

City Franklin State TN Zip Code 37067-2813

Purpose of Disbursement  
Food and Beverage

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1502  
Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

3.22

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of American Express(02/06/09)

C.

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address Oak Meadow Dr.

City Franklin State TN Zip Code 37064-9998

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1481  
Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

432.81

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of American Express(01/20/09)

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Waldorf Astoria Hilton</p> <p>Mailing Address 301 Park Avenue</p> <p>City New York State NY Zip Code 10022-6844</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1597</p> <p>Date of Disbursement 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 350.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of American Express(03/31/09)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 105378</p> <p>City Atlanta State GA Zip Code 30348-5378</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-13969</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 865.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathy Danner</p> <p>Mailing Address 513 Brennan Lane</p> <p>City Franklin State TN Zip Code 37067-6237</p> <p>Purpose of Disbursement REIMBURSEMENT: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-13958</p> <p>Date of Disbursement 01 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 53.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

919.11

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-S-1628 Date of Disbursement 03 / 31 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 1.25
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement TN SUI Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/31/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Marsha Blackburn	Transaction ID: B-E-13994 Date of Disbursement 02 / 06 / 2009
	Mailing Address 6103 Murray Lane	Amount of Each Disbursement this Period 780.39
	City Brentwood State TN Zip Code 37027-6209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) T & M Event Rentals	Transaction ID: B-S-1521 Date of Disbursement 02 / 06 / 2009
	Mailing Address 619 Norris Avenue	Amount of Each Disbursement this Period 648.61
	City Nashville State TN Zip Code 37204-3707	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Equipment Rental Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	780.39
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) ADT Security Services, Inc.	Transaction ID: B-S-1538 Date of Disbursement 03 / 06 / 2009
	Mailing Address 744 Melrose Avenue	Amount of Each Disbursement this Period 116.21
	City Nashville State TN Zip Code 37211-2151	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(03/06/09)
	Purpose of Disbursement Office Security System Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Darcy Anderson	Transaction ID: B-E-13980 Date of Disbursement 02 / 11 / 2009
	Mailing Address PO Box 159213	Amount of Each Disbursement this Period 575.93
	City Nashville State TN Zip Code 37215-9213	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Schneider's Liquor Store	Transaction ID: B-S-1486 Date of Disbursement 01 / 20 / 2009
	Mailing Address 300 Massachusetts Avenue NE	Amount of Each Disbursement this Period 226.65
	City Washington State DC Zip Code 20002-5702	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(01/20/09)
	Purpose of Disbursement Beverage Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		007 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	575.93
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)  
Pitney Bowes

Mailing Address PO Box 856390

City Louisville State KY Zip Code 40285-6390

Purpose of Disbursement  
Office Equipment

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1613  
Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

46.93

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

Subitemization of American Express(03/31/09)

B.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Mailing Address 3 Lakeview Place Suite 150

City Nashville State TN Zip Code 37214

Purpose of Disbursement  
Social Security

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1654  
Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

232.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

Subitemization of Paychex, Inc.(01/31/09)

C.

Full Name (Last, First, Middle Initial)  
FedEx Corp.

Mailing Address 225 Franklin Road

City Brentwood State TN Zip Code 37027-5214

Purpose of Disbursement  
Mail & Delivery

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1535  
Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

81.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

Subitemization of American Express(03/06/09)

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

0.00

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Darcy Anderson	Transaction ID: B-S-1661 Date of Disbursement 01 / 15 / 2009
	Mailing Address PO Box 159213	Amount of Each Disbursement this Period 2000.00
	City Nashville State TN Zip Code 37215-9213	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/15/09)
	Purpose of Disbursement Payroll / Salary Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Konica Minolta Business Solutions	Transaction ID: B-E-14007 Date of Disbursement 01 / 20 / 2009
	Mailing Address 3100 W End Avenue Suite 1150	Amount of Each Disbursement this Period 50.12
	City Nashville State TN Zip Code 37203-1652	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Copier Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Rachel Bailly	Transaction ID: B-S-1652 Date of Disbursement 02 / 15 / 2009
	Mailing Address 114 Acklen Park Drive Apt. 6	Amount of Each Disbursement this Period 250.00
	City Nashville State TN Zip Code 37203-1123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(02/15/09)
	Purpose of Disbursement Salary Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	50.12
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-S-1656 Date of Disbursement 01 / 31 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 30.00
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FUTA Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/31/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: B-S-1550 Date of Disbursement 03 / 06 / 2009
	Mailing Address Oak Meadow Dr.	Amount of Each Disbursement this Period 393.68
	City Franklin State TN Zip Code 37064-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(03/06/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B-E-14098 Date of Disbursement 03 / 31 / 2009
	Mailing Address PO Box 360001	Amount of Each Disbursement this Period 4664.26
	City Fort Lauderdale State FL Zip Code 33336-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PAYMENT: SEE BELOW Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4664.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) NEC Financial Services, Inc.</p> <p>Mailing Address PO Box 13872</p> <p>City Newark State NJ Zip Code 07188-0001</p> <p>Purpose of Disbursement Copier Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-13974</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 274.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathy Danner</p> <p>Mailing Address 513 Brennan Lane</p> <p>City Franklin State TN Zip Code 37067-6237</p> <p>Purpose of Disbursement Salary Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1641</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(02/28/09)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 3 Lakeview Place Suite 150</p> <p>City Nashville State TN Zip Code 37214</p> <p>Purpose of Disbursement FUTA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1634</p> <p>Date of Disbursement 03 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/15/09)</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>274.09</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: B-E-13964 Date of Disbursement 02 / 06 / 2009
	Mailing Address: Oak Meadow Dr.	Amount of Each Disbursement this Period: 200.00
	City: Franklin State: TN Zip Code: 37064-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Administrative/Salary/Overhead: Postage Candidate Name: Category/Type: 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Konica Minolta Business Solutions	Transaction ID: B-E-13968 Date of Disbursement 02 / 06 / 2009
	Mailing Address: 3100 W End Avenue Suite 1150	Amount of Each Disbursement this Period: 50.12
	City: Nashville State: TN Zip Code: 37203-1652	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Copier Contract Candidate Name: Category/Type: 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Edwin B Raskin Company	Transaction ID: B-E-13985 Date of Disbursement 03 / 06 / 2009
	Mailing Address: 5210 Maryland Way Suite 300	Amount of Each Disbursement this Period: 1715.00
	City: Brentwood State: TN Zip Code: 37027-5065	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Rent Expense Candidate Name: Category/Type: 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1965.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Kinkos Brentwood	Transaction ID: B-S-1549 Date of Disbursement 03 / 06 / 2009
	Mailing Address 225 Franklin Road	Amount of Each Disbursement this Period 385.66
	City Brentwood State TN Zip Code 37027-5214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(03/06/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FEC Financial, LLC	Transaction ID: B-E-14100 Date of Disbursement 03 / 31 / 2009
	Mailing Address PO Box 651374	Amount of Each Disbursement this Period 3000.00
	City Potomac Falls State VA Zip Code 20165-1374	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BCS Chamber Foundation, Inc.	Transaction ID: B-S-1554 Date of Disbursement 03 / 06 / 2009
	Mailing Address 5211 Maryland Way Suite 1080	Amount of Each Disbursement this Period 350.00
	City Brentwood State TN Zip Code 37027-5011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Tickets Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(03/06/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)  
FedEx Corp.

Mailing Address 225 Franklin Road

City State Zip Code  
Brentwood TN 37027-5214

Purpose of Disbursement

Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1611

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

79.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of American Express(03/31/09)

B.

Full Name (Last, First, Middle Initial)  
Kathy Danner

Mailing Address 513 Brennan Lane

City State Zip Code  
Franklin TN 37067-6237

Purpose of Disbursement

Mileage

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1453

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

172.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Kathy Danner(01/30/09)

C.

Full Name (Last, First, Middle Initial)  
AT& T

Mailing Address 49 Music Square W

City State Zip Code  
Nashville TN 37203-3213

Purpose of Disbursement

Telephone Bill

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1618

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

687.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of American Express(03/31/09)

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

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Joyner & Hogan	Transaction ID: B-E-13962 Date of Disbursement 02 / 06 / 2009
	Mailing Address PO Box 60069	Amount of Each Disbursement this Period 4323.07
	City Nashville State TN Zip Code 37206-0069	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bulk Mailer Printing and Posta Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

B.	Full Name (Last, First, Middle Initial) Kathy Danner	Transaction ID: B-S-1653 Date of Disbursement 02 / 15 / 2009
	Mailing Address 513 Brennan Lane	Amount of Each Disbursement this Period 1500.00
	City Franklin State TN Zip Code 37067-6237	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001
		<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(02/15/09)

C.	Full Name (Last, First, Middle Initial) Vinea Liquor Stor	Transaction ID: B-S-1507 Date of Disbursement 02 / 06 / 2009
	Mailing Address 2410 12th Avenue S	Amount of Each Disbursement this Period 528.55
	City Nashville State TN Zip Code 37204-2414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Beverage Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 007
		<b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4323.07
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-E-14109 Date of Disbursement 02 / 28 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 4067.13
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: PAYROLL SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-S-1645 Date of Disbursement 02 / 28 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 8.25
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement TN SUTA Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Paychex, Inc.(02/28/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Earthlink.net	Transaction ID: B-S-1532 Date of Disbursement 03 / 06 / 2009
	Mailing Address PO Box 6452	Amount of Each Disbursement this Period 79.90
	City Carol Stream State IL Zip Code 60197-6452	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of American Express(03/06/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4067.13
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)

Mallory Station Storage

Mailing Address 600 Church Street E

City State Zip Code  
Brentwood TN 37027-5284

Purpose of Disbursement  
Storage Expense

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1534

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

103.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of American Express(03/06/09)

B.

Full Name (Last, First, Middle Initial)

Paychex, Inc.

Mailing Address 3 Lakeview Place  
Suite 150

City State Zip Code  
Nashville TN 37214

Purpose of Disbursement  
MEDICARE

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1643

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

54.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Paychex, Inc.(02/28/09)

C.

Full Name (Last, First, Middle Initial)

Earthlink.net

Mailing Address PO Box 6452

City State Zip Code  
Carol Stream IL 60197-6452

Purpose of Disbursement  
Internet Service

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1466

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

79.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of American Express(01/20/09)

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Transaction ID: B-S-1644  
Date of Disbursement

Mailing Address 3 Lakeview Place  
Suite 150

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	9	

City Nashville State TN Zip Code 37214

Amount of Each Disbursement this Period

22.00
-------

Purpose of Disbursement  
FUTA

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

Subitemization of Paychex, Inc.(02/28/09)

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mallory Station Storage

Transaction ID: B-S-1509  
Date of Disbursement

Mailing Address 600 Church Street E

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	9	

City Brentwood State TN Zip Code 37027-5284

Amount of Each Disbursement this Period

103.00
--------

Purpose of Disbursement  
Storage Expense

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

Subitemization of American Express(02/06/09)

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Transaction ID: B-S-1655  
Date of Disbursement

Mailing Address 3 Lakeview Place  
Suite 150

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	9	

City Nashville State TN Zip Code 37214

Amount of Each Disbursement this Period

54.38
-------

Purpose of Disbursement  
MEDICARE

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

Subitemization of Paychex, Inc.(01/31/09)

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Farmers Insurance Group	Transaction ID: B-E-14074 Date of Disbursement 03 / 26 / 2009
	Mailing Address 215 Centerview Drive Suite 100	Amount of Each Disbursement this Period 353.00
	City Brentwood State TN Zip Code 37027-5246	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Insurance Policy Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B-E-14009 Date of Disbursement 01 / 20 / 2009
	Mailing Address PO Box 360001	Amount of Each Disbursement this Period 6487.87
	City Fort Lauderdale State FL Zip Code 33336-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PAYMENT: SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type
		Original vendors exceeding reporting threshold itemized as memo transactions.

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: B-S-1518 Date of Disbursement 02 / 06 / 2009
	Mailing Address 330 Franklin Road	Amount of Each Disbursement this Period 31.67
	City Brentwood State TN Zip Code 37027-3280	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Labels Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type
		<b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6840.87
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) FEC Financial, LLC Mailing Address PO Box 651374 City Potomac Falls State VA Zip Code 20165-1374 Purpose of Disbursement Accounting Services Candidate Name	Transaction ID: B-E-14001 Date of Disbursement 01 / 20 / 2009 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) WAKM AM-950 Radio Mailing Address 222 Mallory Station Road City Franklin State TN Zip Code 37067-8201 Purpose of Disbursement Advertising: Radio Advertising Candidate Name	Transaction ID: B-E-13971 Date of Disbursement 02 / 06 / 2009 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) T & M Event Rentals Mailing Address 619 Norris Avenue City Nashville State TN Zip Code 37204-3707 Purpose of Disbursement Equipment Rental Candidate Name	Transaction ID: B-S-1487 Date of Disbursement 01 / 20 / 2009 Amount of Each Disbursement this Period 59.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
Subitemization of American Express(01/20/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3300.00</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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Darcy Anderson	Transaction ID: B-S-1636 Date of Disbursement 03 / 15 / 2009
	Mailing Address PO Box 159213	Amount of Each Disbursement this Period 2000.00
	City Nashville State TN Zip Code 37215-9213	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/15/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Complete Campaigns	Transaction ID: B-E-14017 Date of Disbursement 03 / 05 / 2009
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 500.00
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Software Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-S-1625 Date of Disbursement 03 / 31 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 232.50
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Social Security Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/31/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	500.00
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) FedEx Corp.	Transaction ID: B-S-1473 Date of Disbursement 01 / 20 / 2009
	Mailing Address 225 Franklin Road	Amount of Each Disbursement this Period 49.20
	City Brentwood State TN Zip Code 37027-5214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(01/20/09)
	Purpose of Disbursement Mail and Delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-E-14118 Date of Disbursement 01 / 14 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 126.04
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Service Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Mafioza's	Transaction ID: B-S-1508 Date of Disbursement 02 / 06 / 2009
	Mailing Address 2400 12th Avenue S	Amount of Each Disbursement this Period 1100.69
	City Nashville State TN Zip Code 37204-2414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)
	Purpose of Disbursement Food and Beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		007 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	126.04
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Rachel Baily	Transaction ID: B-S-1659 Date of Disbursement 01 / 31 / 2009
	Mailing Address 114 Acklen Park Drive Apt. 6	Amount of Each Disbursement this Period 250.00
	City Nashville State TN Zip Code 37203-1123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Expense Candidate Name	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/31/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: B-E-14106 Date of Disbursement 03 / 31 / 2009
	Mailing Address PO Box 105378	Amount of Each Disbursement this Period 832.98
	City Atlanta State GA Zip Code 30348-5378	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) AT&T Bellsouth - Telephone Service	Transaction ID: B-E-14005 Date of Disbursement 01 / 20 / 2009
	Mailing Address PO Box 105503	Amount of Each Disbursement this Period 671.49
	City Atlanta State GA Zip Code 30348-5503	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1504.47</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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-E-14123 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 240.49
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Service Expense Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Nashville Gas Company	Transaction ID: B-E-14023 Date of Disbursement MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 665 Mainstream Drive	Amount of Each Disbursement this Period 115.44
	City Nashville State TN Zip Code 37228-1203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Utilities Expense Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Marsha Blackburn	Transaction ID: B-S-1559 Date of Disbursement MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 6103 Murray Lane	Amount of Each Disbursement this Period 306.22
	City Brentwood State TN Zip Code 37027-6209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Candidate Name Category/Type 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

**[MEMO ITEM]**  
Subitemization of Marsha Blackburn(02/06/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>355.93</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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Cool Springs Wine & Spirits	Transaction ID: B-S-1491
	Mailing Address 1935 Mallory Lane Suite 100	Date of Disbursement 01 / 20 / 2009
	City Franklin State TN Zip Code 37067-2814	Amount of Each Disbursement this Period 745.49
	Purpose of Disbursement Beverage Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(01/20/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Davis Coffee Club	Transaction ID: B-E-13999
	Mailing Address 1717 21st Avenue S	Date of Disbursement 01 / 12 / 2009
	City Nashville State TN Zip Code 37212-3703	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Campaign Event: Beverage Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-S-1657
	Mailing Address 3 Lakeview Place Suite 150	Date of Disbursement 01 / 31 / 2009
	City Nashville State TN Zip Code 37214	Amount of Each Disbursement this Period 11.25
	Purpose of Disbursement TN SUI Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/31/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

600.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 3 Lakeview Place Suite 150</p> <p>City Nashville State TN Zip Code 37214</p> <p>Purpose of Disbursement TN SUI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1667</p> <p>Date of Disbursement MM / DD / YYYY 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 11.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/15/09)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 105378</p> <p>City Atlanta State GA Zip Code 30348-5378</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-14019</p> <p>Date of Disbursement MM / DD / YYYY 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 843.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Food and Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-14004</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 17.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**860.77**

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rachel Baily</p> <p>Mailing Address 114 Acklen Park Drive Apt. 6</p> <p>City Nashville State TN Zip Code 37203-1123</p> <p>Purpose of Disbursement Payroll / Salary Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1662</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/15/09)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Fort Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement PAYMENT: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-14026</p> <p>Date of Disbursement 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 3487.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 3 Lakeview Place Suite 150</p> <p>City Nashville State TN Zip Code 37214</p> <p>Purpose of Disbursement Other: SEE BELOW - PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-14107</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 4040.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7527.25

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: B-E-14105 Date of Disbursement 03 / 31 / 2009
	Mailing Address PO Box 105378	Amount of Each Disbursement this Period 275.81
	City Atlanta State GA Zip Code 30348-5378	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Kathy Danner	Transaction ID: B-S-1660 Date of Disbursement 01 / 31 / 2009
	Mailing Address 513 Brennan Lane	Amount of Each Disbursement this Period 1500.00
	City Franklin State TN Zip Code 37067-6237	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type
		<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/31/09)

C.	Full Name (Last, First, Middle Initial) Music City Bus Line, Inc.	Transaction ID: B-E-13972 Date of Disbursement 02 / 06 / 2009
	Mailing Address 512 Pond Apple Road	Amount of Each Disbursement this Period 1050.00
	City Clarksville State TN Zip Code 37043-2209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Event: Bus Shuttle Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		007 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1325.81
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Corner Wine & Spirits	Transaction ID: B-S-1519 Date of Disbursement 02 / 06 / 2009
	Mailing Address 110 Hillsboro Rd, #120	Amount of Each Disbursement this Period 33.85
	City Franklin State TN Zip Code 37064	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Beverage Service Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Joyner & Hogan	Transaction ID: B-E-14102 Date of Disbursement 03 / 31 / 2009
	Mailing Address PO Box 60069	Amount of Each Disbursement this Period 721.05
	City Nashville State TN Zip Code 37206-0069	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising: Invitation Printing Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-S-1635 Date of Disbursement 03 / 15 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 3.75
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SUTA Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(03/15/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	721.05
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Joyner & Hogan  Mailing Address PO Box 60069  City Nashville State TN Zip Code 37206-0069  Purpose of Disbursement Campaign Event: Roundtable Invites Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13990 Date of Disbursement 03 / 12 / 2009  Amount of Each Disbursement this Period 764.75  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Marsha Blackburn  Mailing Address 6103 Murray Lane  City Brentwood State TN Zip Code 37027-6209  Purpose of Disbursement Cab Fare Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1564 Date of Disbursement 02 / 06 / 2009  Amount of Each Disbursement this Period 15.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Subitemization of Marsha Blackburn(02/06/09)
C.	Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 360001  City Fort Lauderdale State FL Zip Code 33336-0001  Purpose of Disbursement Credit Card Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14016 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 5.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	770.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Constant Craving Caterers, Inc.	Transaction ID: B-E-14121 Date of Disbursement 02 / 04 / 2009
	Mailing Address PO Box 974	Amount of Each Disbursement this Period 5150.00
	City Franklin State TN Zip Code 37065-0974	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Event: Catering Event Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 007
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B-E-14014 Date of Disbursement 02 / 03 / 2009
	Mailing Address PO Box 360001	Amount of Each Disbursement this Period 5.95
	City Fort Lauderdale State FL Zip Code 33336-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Comcast Cable	Transaction ID: B-E-14000 Date of Disbursement 01 / 15 / 2009
	Mailing Address 2950 Kraft Drive Suite 100	Amount of Each Disbursement this Period 105.42
	City Nashville State TN Zip Code 37204-3682	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5261.37
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: B-E-14119 Date of Disbursement 01 / 15 / 2009
	Mailing Address 3 Lakeview Place Suite 150	Amount of Each Disbursement this Period 4077.41
	City Nashville State TN Zip Code 37214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: PAYROLL SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: B-E-14011 Date of Disbursement 01 / 20 / 2009
	Mailing Address PO Box 105378	Amount of Each Disbursement this Period 271.25
	City Atlanta State GA Zip Code 30348-5378	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Kathy Danner(02/24/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Kathy Danner	Transaction ID: B-S-1461 Date of Disbursement 02 / 24 / 2009
	Mailing Address 513 Brennan Lane	Amount of Each Disbursement this Period 60.06
	City Franklin State TN Zip Code 37067-6237	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Kathy Danner(02/24/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4348.66</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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 3 Lakeview Place Suite 150</p> <p>City Nashville State TN Zip Code 37214</p> <p>Purpose of Disbursement Social Security Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1647 <b>Date of Disbursement</b> 02 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 232.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(02/15/09)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 330 Franklin Road</p> <p>City Brentwood State TN Zip Code 37027-3280</p> <p>Purpose of Disbursement Shredder, Mouse &amp; Keyboard Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-1465 <b>Date of Disbursement</b> 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 196.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of American Express(01/20/09)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Accounting Software Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-14002 <b>Date of Disbursement</b> 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

500.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kathy Danner</p> <p>Mailing Address 513 Brennan Lane</p> <p>City Franklin State TN Zip Code 37067-6237</p> <p>Purpose of Disbursement REIMBURSEMENT: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-13981</p> <p>Date of Disbursement MM / DD / YYYY 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 103.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 3 Lakeview Place Suite 150</p> <p>City Nashville State TN Zip Code 37214</p> <p>Purpose of Disbursement FUTA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-S-1666</p> <p>Date of Disbursement MM / DD / YYYY 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(01/15/09)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 105378</p> <p>City Atlanta State GA Zip Code 30348-5378</p> <p>Purpose of Disbursement Telephone Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-S-1526</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 49.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of American Express(02/06/09)</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

103.75

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Pay Pal	Transaction ID: B-S-1619 Date of Disbursement 03 / 05 / 2009
	Mailing Address 12312 Port Grace Boulevard	Amount of Each Disbursement this Period 358.75
	City La Vista State NE Zip Code 68128-8236	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(03/31/09)
	Purpose of Disbursement Event Promo Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

B.	Full Name (Last, First, Middle Initial) Comcast Cable	Transaction ID: B-E-14015 Date of Disbursement 02 / 17 / 2009
	Mailing Address 2950 Kraft Drive Suite 100	Amount of Each Disbursement this Period 105.43
	City Nashville State TN Zip Code 37204-3682	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Sams Club	Transaction ID: B-S-1598 Date of Disbursement 03 / 19 / 2009
	Mailing Address 3070 Mallory Lane	Amount of Each Disbursement this Period 104.09
	City Franklin State TN Zip Code 37067-8249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Kathy Danner(03/31/09)
	Purpose of Disbursement Food and Beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	105.43
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Darcy Anderson	Transaction ID: B-S-1651 Date of Disbursement 02 / 15 / 2009
	Mailing Address PO Box 159213	Amount of Each Disbursement this Period 2000.00
	City Nashville State TN Zip Code 37215-9213	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of Paychex, Inc.(02/15/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B-E-13995 Date of Disbursement 01 / 05 / 2009
	Mailing Address PO Box 360001	Amount of Each Disbursement this Period 5.95
	City Fort Lauderdale State FL Zip Code 33336-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: B-S-1467 Date of Disbursement 01 / 20 / 2009
	Mailing Address 1 Terminal Drive	Amount of Each Disbursement this Period 879.50
	City Nashville State TN Zip Code 37214-4110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(01/20/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5.95
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Transaction ID: B-S-1626  
Date of Disbursement

Mailing Address 3 Lakeview Place  
Suite 150

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	9	

City Nashville State TN Zip Code 37214

Amount of Each Disbursement this Period

54.38
-------

Purpose of Disbursement  
MEDICARE

001
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

Subitemization of Paychex, Inc.(03/31/09)

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
American Airlines

Transaction ID: B-S-1527  
Date of Disbursement

Mailing Address 1 Terminal Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	9	

City Nashville State TN Zip Code 37214-4110

Amount of Each Disbursement this Period

1009.70
---------

Purpose of Disbursement  
Airfare

002
-----

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

Subitemization of American Express(03/06/09)

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Transaction ID: B-S-1649  
Date of Disbursement

Mailing Address 3 Lakeview Place  
Suite 150

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	9	

City Nashville State TN Zip Code 37214

Amount of Each Disbursement this Period

30.00
-------

Purpose of Disbursement  
FUTA

001
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Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

Subitemization of Paychex, Inc.(02/15/09)

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

0.00
------

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

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# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Mallory Station Storage	Transaction ID: B-S-1610 Date of Disbursement 03 / 01 / 2009
	Mailing Address 600 Church Street E	Amount of Each Disbursement this Period 103.00
	City Brentwood State TN Zip Code 37027-5284	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Storage Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(03/31/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Rita F James	Transaction ID: B-E-14120 Date of Disbursement 01 / 20 / 2009
	Mailing Address 1813 Wilson Camp Circle	Amount of Each Disbursement this Period 960.00
	City Madison State TN Zip Code 37115-6544	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Event: Staff Event Consulting Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Jackson Place Gifts	Transaction ID: B-S-1470 Date of Disbursement 01 / 20 / 2009
	Mailing Address 740 Jackson Place NW	Amount of Each Disbursement this Period 661.64
	City Washington State DC Zip Code 20506-0300	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement White House Ornaments Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Subitemization of American Express(01/20/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	960.00
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Mailing Address 3 Lakeview Place  
Suite 150

City Nashville State TN Zip Code 37214

Purpose of Disbursement Social Security  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B-S-1633  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

Subitemization of Paychex, Inc.(03/15/09)

**B.**

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Mailing Address 3 Lakeview Place  
Suite 150

City Nashville State TN Zip Code 37214

Purpose of Disbursement FUTA  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: B-S-1627  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

Subitemization of Paychex, Inc.(03/31/09)

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 92

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Stanford Financial Group Co. Employees Pac <hr/> Mailing Address 1399 New York Avenue NW Suite 375 <hr/> City Washington State DC Zip Code 20005-4779 <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13991 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 010
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC) <hr/> Mailing Address 32 Ave. of The Americas <hr/> City New York State NY Zip Code 10013 <hr/> Purpose of Disbursement REFUN OVER CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14132 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 010

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

3000.00

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

3000.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Anthem Media, LLC	Nature of Debt (Purpose): Other: Production Disputed - SEES ALL
Mailing Address 5524 Bee Cave Road Suite B5	
City State ZIP Code Austin TX 78746-5248	

Outstanding Balance Beginning This Period 1739.28	<b>Transaction ID:</b> SD10-DEBT13296	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1739.28

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Lorrie Turk	Nature of Debt (Purpose): Other: Production Disputed - SEES ALL
Mailing Address 220 Leonard Avenue	
City State ZIP Code Nashville TN 37205-2426	

Outstanding Balance Beginning This Period 750.00	<b>Transaction ID:</b> SD10-DEBT13297	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Michael Calcote	Nature of Debt (Purpose): Other: Production Disputed - SEES ALL
Mailing Address 909 S Travis Street Apt. D	
City State ZIP Code Amarillo TX 79101-3041	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID:</b> SD10-DEBT13298	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>2989.28</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Marsha Blackburn for Congress, Inc.

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Lone Strat Film & Video			Nature of Debt (Purpose): Other: Production Disputed - SEES ALL
Mailing Address 6423 S Western Street			
City	State	ZIP Code	
Amarillo	TX	79110-3619	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10-DEBT13299</b>	
2000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2000.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Morrison Video			Nature of Debt (Purpose): Other: Production Disputed - SEES ALL
Mailing Address PO Box 50191			
City	State	ZIP Code	
Nashville	TN	37205-0191	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10-DEBT13300</b>	
880.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	880.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Citation Support, Inc.			Nature of Debt (Purpose): Other: Production Disputed - SEES ALL
Mailing Address 6737 Centennial Boulevard			
City	State	ZIP Code	
Nashville	TN	37209-1017	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10-DEBT13301</b>	
1533.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1533.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	4413.00
2) <b>TOTALS</b> This Period (last page this line number only).....	7402.28
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	7402.28