

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

FLINN FOR CONGRESS

ADDRESS (number and street) P.O. Box 367

Check if different than previously reported. (ACC) Atoka TN 38004

2. **FEC IDENTIFICATION NUMBER** C00474338 **CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A) TN 08

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 04 01 2010 through 06 30 2010

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 Douglas W. Robinson

Signature of Treasurer Electronically Filed by Douglas W. Robinson Date 07 15 2010

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FLINN FOR CONGRESS

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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)).....	57295.00	221705.08
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	57295.00	221705.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	1900839.51	2039433.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	152.08	152.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1900687.43	2039281.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	182795.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2000000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 FLINN FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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).....

48300.00

200700.00

(ii) Unitemized.....

7745.00

13755.08

(iii) TOTAL of contributions

56045.00

214455.08

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

1250.00

7250.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
 (other than loans)

57295.00

221705.08

(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.....

1900000.00

2000000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

1900000.00

2000000.00

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

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

152.08

152.08

15. OTHER RECEIPTS
 (Dividends, Interest, etc.).....

0.00

372.00

16. TOTAL RECEIPTS (add Lines
 11(e), 12, 13(c), 14, and 15)
 (Carry Total to Line 24, page 4)..... ▶

1957447.08

2222229.16

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1900839.51	2039433.92
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).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1900839.51	2039433.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	126187.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1957447.08
25. SUBTOTAL (add Line 23 and Line 24).....	2083634.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1900839.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	182795.24

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 120
	<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

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Edward A. Avery		Date of Receipt
	Mailing Address 1975 Coors Creek		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Collierville	TN	38017
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5065
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer CMPM		Occupation Administrator	<input type="text"/> 250.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Kirk P. Bailey		Date of Receipt
	Mailing Address 9344 Gwynn Hollow Cv.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Germantown	TN	38139
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5433
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Magna Bank		Occupation President	<input type="text"/> 500.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Thomas Bakondy		Date of Receipt
	Mailing Address 16527 Blue Shine Trail		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Cypress	TX	77433
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5069
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self-employed		Occupation Physician	<input type="text"/> 500.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL 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 6 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joan C. Banks

Mailing Address 920 Creekwood

City State Zip Code
Brownsville TN 38012

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

Name of Employer Occupation
Banks Law Firm Paralegal

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.5071

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Larry S. Banks

Mailing Address 108 S Washington Ave.

City State Zip Code
Brownsville TN 38012

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

Name of Employer Occupation
Banks Law Firm Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.5072

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Edwin W. Barnett

Mailing Address 8601 The Island

City State Zip Code
Memphis TN 38125

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

Name of Employer Occupation
Barnett Benefits LLC Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.5074

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 7 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Laticia Biggs

Mailing Address 7465 Germantown Sq. S.

City State Zip Code
Germantown TN 38138

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Brownsville Medical Clinic Information Requested
PC

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.5082

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William Bourland

Mailing Address 6286 Briarcrest

City State Zip Code
Memphis TN 38120

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
OrthoMemphis Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.5088

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joyce B. Brasfield

Mailing Address 1340 Cedar Hollow Dr.

City State Zip Code
Cordova TN 38016

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.5092

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Walter T. Bross

Mailing Address 1717 West Massey Road

City Memphis State TN Zip Code 38120

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

Name of Employer UBS Occupation Stockbroker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 05 / 20 / 2010
Transaction ID: SA11AI.5099
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
David E. Buechner

Mailing Address 9242 Forest Estates Cv.

City Germantown State TN Zip Code 38139

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

Name of Employer Memphis Vascular Center Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2010
Transaction ID: SA11AI.5105
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Gene Carlisle

Mailing Address 100 Peabody Place Suite 1100

City Memphis State TN Zip Code 38103

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

Name of Employer Carlisle Corp. Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 02 / 2010
Transaction ID: SA11AI.5111
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert G. Chandler

Mailing Address 8524 Trondheim Dr

City State Zip Code
Cordova TN 38018

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

Name of Employer Occupation
The Plastic Surgery Group Surgeon

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.5113

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James W. Davis

Mailing Address 6 Highland Pl.

City State Zip Code
Oxford MS 38655

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

Name of Employer Occupation
University of Mississippi Professor

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.5129

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
George Dendrinis

Mailing Address 1487 Claverton Cove

City State Zip Code
Collierville TN 38017

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

Name of Employer Occupation
Med Arm Inc. CEO

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5133

Amount of Each Receipt this Period
100.00

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:	PAGE 10 / 120
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Lewis R. Donelson		Date of Receipt
	Mailing Address 165 Madison		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Memphis	TN	38103
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5137
Name of Employer Baker Donelson		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Anne Doran		Date of Receipt
	Mailing Address 3625 Terrapin Creek Road		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cottage Grove	TN	38224
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5139
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Jerald M. Duncan		Date of Receipt
	Mailing Address 338 Greenway Rd.		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Memphis	TN	38117
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5142
Name of Employer UT Health Sciences Center		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL 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 11 / 120
(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)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James D. Eason

Mailing Address 77 Waring Road

City Memphis State TN Zip Code 38117

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

Name of Employer UT Medical Group Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2010
Transaction ID: SA11AI.5146
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Fleet Equipment Leasing, LLC

Mailing Address 2505 Farrisview Blvd.

City Memphis State TN Zip Code 38118

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2010
Transaction ID: SA11AI.5152
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
S.R. Gates

Mailing Address 8456 Woodlane Drive

City Germantown State TN Zip Code 38138

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

Name of Employer Self-employed Occupation Decorative Painter

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 06 / 01 / 2010
Transaction ID: SA11AI.5155
Amount of Each Receipt this Period 250.00

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 12 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Joanna F. Goodin

Mailing Address 1462 Highwood Drive

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Flinn Broadcasting Corp. Consultant

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

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.5162

Amount of Each Receipt this Period
2400.00

4800.00

B.

Full Name (Last, First, Middle Initial)
Mark A. Goodin

Mailing Address 1462 Highwood Drive

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Freddie Mac Attorney

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

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.5163

Amount of Each Receipt this Period
2400.00

4800.00

C.

Full Name (Last, First, Middle Initial)
Dale E. Hansen, Jr.

Mailing Address 6640 Green Shadows

City State Zip Code
Memphis TN 38119

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

Name of Employer Occupation
Memphis Vascular Center Radiologist

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

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.5173

Amount of Each Receipt this Period
250.00

250.00

SUBTOTAL of Receipts This Page (optional) ► **5050.00**

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 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carson M. Hughes
 Mailing Address 1018 Highland Colony Pkwy
 City State Zip Code
 Ridgeland MS 39157
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 6 / 2 0 1 0
Transaction ID: SA11AI.5188
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Telapex Inc. Attorney
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

B. Full Name (Last, First, Middle Initial)
Carson M. Hughes
 Mailing Address 1018 Highland Colony Pkwy
 City State Zip Code
 Ridgeland MS 39157
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.5189
 Amount of Each Receipt this Period
 650.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Telapex Inc. Attorney
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
J.R. Hyde, III
 Mailing Address 17 W. Pontotoc Ave Ste 100
 City State Zip Code
 Memphis TN 38103
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 1 0
Transaction ID: SA11AI.5193
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pittco Holdings Inc Owner & President
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00
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 14 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Monika Kief-Garcia

Mailing Address 14136 Andy Place

City State Zip Code
Riverside CA 92508

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

Name of Employer Renaissance Radiology Occupation President & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5203

Amount of Each Receipt this Period
250.00

250.00

B. Full Name (Last, First, Middle Initial)
Gary W. Kimzey

Mailing Address 2397 Lennox Drive

City State Zip Code
Germantown TN 38138

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

Name of Employer Self-employed Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.5205

Amount of Each Receipt this Period
500.00

500.00

C. Full Name (Last, First, Middle Initial)
William Lawson

Mailing Address 2038 Fite Road

City State Zip Code
Memphis TN 38127

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

Name of Employer Dobbs Management Service, LLC Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.5213

Amount of Each Receipt this Period
250.00

250.00

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 15 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
William Lawson

Mailing Address 2038 Fite Road

City State Zip Code
Memphis TN 38127

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

Name of Employer Dobbs Management Service, LLC Occupation Executive

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

Date of Receipt

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

Transaction ID: SA11AI.5214

Amount of Each Receipt this Period
500.00

750.00

B.

Full Name (Last, First, Middle Initial)
Edward H. Mabry Jr., Jr.

Mailing Address 690 Riverview Rd.

City State Zip Code
Memphis TN 38120

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

Name of Employer Self-employed Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	0

Transaction ID: SA11AI.5218

Amount of Each Receipt this Period
250.00

250.00

C.

Full Name (Last, First, Middle Initial)
Alfred A. Mansour

Mailing Address 3704 North Blvd Suite 1

City State Zip Code
Alexandria LA 71301

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

Name of Employer Central Louisiana Imaging Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	0

Transaction ID: SA11AI.5222

Amount of Each Receipt this Period
250.00

250.00

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 16 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Arsen H. Manugian

Mailing Address 238 W. Cherry Circle

City State Zip Code
Memphis TN 38117

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

Name of Employer Occupation
Memphis Orthopaedic Group Physician

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

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.5224

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Oscar Thomas Marshall, IV

Mailing Address 5859 Ridge Bend Rd.

City State Zip Code
Memphis TN 38120

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

Name of Employer Occupation
O.T. Marshall Architects Architect

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

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: SA11AI.5226

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Marie Martin-Stephens

Mailing Address 524 South Holmes

City State Zip Code
Memphis TN 38111

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt
MM / DD / YYYY
04 / 11 / 2010

Transaction ID: SA11AI.5228

Amount of Each Receipt this Period
500.00

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 17 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Charles McVean

Mailing Address 850 Ridge Lake Blvd

City State Zip Code
Memphis TN 38120

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

Name of Employer McVean Trading Occupation CEO

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
 0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.5238

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Richard C. Moore, Jr.

Mailing Address 6429 Kirby Ridge Cove

City State Zip Code
Memphis TN 38119

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

Name of Employer Lehman-Roberts Company Occupation Management

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.5242

Amount of Each Receipt this Period
2400.00

C.

Full Name (Last, First, Middle Initial)
Richard C. Moore, Jr.

Mailing Address 6429 Kirby Ridge Cove

City State Zip Code
Memphis TN 38119

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

Name of Employer Lehman-Roberts Company Occupation Management

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.5436

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) ▶ **6300.00**

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 18 / 120

(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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Thomas E. Motley, MD

Mailing Address 1325 Eastmoreland Suite 245

City State Zip Code
Memphis TN 38104

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

Name of Employer Occupation
Self-employed Physician

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 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.5248

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Samuel F. Nixon, III

Mailing Address 2893 Kensington Trce

City State Zip Code
Tarpon Springs FL 34688

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

Name of Employer Occupation
Dimensional Imaging President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.5252

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Ed Owen

Mailing Address 4784 Briar Cliff

City State Zip Code
Memphis TN 38117

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

Name of Employer Occupation
Self-employed Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.5262

Amount of Each Receipt this Period

2400.00

SUBTOTAL of Receipts This Page (optional)

3700.00

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 19 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ed Owen

Mailing Address 4784 Briar Cliff

City State Zip Code
Memphis TN 38117

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

Name of Employer Self-employed Occupation Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.5434

Amount of Each Receipt this Period
2400.00

B. Full Name (Last, First, Middle Initial)
Rada Petrinjac-Nenadi

Mailing Address 5160 White Cliff Drive

City State Zip Code
Memphis TN 38117

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

Name of Employer Tri-State Neurology Occupation Neurologist

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 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5268

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Leigh Pickering

Mailing Address 1508 S Nelson St.

City State Zip Code
Arlington VA 22204

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

Name of Employer LandscapPerfect Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.5272

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) ► **5300.00**

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 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William D. Porter

Mailing Address 4821 American Way

City State Zip Code
Memphis TN 38138

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

Name of Employer Occupation
W.H. Porter Co. Engineer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: SA11AI.5282

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lee Raney

Mailing Address 3649 Winplace Road

City State Zip Code
Memphis TN 38118

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

Name of Employer Occupation
Champion Awards Sales Representative

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 14 / 2010

Transaction ID: SA11AI.5371

Amount of Each Receipt this Period
700.00

In-Kind Contribution - Promotional Apparel

C. Full Name (Last, First, Middle Initial)
Lee Raney

Mailing Address 3649 Winplace Road

City State Zip Code
Memphis TN 38118

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

Name of Employer Occupation
Champion Awards Sales Representative

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 16 / 2010

Transaction ID: SA11AI.5372

Amount of Each Receipt this Period
500.00

In-Kind Contribution - Promotional Apparel

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frederick C. Schaeffer, Jr.
Mailing Address 4146 Grandview Ave.
City State Zip Code
Memphis TN 38117
FEC ID number of contributing federal political committee. **C**
Name of Employer Strategic Financial Planners Occupation Financial Services Representative
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2400.00
Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2010
Transaction ID: SA11AI.5297
Amount of Each Receipt this Period
1900.00

B. Full Name (Last, First, Middle Initial)
Frederick C. Schaeffer, Jr.
Mailing Address 4146 Grandview Ave.
City State Zip Code
Memphis TN 38117
FEC ID number of contributing federal political committee. **C**
Name of Employer Strategic Financial Planners Occupation Financial Services Representative
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3000.00
Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2010
Transaction ID: SA11AI.5431
Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Jaime M. Schwartzman
Mailing Address 67 Blue Lagoon
City State Zip Code
Laguna Beach CA 92654
FEC ID number of contributing federal political committee. **C**
Name of Employer Glendora Medical Associates Occupation Radiologist
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00
Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2010
Transaction ID: SA11AI.5299
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**
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 22 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nelle E. Shelton

Mailing Address 4198 Sequoia Road

City State Zip Code
Memphis TN 38117

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.5305

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Marion E. Simpson

Mailing Address 6 Concord Street

City State Zip Code
Charlestown MA 02129

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5307

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
Marion E. Simpson

Mailing Address 6 Concord Street

City State Zip Code
Charlestown MA 02129

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5435

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Billie Ann Smith

Mailing Address PO Box 158187

City Nashville State TN Zip Code 37215

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 02 / 2010

Transaction ID: SA11AI.5309

Amount of Each Receipt this Period: 250.00

250.00

B.

Full Name (Last, First, Middle Initial)
W.H. Smythe

Mailing Address 629 Rozelle Street

City Memphis State TN Zip Code 38104

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 17 / 2010

Transaction ID: SA11AI.5315

Amount of Each Receipt this Period: 500.00

500.00

C.

Full Name (Last, First, Middle Initial)
George W. Sneed, III

Mailing Address 284 Grove Pk

City Memphis State TN Zip Code 38117

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

Name of Employer Sneed Robinson & Gerber Inc Occupation Insurance

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 26 / 2010

Transaction ID: SA11AI.5317

Amount of Each Receipt this Period: 250.00

250.00

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 24 / 120

(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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

John B. Sneed

Mailing Address 141 Bayou Cir

City State Zip Code
Gulfport MS 39507

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

Name of Employer Occupation
Stewart Sneed & Hewes Attorney

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 5 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5319

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas D. Sneed

Mailing Address 6591 Oak Estates Lane

City State Zip Code
Memphis TN 38119

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

Name of Employer Occupation
Sneed Robinson & Gerber Inc President

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 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.5321

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

N. Gordon Thompson

Mailing Address 3959 Walnut Grove Rd.

City State Zip Code
Memphis TN 38111

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

Name of Employer Occupation
Thompson Dunavant CPA

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 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.5329

Amount of Each Receipt this Period

500.00

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 25 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lonnie Treadaway

Mailing Address 100 Kiwi Cove

City State Zip Code
Senatobia MS 38668

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Flinn Broadcasting Corporation General Manager

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.5332

Amount of Each Receipt this Period
1200.00

Amount of Each Receipt this Period
3600.00

B. Full Name (Last, First, Middle Initial)
Michael Turley

Mailing Address 871 Ridgeway Loop Rd
Ste 101

City State Zip Code
Memphis TN 38120

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Turley Properties Sales

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.5338

Amount of Each Receipt this Period
500.00

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Claude F. Varnar

Mailing Address 2947 Gardens Way

City State Zip Code
Memphis TN 38111

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-employed Physician

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.5344

Amount of Each Receipt this Period
250.00

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 1950.00

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 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William H. Watkins

Mailing Address 2974 Wetherby Cove North

City State Zip Code
Germantown TN 38139

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

Name of Employer Occupation
Watkins Uiberall, PLLC Founder

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2010

Transaction ID: SA11AI.5349

Amount of Each Receipt this Period
500.00

1000.00

B. Full Name (Last, First, Middle Initial)
Van Weinberg

Mailing Address 400 S Grove Park Rd.

City State Zip Code
Memphis TN 38117

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

Name of Employer Occupation
James Davis President

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

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 12 / 2010

Transaction ID: SA11AI.5355

Amount of Each Receipt this Period
250.00

250.00

C. Full Name (Last, First, Middle Initial)
Joyce Welch

Mailing Address 3216 Hollow Creek Rd.

City State Zip Code
Germantown TN 38138

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 27 / 2010

Transaction ID: SA11AI.5357

Amount of Each Receipt this Period
250.00

250.00

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 27 / 120
(check only one)

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

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Wiley Rein LLP

Mailing Address 1776 K Street, N.W.

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 13 / 2010

Transaction ID: SA11AI.5428

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	48300.00

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

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

FOR LINE NUMBER: PAGE 28 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BICO Associates PAC

Mailing Address PO Box 3661

City State Zip Code
Memphis TN 38173

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
 0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11C.5080

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Concerned Executives for Healthcare PAC

Mailing Address 5100 Poplar Ave 30th Floor

City State Zip Code
Memphis TN 38137

FEC ID number of contributing federal political committee. **C** C00328989

Name of Employer Occupation

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
 0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11C.5117

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ► **1250.00**

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

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

FOR LINE NUMBER: PAGE 29 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George S. Flinn, Jr.
Mailing Address P.O. Box 367

City State Zip Code
Atoka TN 38004

FEC ID number of contributing federal political committee. **C** H0TN08287

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 9 / 2 0 1 0
Transaction ID: SA13A.5396
 Amount of Each Receipt this Period
 200000.00

B. Full Name (Last, First, Middle Initial)
George S. Flinn, Jr.
Mailing Address P.O. Box 367

City State Zip Code
Atoka TN 38004

FEC ID number of contributing federal political committee. **C** H0TN08287

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 3 / 2 0 1 0
Transaction ID: SA13A.5397
 Amount of Each Receipt this Period
 600000.00

C. Full Name (Last, First, Middle Initial)
George S. Flinn, Jr.
Mailing Address P.O. Box 367

City State Zip Code
Atoka TN 38004

FEC ID number of contributing federal political committee. **C** H0TN08287

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 1 0
Transaction ID: SA13A.5398
 Amount of Each Receipt this Period
 200000.00

SUBTOTAL of Receipts This Page (optional) ► 1000000.00

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 30 / 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George S. Flinn, Jr.
Mailing Address P.O. Box 367
City Atoka State TN Zip Code 38004
FEC ID number of contributing federal political committee. **C** H0TN08287
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1400000.00
Date of Receipt 06 / 09 / 2010
Transaction ID: SA13A.5399
Amount of Each Receipt this Period 300000.00

B. Full Name (Last, First, Middle Initial)
George S. Flinn, Jr.
Mailing Address P.O. Box 367
City Atoka State TN Zip Code 38004
FEC ID number of contributing federal political committee. **C** H0TN08287
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000000.00
Date of Receipt 06 / 11 / 2010
Transaction ID: SA13A.5400
Amount of Each Receipt this Period 600000.00

SUBTOTAL of Receipts This Page (optional) ► 900000.00
TOTAL This Period (last page this line number only) ► 1900000.00

**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

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ADP Mailing Address 6055 Primacy Parkway Suite 401 City Memphis State TN Zip Code 38119 Purpose of Disbursement Payroll Taxes 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: SB17.4766 Date of Disbursement 04 / 01 / 2010 Amount of Each Disbursement this Period 845.04
B.	Full Name (Last, First, Middle Initial) ADP Mailing Address 6055 Primacy Parkway Suite 401 City Memphis State TN Zip Code 38119 Purpose of Disbursement Payroll Taxes 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: SB17.4767 Date of Disbursement 04 / 15 / 2010 Amount of Each Disbursement this Period 908.23
C.	Full Name (Last, First, Middle Initial) ADP Mailing Address 6055 Primacy Parkway Suite 401 City Memphis State TN Zip Code 38119 Purpose of Disbursement Payroll Taxes 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: SB17.4768 Date of Disbursement 05 / 03 / 2010 Amount of Each Disbursement this Period 937.32

SUBTOTAL of Disbursements This Page (optional) ▶

2690.59

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

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 6055 Primacy Parkway Suite 401</p> <p>City Memphis State TN Zip Code 38119</p> <p>Purpose of Disbursement Payroll Taxes</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>Transaction ID: SB17.4769</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1176.84</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 6055 Primacy Parkway Suite 401</p> <p>City Memphis State TN Zip Code 38119</p> <p>Purpose of Disbursement Payroll Taxes</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>Transaction ID: SB17.4770</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1129.82</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 6055 Primacy Parkway Suite 401</p> <p>City Memphis State TN Zip Code 38119</p> <p>Purpose of Disbursement Payroll Taxes</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>Transaction ID: SB17.4771</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1100.40</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3407.06

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) ADP, Inc.</p> <p>Mailing Address 504 Clinton Center Dr Ste 4400</p> <p>City Clinton State MS Zip Code 39056</p> <p>Purpose of Disbursement Payroll Services</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>Transaction ID: SB17.4966</p> <p>Date of Disbursement 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 59.62</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) ADP, Inc.</p> <p>Mailing Address 504 Clinton Center Dr Ste 4400</p> <p>City Clinton State MS Zip Code 39056</p> <p>Purpose of Disbursement Payroll Services</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>Transaction ID: SB17.4967</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 86.31</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) ADP, Inc.</p> <p>Mailing Address 504 Clinton Center Dr Ste 4400</p> <p>City Clinton State MS Zip Code 39056</p> <p>Purpose of Disbursement Payroll Services</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>Transaction ID: SB17.4971</p> <p>Date of Disbursement 05 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 61.31</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

207.24

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

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ADP, Inc. Mailing Address 504 Clinton Center Dr Ste 4400 City Clinton State MS Zip Code 39056 Purpose of Disbursement Payroll Services 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: SB17.4973 Date of Disbursement 06 / 25 / 2010 Amount of Each Disbursement this Period 61.31 Category/ Type
B.	Full Name (Last, First, Middle Initial) Craig Amabile Mailing Address 605 Cornwall Drive City Clarksville State TN Zip Code 37043 Purpose of Disbursement Travel - Reimbursement 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: SB17.4807 Date of Disbursement 06 / 24 / 2010 Amount of Each Disbursement this Period 500.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) American Cellular Mailing Address 8507 Highway 51 North City Millington State TN Zip Code 38053 Purpose of Disbursement Telephone 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: SB17.4989 Date of Disbursement 04 / 28 / 2010 Amount of Each Disbursement this Period 618.49 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1179.80

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) American Cellular</p> <p>Mailing Address 8507 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</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>Transaction ID: SB17.4995 Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 542.01</p>
<p>B. Full Name (Last, First, Middle Initial) American Legion Fair</p> <p>Mailing Address 8313 Highway 70</p> <p>City Arlington State TN Zip Code 38002</p> <p>Purpose of Disbursement Facility Rental 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>Transaction ID: SB17.4713 Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Arent Fox LLC</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Legal Consulting 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>Transaction ID: SB17.4749 Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 795.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1837.01

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Arent Fox LLC</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Legal Consulting</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>Transaction ID: SB17.4750</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1200.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 538641</p> <p>City Atlanta State GA Zip Code 30353</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 State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4991</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 435.90</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 538641</p> <p>City Atlanta State GA Zip Code 30353</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 State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4993</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 378.33</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2014.23

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Rachel L. Barrett Mailing Address 940 Ireland Street City Nashville State TN Zip Code 37208 Purpose of Disbursement Finance Consulting 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: SB17.4746 Date of Disbursement 04 / 14 / 2010 Amount of Each Disbursement this Period 6000.00
B.	Full Name (Last, First, Middle Initial) Rachel L. Barrett Mailing Address 940 Ireland Street City Nashville State TN Zip Code 37208 Purpose of Disbursement Travel - Reimbursement 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: SB17.4857 Date of Disbursement 04 / 14 / 2010 Amount of Each Disbursement this Period 1060.00
C.	Full Name (Last, First, Middle Initial) Rachel L. Barrett Mailing Address 940 Ireland Street City Nashville State TN Zip Code 37208 Purpose of Disbursement Printing - Reimbursement 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: SB17.4898 Date of Disbursement 04 / 14 / 2010 Amount of Each Disbursement this Period 3.93

SUBTOTAL of Disbursements This Page (optional) ▶	7063.93
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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Rachel L. Barrett

Transaction ID: SB17.4997
Date of Disbursement

Mailing Address 940 Ireland Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	0

City Nashville State TN Zip Code 37208

Amount of Each Disbursement this Period

887.60

Purpose of Disbursement
Travel - Reimbursement

Category/ Type

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
Rachel L. Barrett

Transaction ID: SB17.4747
Date of Disbursement

Mailing Address 940 Ireland Street

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

City Nashville State TN Zip Code 37208

Amount of Each Disbursement this Period

5300.00

Purpose of Disbursement
Finance Consulting

Category/ Type

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
Rachel L. Barrett

Transaction ID: SB17.4782
Date of Disbursement

Mailing Address 940 Ireland Street

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

City Nashville State TN Zip Code 37208

Amount of Each Disbursement this Period

567.38

Purpose of Disbursement
Food/Beverage - Reimbursement

Category/ Type

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional)

6754.98

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Rachel L. Barrett</p> <p>Mailing Address 940 Ireland Street</p> <p>City Nashville State TN Zip Code 37208</p> <p>Purpose of Disbursement Travel - Reimbursement</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>Transaction ID: SB17.4858</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 637.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Rachel L. Barrett</p> <p>Mailing Address 940 Ireland Street</p> <p>City Nashville State TN Zip Code 37208</p> <p>Purpose of Disbursement Travel - Reimbursement</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>Transaction ID: SB17.5009</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 167.42</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Rachel L. Barrett</p> <p>Mailing Address 940 Ireland Street</p> <p>City Nashville State TN Zip Code 37208</p> <p>Purpose of Disbursement Travel - Reimbursement</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>Transaction ID: SB17.5010</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 113.55</p>

SUBTOTAL of Disbursements This Page (optional) ▶

917.97

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Rachel L. Barrett</p> <p>Mailing Address 940 Ireland Street</p> <p>City Nashville State TN Zip Code 37208</p> <p>Purpose of Disbursement Travel - Reimbursement</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>Transaction ID: SB17.5011</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 125.58</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bryan T. Barry</p> <p>Mailing Address PO Box 10022</p> <p>City Jackson State TN Zip Code 38308</p> <p>Purpose of Disbursement 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>Transaction ID: SB17.4940</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bryan T. Barry</p> <p>Mailing Address PO Box 10022</p> <p>City Jackson State TN Zip Code 38308</p> <p>Purpose of Disbursement 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>Transaction ID: SB17.4947</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2625.58

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Bryan T. Barry <hr/> Mailing Address PO Box 10022 <hr/> City Jackson State TN Zip Code 38308 <hr/> Purpose of Disbursement Contribution - Reimbursement Candidate Name <hr/> 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: SB17.4761 Date of Disbursement 06 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 200.00
B.	Full Name (Last, First, Middle Initial) Bryan T. Barry <hr/> Mailing Address PO Box 10022 <hr/> City Jackson State TN Zip Code 38308 <hr/> Purpose of Disbursement Travel - Reimbursement Candidate Name <hr/> 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: SB17.4828 Date of Disbursement 06 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 37.73
C.	Full Name (Last, First, Middle Initial) Bryan T. Barry <hr/> Mailing Address PO Box 10022 <hr/> City Jackson State TN Zip Code 38308 <hr/> Purpose of Disbursement Travel - Reimbursement Candidate Name <hr/> 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: SB17.4829 Date of Disbursement 06 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 40.77

SUBTOTAL of Disbursements This Page (optional) ▶	278.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bryan T. Barry</p> <p>Mailing Address PO Box 10022</p> <p>City Jackson State TN Zip Code 38308</p> <p>Purpose of Disbursement Equip Purchase - Reimbursement</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>Transaction ID: SB17.4864</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.83"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bryan T. Barry</p> <p>Mailing Address PO Box 10022</p> <p>City Jackson State TN Zip Code 38308</p> <p>Purpose of Disbursement Equip Purchase - Reimbursement</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>Transaction ID: SB17.4979</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24.54"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bryan T. Barry</p> <p>Mailing Address PO Box 10022</p> <p>City Jackson State TN Zip Code 38308</p> <p>Purpose of Disbursement Equip Purchase - Reimbursement</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>Transaction ID: SB17.4980</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.58"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="140.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Bryan T. Barry

Transaction ID: SB17.4954
Date of Disbursement

Mailing Address PO Box 10022

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

City Jackson State TN Zip Code 38308

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Payroll

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BlueSwarm

Transaction ID: SB17.4964
Date of Disbursement

Mailing Address 70 Broadway

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

City Westford State MA Zip Code 01886

Amount of Each Disbursement this Period

214.70

Purpose of Disbursement
Processing Fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BlueSwarm

Transaction ID: SB17.4968
Date of Disbursement

Mailing Address 70 Broadway

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

City Westford State MA Zip Code 01886

Amount of Each Disbursement this Period

1.60

Purpose of Disbursement
Processing Fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1466.30

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BlueSwarm Mailing Address 70 Broadway City Westford State MA Zip Code 01886 Purpose of Disbursement Processing Fees 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: SB17.4969 Date of Disbursement 05 / 25 / 2010 Amount of Each Disbursement this Period 916.05 Category/Type
B.	Full Name (Last, First, Middle Initial) BlueSwarm Mailing Address 70 Broadway City Westford State MA Zip Code 01886 Purpose of Disbursement Processing Fees 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: SB17.4970 Date of Disbursement 05 / 26 / 2010 Amount of Each Disbursement this Period 104.03 Category/Type
C.	Full Name (Last, First, Middle Initial) BlueSwarm Mailing Address 70 Broadway City Westford State MA Zip Code 01886 Purpose of Disbursement Processing Fees 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: SB17.4972 Date of Disbursement 06 / 18 / 2010 Amount of Each Disbursement this Period 1.60 Category/Type

SUBTOTAL of Disbursements This Page (optional)

1021.68

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BlueSwarm <hr/> Mailing Address 70 Broadway <hr/> City Westford State MA Zip Code 01886 <hr/> Purpose of Disbursement Processing Fees Candidate Name <hr/> 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: SB17.4974 Date of Disbursement 06 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 247.85
B.	Full Name (Last, First, Middle Initial) BlueSwarm <hr/> Mailing Address 70 Broadway <hr/> City Westford State MA Zip Code 01886 <hr/> Purpose of Disbursement Processing Fees Candidate Name <hr/> 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: SB17.4975 Date of Disbursement 06 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 338.97
C.	Full Name (Last, First, Middle Initial) Brooke Rainey Photos <hr/> Mailing Address 5809 Brentwood Trace <hr/> City Brentwood State TN Zip Code 37027 <hr/> Purpose of Disbursement Photography Services Candidate Name <hr/> 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: SB17.4886 Date of Disbursement 04 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 1271.88

SUBTOTAL of Disbursements This Page (optional) ▶

1858.70

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Brooke Rainey Photos <hr/> Mailing Address 5809 Brentwood Trace <hr/> City Brentwood State TN Zip Code 37027 <hr/> Purpose of Disbursement Photography Services Candidate Name <hr/> 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: SB17.4887 Date of Disbursement 06 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 1724.88
B.	Full Name (Last, First, Middle Initial) CDW Direct <hr/> Mailing Address 200 North Milwaukee Ave <hr/> City Vernon Hills State IL Zip Code 60061 <hr/> Purpose of Disbursement Furniture Purchase Candidate Name <hr/> 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: SB17.4810 Date of Disbursement 04 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 4428.62
C.	Full Name (Last, First, Middle Initial) CDW Direct <hr/> Mailing Address 200 North Milwaukee Ave <hr/> City Vernon Hills State IL Zip Code 60061 <hr/> Purpose of Disbursement Furniture Purchase Candidate Name <hr/> 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: SB17.4813 Date of Disbursement 06 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1233.90

SUBTOTAL of Disbursements This Page (optional) ▶

7387.40

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

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

Use separate schedule(s)
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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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CDW Direct <hr/> Mailing Address 200 North Milwaukee Ave <hr/> City State Zip Code Vernon Hills IL 60061 <hr/> Purpose of Disbursement Furniture Purchase <hr/> 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: SB17.4814 Date of Disbursement 06 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 2084.90
B.	Full Name (Last, First, Middle Initial) Paul Ciaramitaro <hr/> Mailing Address 2840 Summit Arbors Circle <hr/> City State Zip Code Memphis TN 38128 <hr/> Purpose of Disbursement Payroll <hr/> 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: SB17.4923 Date of Disbursement 04 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 3250.00
C.	Full Name (Last, First, Middle Initial) Paul Ciaramitaro <hr/> Mailing Address 2840 Summit Arbors Circle <hr/> City State Zip Code Memphis TN 38128 <hr/> Purpose of Disbursement Food/Beverage - Reimbursement <hr/> 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: SB17.4779 Date of Disbursement 04 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 200.00

SUBTOTAL of Disbursements This Page (optional) ▶

5534.90

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paul Ciaramitaro</p> <p>Mailing Address 2840 Summit Arbors Circle</p> <p>City Memphis State TN Zip Code 38128</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4928</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3250.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paul Ciaramitaro</p> <p>Mailing Address 2840 Summit Arbors Circle</p> <p>City Memphis State TN Zip Code 38128</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4934</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3250.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paul Ciaramitaro</p> <p>Mailing Address 2840 Summit Arbors Circle</p> <p>City Memphis State TN Zip Code 38128</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4941</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3250.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paul Ciaramitaro</p> <p>Mailing Address 2840 Summit Arbors Circle</p> <p>City Memphis State TN Zip Code 38128</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4948</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3250.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paul Ciaramitaro</p> <p>Mailing Address 2840 Summit Arbors Circle</p> <p>City Memphis State TN Zip Code 38128</p> <p>Purpose of Disbursement Food/Beverage - Reimbursement</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>Transaction ID: SB17.4785</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="130.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paul Ciaramitaro</p> <p>Mailing Address 2840 Summit Arbors Circle</p> <p>City Memphis State TN Zip Code 38128</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4955</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3250.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="6630.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Christopher B. Connolly

Transaction ID: SB17.4924
Date of Disbursement

Mailing Address 3895 Brunswick Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

City State Zip Code
Memphis TN 38133

Amount of Each Disbursement this Period

692.28

Purpose of Disbursement
Payroll

Category/ Type

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Christopher B. Connolly

Transaction ID: SB17.4778
Date of Disbursement

Mailing Address 3895 Brunswick Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	0

City State Zip Code
Memphis TN 38133

Amount of Each Disbursement this Period

26.32

Purpose of Disbursement
Food/Beverage - Reimbursement

Category/ Type

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Christopher B. Connolly

Transaction ID: SB17.4929
Date of Disbursement

Mailing Address 3895 Brunswick Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

City State Zip Code
Memphis TN 38133

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Payroll

Category/ Type

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1968.60

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Christopher B. Connolly</p> <p>Mailing Address 3895 Brunswick Road</p> <p>City Memphis State TN Zip Code 38133</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4935</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p>
<p>B. Full Name (Last, First, Middle Initial) Christopher B. Connolly</p> <p>Mailing Address 3895 Brunswick Road</p> <p>City Memphis State TN Zip Code 38133</p> <p>Purpose of Disbursement Office Supplies - Reimbursement</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>Transaction ID: SB17.4873</p> <p>Date of Disbursement 05 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 24.44</p>
<p>C. Full Name (Last, First, Middle Initial) Christopher B. Connolly</p> <p>Mailing Address 3895 Brunswick Road</p> <p>City Memphis State TN Zip Code 38133</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4942</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2524.44

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Christopher B. Connolly</p> <p>Mailing Address 3895 Brunswick Road</p> <p>City Memphis State TN Zip Code 38133</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4949</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Christopher B. Connolly</p> <p>Mailing Address 3895 Brunswick Road</p> <p>City Memphis State TN Zip Code 38133</p> <p>Purpose of Disbursement Travel - Reimbursement</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>Transaction ID: SB17.4801</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Christopher B. Connolly</p> <p>Mailing Address 3895 Brunswick Road</p> <p>City Memphis State TN Zip Code 38133</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4956</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p> <p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2600.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Joshua G. Daniels

Transaction ID: SB17.4925
Date of Disbursement

Mailing Address 4509 Beechwood Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

City State Zip Code
College Park MD 20740

Amount of Each Disbursement this Period

2250.00

Purpose of Disbursement
Payroll

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Joshua G. Daniels

Transaction ID: SB17.4930
Date of Disbursement

Mailing Address 4509 Beechwood Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

City State Zip Code
College Park MD 20740

Amount of Each Disbursement this Period

2250.00

Purpose of Disbursement
Payroll

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Joshua G. Daniels

Transaction ID: SB17.4936
Date of Disbursement

Mailing Address 4509 Beechwood Road

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

City State Zip Code
College Park MD 20740

Amount of Each Disbursement this Period

2250.00

Purpose of Disbursement
Payroll

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6750.00

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)
FLINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Joshua G. Daniels <hr/> Mailing Address 4509 Beechwood Road <hr/> City College Park State MD Zip Code 20740 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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: SB17.4943 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2250.00
	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) Joshua G. Daniels <hr/> Mailing Address 4509 Beechwood Road <hr/> City College Park State MD Zip Code 20740 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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: SB17.4950 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2250.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Joshua G. Daniels <hr/> Mailing Address 4509 Beechwood Road <hr/> City College Park State MD Zip Code 20740 <hr/> Purpose of Disbursement Travel - Reimbursement Candidate Name <hr/> 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: SB17.4803 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4600.00

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Joshua G. Daniels</p> <p>Mailing Address 4509 Beechwood Road</p> <p>City College Park State MD Zip Code 20740</p> <p>Purpose of Disbursement Office Supplies - Reimbursement</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>Transaction ID: SB17.4880</p> <p>Date of Disbursement 06 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 62.17</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Joshua G. Daniels</p> <p>Mailing Address 4509 Beechwood Road</p> <p>City College Park State MD Zip Code 20740</p> <p>Purpose of Disbursement Office Supplies - Reimbursement</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>Transaction ID: SB17.4881</p> <p>Date of Disbursement 06 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 196.46</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Joshua G. Daniels</p> <p>Mailing Address 4509 Beechwood Road</p> <p>City College Park State MD Zip Code 20740</p> <p>Purpose of Disbursement Postage - Reimbursement</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>Transaction ID: SB17.4895</p> <p>Date of Disbursement 06 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 6.58</p>

SUBTOTAL of Disbursements This Page (optional) ▶

265.21

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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Joshua G. Daniels

Transaction ID: SB17.4957
Date of Disbursement

Mailing Address 4509 Beechwood Road

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

City State Zip Code
College Park MD 20740

Amount of Each Disbursement this Period

2250.00

Purpose of Disbursement
Payroll

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Dutch Printing

Transaction ID: SB17.4903
Date of Disbursement

Mailing Address 5190 Navy Road

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

City State Zip Code
Millington TN 38053

Amount of Each Disbursement this Period

476.33

Purpose of Disbursement
Printing

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Embassy Suites

Transaction ID: SB17.5013
Date of Disbursement

Mailing Address 900 10th Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

City State Zip Code
Washington DC 20001

Amount of Each Disbursement this Period

240.90

Purpose of Disbursement
Travel

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2967.23

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Embassy Suites</p> <p>Mailing Address 900 10th Street NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</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>Transaction ID: SB17.5023</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 225.19</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Embassy Suites</p> <p>Mailing Address 900 10th Street NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</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>Transaction ID: SB17.5024</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 255.90</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Embassy Suites</p> <p>Mailing Address 900 10th Street NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Food/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>Transaction ID: SB17.4792</p> <p>Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 708.27</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1189.36

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) EM Printing</p> <p>Mailing Address 3081 Bartlett Corporate Dr</p> <p>City Bartlett State TN Zip Code 38133</p> <p>Purpose of Disbursement Printing</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>Transaction ID: SB17.4902</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6438.38"/></p>
<p>B. Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Ste 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Equipment Purchase</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>Transaction ID: SB17.4983</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2471.36"/></p>
<p>C. Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Ste 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Telemarketing</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>Transaction ID: SB17.4915</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>

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)

<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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) FLS Connect, LLC <hr/> Mailing Address 7300 Hudson Blvd Ste 270 <hr/> City St Paul State MN Zip Code 55128 <hr/> Purpose of Disbursement Telemarketing Candidate Name <hr/> 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: SB17.4916 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 374.52
B.	Full Name (Last, First, Middle Initial) FLS Connect, LLC <hr/> Mailing Address 7300 Hudson Blvd Ste 270 <hr/> City St Paul State MN Zip Code 55128 <hr/> Purpose of Disbursement Telemarketing Candidate Name <hr/> 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: SB17.4917 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 4142.00
C.	Full Name (Last, First, Middle Initial) FLS Connect, LLC <hr/> Mailing Address 7300 Hudson Blvd Ste 270 <hr/> City St Paul State MN Zip Code 55128 <hr/> Purpose of Disbursement Telemarketing Candidate Name <hr/> 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: SB17.4918 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 848.88

SUBTOTAL of Disbursements This Page (optional) ► 5365.40

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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
FLS Connect, LLC

Transaction ID: SB17.4919
Date of Disbursement

Mailing Address 7300 Hudson Blvd Ste 270

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

City State Zip Code
St Paul MN 55128

Amount of Each Disbursement this Period

1474.98

Purpose of Disbursement
Telemarketing
Candidate Name

Category/ Type

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

B.

Full Name (Last, First, Middle Initial)
FLS Connect, LLC

Transaction ID: SB17.4920
Date of Disbursement

Mailing Address 7300 Hudson Blvd Ste 270

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	0

City State Zip Code
St Paul MN 55128

Amount of Each Disbursement this Period

3383.23

Purpose of Disbursement
Telemarketing
Candidate Name

Category/ Type

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

C.

Full Name (Last, First, Middle Initial)
FLS Connect, LLC

Transaction ID: SB17.4921
Date of Disbursement

Mailing Address 7300 Hudson Blvd Ste 270

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

City State Zip Code
St Paul MN 55128

Amount of Each Disbursement this Period

593.72

Purpose of Disbursement
Telemarketing
Candidate Name

Category/ Type

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

SUBTOTAL of Disbursements This Page (optional)

5451.93

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Ste 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Telemarketing</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>Transaction ID: SB17.4922</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 465.66</p>
<p>B. Full Name (Last, First, Middle Initial) Folk's Folly</p> <p>Mailing Address 551 South Mendenhall Road</p> <p>City Memphis State TN Zip Code 38117</p> <p>Purpose of Disbursement Food/Beverage</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>Transaction ID: SB17.4788</p> <p>Date of Disbursement 06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 788.96</p>
<p>C. Full Name (Last, First, Middle Initial) William S. Gardner, Jr.</p> <p>Mailing Address 1596 East Clanlo Drive</p> <p>City Memphis State TN Zip Code 38104</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4926</p> <p>Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2504.62

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) William S. Gardner, Jr. Mailing Address 1596 East Clanlo Drive City Memphis State TN Zip Code 38104 Purpose of Disbursement Contribution - Reimbursement 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: SB17.4755 Date of Disbursement 04 / 08 / 2010 Amount of Each Disbursement this Period 25.00
B.	Full Name (Last, First, Middle Initial) William S. Gardner, Jr. Mailing Address 1596 East Clanlo Drive City Memphis State TN Zip Code 38104 Purpose of Disbursement Voter List - Reimbursement 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: SB17.4859 Date of Disbursement 04 / 08 / 2010 Amount of Each Disbursement this Period 36.50
C.	Full Name (Last, First, Middle Initial) William S. Gardner, Jr. Mailing Address 1596 East Clanlo Drive City Memphis State TN Zip Code 38104 Purpose of Disbursement Voter List - Reimbursement 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: SB17.4860 Date of Disbursement 04 / 08 / 2010 Amount of Each Disbursement this Period 37.50

SUBTOTAL of Disbursements This Page (optional) ▶	99.00
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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) William S. Gardner, Jr.</p> <p>Mailing Address 1596 East Clanlo Drive</p> <p>City Memphis State TN Zip Code 38104</p> <p>Purpose of Disbursement Voter List - Reimbursement</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4861</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 38.35</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) William S. Gardner, Jr.</p> <p>Mailing Address 1596 East Clanlo Drive</p> <p>City Memphis State TN Zip Code 38104</p> <p>Purpose of Disbursement Voter List - Reimbursement</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4862</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 38.50</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) William S. Gardner, Jr.</p> <p>Mailing Address 1596 East Clanlo Drive</p> <p>City Memphis State TN Zip Code 38104</p> <p>Purpose of Disbursement Office Supplies - Reimbursement</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4870</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 86.54</p> <p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>163.39</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) William S. Gardner, Jr. Mailing Address 1596 East Clanlo Drive City Memphis State TN Zip Code 38104 Purpose of Disbursement Fax Services - Reimbursement 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: SB17.4897 Date of Disbursement 04 / 08 / 2010 Amount of Each Disbursement this Period 3.00 Category/Type
B.	Full Name (Last, First, Middle Initial) William S. Gardner Mailing Address 1596 East Clanlo Drive City Memphis State TN Zip Code 38104 Purpose of Disbursement Payroll 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: SB17.4932 Date of Disbursement 04 / 15 / 2010 Amount of Each Disbursement this Period 1250.00 Category/Type
C.	Full Name (Last, First, Middle Initial) William S. Gardner Mailing Address 1596 East Clanlo Drive City Memphis State TN Zip Code 38104 Purpose of Disbursement Payroll 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: SB17.4937 Date of Disbursement 05 / 03 / 2010 Amount of Each Disbursement this Period 1250.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2503.00

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) William S. Gardner <hr/> Mailing Address 1596 East Clanlo Drive <hr/> City Memphis State TN Zip Code 38104 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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: SB17.4944 Date of Disbursement 05 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 1250.00
B.	Full Name (Last, First, Middle Initial) William S. Gardner <hr/> Mailing Address 1596 East Clanlo Drive <hr/> City Memphis State TN Zip Code 38104 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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: SB17.4951 Date of Disbursement 06 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 1250.00
C.	Full Name (Last, First, Middle Initial) William S. Gardner, Jr. <hr/> Mailing Address 1596 East Clanlo Drive <hr/> City Memphis State TN Zip Code 38104 <hr/> Purpose of Disbursement Travel - Reimbursement Candidate Name <hr/> 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: SB17.4802 Date of Disbursement 06 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 150.00

SUBTOTAL of Disbursements This Page (optional) ▶	2650.00
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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
William S. Gardner

Transaction ID: SB17.4958
Date of Disbursement

Mailing Address 1596 East Clanlo Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

City State Zip Code
Memphis TN 38104

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Payroll

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
David J. Golden

Transaction ID: SB17.4927
Date of Disbursement

Mailing Address 5760 Benjestown Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

City State Zip Code
Memphis TN 38127

Amount of Each Disbursement this Period

923.04

Purpose of Disbursement
Payroll

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
David J. Golden

Transaction ID: SB17.4933
Date of Disbursement

Mailing Address 5760 Benjestown Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

City State Zip Code
Memphis TN 38127

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Payroll

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

3423.04

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) David J. Golden Mailing Address 5760 Benjestown Road City Memphis State TN Zip Code 38127 Purpose of Disbursement Payroll 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: SB17.4938 Date of Disbursement 05 / 03 / 2010 Amount of Each Disbursement this Period 1250.00 Category/Type
B.	Full Name (Last, First, Middle Initial) David J. Golden Mailing Address 5760 Benjestown Road City Memphis State TN Zip Code 38127 Purpose of Disbursement Travel - Reimbursement 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: SB17.4821 Date of Disbursement 05 / 06 / 2010 Amount of Each Disbursement this Period 55.55 Category/Type
C.	Full Name (Last, First, Middle Initial) David J. Golden Mailing Address 5760 Benjestown Road City Memphis State TN Zip Code 38127 Purpose of Disbursement Sponsorship - Reimbursement 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: SB17.4863 Date of Disbursement 05 / 06 / 2010 Amount of Each Disbursement this Period 110.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1415.55

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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
David J. Golden

Transaction ID: SB17.4945
Date of Disbursement

Mailing Address 5760 Benjestown Road

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

City State Zip Code
Memphis TN 38127

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Payroll

--

Candidate Name

Category/
Type

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

B.

Full Name (Last, First, Middle Initial)
David J. Golden

Transaction ID: SB17.4952
Date of Disbursement

Mailing Address 5760 Benjestown Road

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

City State Zip Code
Memphis TN 38127

Amount of Each Disbursement this Period

1250.00

Purpose of Disbursement
Payroll

--

Candidate Name

Category/
Type

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

C.

Full Name (Last, First, Middle Initial)
David J. Golden

Transaction ID: SB17.4800
Date of Disbursement

Mailing Address 5760 Benjestown Road

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

City State Zip Code
Memphis TN 38127

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Travel - Reimbursement

--

Candidate Name

Category/
Type

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

SUBTOTAL of Disbursements This Page (optional)

2700.00

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) David J. Golden Mailing Address 5760 Benjestown Road City Memphis State TN Zip Code 38127 Purpose of Disbursement Payroll 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: SB17.4959 Date of Disbursement 06 / 15 / 2010 Amount of Each Disbursement this Period 1250.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Goss RV, Inc. Mailing Address 1825 Sugarloaf Club Dr City Duluth State GA Zip Code 30097 Purpose of Disbursement Transportation Services 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: SB17.4726 Date of Disbursement 04 / 29 / 2010 Amount of Each Disbursement this Period 40874.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Goss RV, Inc. Mailing Address 1825 Sugarloaf Club Dr City Duluth State GA Zip Code 30097 Purpose of Disbursement Deposit on Equipment 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: SB17.4727 Date of Disbursement 04 / 29 / 2010 Amount of Each Disbursement this Period 5000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

47124.00

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Hampton Inn & Suites Mailing Address 8838 Highway 51 North City Millington State TN Zip Code 38053 Purpose of Disbursement Travel 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: SB17.5002 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 164.52
B.	Full Name (Last, First, Middle Initial) Hampton Inn & Suites Mailing Address 8838 Highway 51 North City Millington State TN Zip Code 38053 Purpose of Disbursement Travel 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: SB17.5003 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 196.98
C.	Full Name (Last, First, Middle Initial) Hampton Inn & Suites Mailing Address 8838 Highway 51 North City Millington State TN Zip Code 38053 Purpose of Disbursement Travel 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: SB17.5007 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 1 0	Amount of Each Disbursement this Period 136.85

SUBTOTAL of Disbursements This Page (optional)	498.35
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Hampton Inn & Suites

Transaction ID: SB17.5008
Date of Disbursement

Mailing Address 8838 Highway 51 North

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	0

City Millington State TN Zip Code 38053

Amount of Each Disbursement this Period

136.85

Purpose of Disbursement
Travel

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Hampton Inn & Suites

Transaction ID: SB17.5012
Date of Disbursement

Mailing Address 8838 Highway 51 North

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

City Millington State TN Zip Code 38053

Amount of Each Disbursement this Period

164.52

Purpose of Disbursement
Travel

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Hampton Inn & Suites

Transaction ID: SB17.5016
Date of Disbursement

Mailing Address 8838 Highway 51 North

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

City Millington State TN Zip Code 38053

Amount of Each Disbursement this Period

159.85

Purpose of Disbursement
Travel

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

461.22

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Hampton Inn & Suites Mailing Address 8838 Highway 51 North City Millington State TN Zip Code 38053 Purpose of Disbursement Travel 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: SB17.5017 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0 Amount of Each Disbursement this Period 159.85
B.	Full Name (Last, First, Middle Initial) Hampton Inn & Suites Mailing Address 8838 Highway 51 North City Millington State TN Zip Code 38053 Purpose of Disbursement Travel 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: SB17.5018 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0 Amount of Each Disbursement this Period 159.85
C.	Full Name (Last, First, Middle Initial) Hampton Inn & Suites Mailing Address 8838 Highway 51 North City Millington State TN Zip Code 38053 Purpose of Disbursement Travel 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: SB17.5021 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0 Amount of Each Disbursement this Period 318.93

SUBTOTAL of Disbursements This Page (optional) ▶	638.63
TOTAL 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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Hampton Inn & Suites

Mailing Address 8838 Highway 51 North

City Millington State TN Zip Code 38053

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5022
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Heritage Cafe

Mailing Address 16 E Main

City Munford State TN Zip Code 38058

Purpose of Disbursement
Food/Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4790
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Holiday Inn

Mailing Address 541 Carriage House Drive

City Jackson State TN Zip Code 38305

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4999
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

<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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Ivy Insurance</p> <p>Mailing Address 110 Mathis Dr Ste 106</p> <p>City Dickson State TN Zip Code 37055</p> <p>Purpose of Disbursement Insurance</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>Transaction ID: SB17.4835</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 589.38</p>
<p>B. Full Name (Last, First, Middle Initial) Limo Express Inc.</p> <p>Mailing Address 111 S Highland St</p> <p>City Memphis State TN Zip Code 38111</p> <p>Purpose of Disbursement Transportation Services</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>Transaction ID: SB17.5026</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 825.00</p>
<p>C. Full Name (Last, First, Middle Initial) Limo Express Inc.</p> <p>Mailing Address 111 S Highland St</p> <p>City Memphis State TN Zip Code 38111</p> <p>Purpose of Disbursement Transportation Services</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>Transaction ID: SB17.5027</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1100.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2514.38

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

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

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Limo Express Inc.</p> <p>Mailing Address 111 S Highland St</p> <p>City Memphis State TN Zip Code 38111</p> <p>Purpose of Disbursement Transportation Services</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>Transaction ID: SB17.5028</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1100.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Limo Express Inc.</p> <p>Mailing Address 111 S Highland St</p> <p>City Memphis State TN Zip Code 38111</p> <p>Purpose of Disbursement Transportation Services</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>Transaction ID: SB17.5029</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1075.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Limo Express Inc.</p> <p>Mailing Address 111 S Highland St</p> <p>City Memphis State TN Zip Code 38111</p> <p>Purpose of Disbursement Transportation Services</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>Transaction ID: SB17.5030</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1100.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3275.00

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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Limo Express Inc.

Transaction ID: SB17.5031
Date of Disbursement

Mailing Address 111 S Highland St

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

City Memphis State TN Zip Code 38111

Amount of Each Disbursement this Period

Purpose of Disbursement
Transportation Services

Category/ Type

3725.00

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)
Lowe's Home Centers, Inc.

Transaction ID: SB17.4978
Date of Disbursement

Mailing Address 8490 Highway 51 North

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

City Millington State TN Zip Code 38053

Amount of Each Disbursement this Period

Purpose of Disbursement
Equipment Purchase

Category/ Type

13.87

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
Lowe's Home Centers, Inc.

Transaction ID: SB17.4981
Date of Disbursement

Mailing Address 8490 Highway 51 North

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

City Millington State TN Zip Code 38053

Amount of Each Disbursement this Period

Purpose of Disbursement
Equipment Purchase

Category/ Type

170.01

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional) ▶

3908.88

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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Lowe's Home Centers, Inc.

Transaction ID: SB17.4982
Date of Disbursement

Mailing Address 8490 Highway 51 North

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

City Millington State TN Zip Code 38053

Amount of Each Disbursement this Period

75.71

Purpose of Disbursement
Equipment Purchase

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Majority Strategies

Transaction ID: SB17.4837
Date of Disbursement

Mailing Address 135 Professional Drive Ste 104

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

City Ponte Vedra Beach State FL Zip Code 32082

Amount of Each Disbursement this Period

4825.35

Purpose of Disbursement
Printing

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Majority Strategies

Transaction ID: SB17.5379
Date of Disbursement

Mailing Address 135 Professional Drive Ste 104

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

City Ponte Vedra Beach State FL Zip Code 32082

Amount of Each Disbursement this Period

2251.44

Purpose of Disbursement
Postage

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

7152.50

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.4838 Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 40208.10</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.5380 Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 14582.88</p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.4839 Date of Disbursement 04 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 24670.04</p>

SUBTOTAL of Disbursements This Page (optional) ▶

79461.02

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.5381 Date of Disbursement 04 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 16734.40</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.4840 Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 23152.96</p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.4841 Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 6253.47</p>

SUBTOTAL of Disbursements This Page (optional) ▶

46140.83

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.5382 Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 16312.23</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.5383 Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 3537.68</p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.4842 Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 23464.76</p>

SUBTOTAL of Disbursements This Page (optional) ▶

43314.67

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Postage</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>Transaction ID: SB17.5384</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12730.01"/></p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Printing</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>Transaction ID: SB17.4843</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16780.44"/></p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Postage</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>Transaction ID: SB17.5385</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10187.44"/></p>

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)

<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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4844 Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 7528.17</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5386 Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 925.51</p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4845 Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 20592.60</p>

SUBTOTAL of Disbursements This Page (optional) ▶

29046.28

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.5387 Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 9248.00</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.4846 Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 10138.50</p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB17.5388 Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 3632.36</p>

SUBTOTAL of Disbursements This Page (optional) ▶

23018.86

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Printing</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>Transaction ID: SB17.4847</p> <p>Date of Disbursement</p> <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>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">5512.89</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	0	5512.89
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	0		2	0	1	0													
5512.89																						
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Printing</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>Transaction ID: SB17.4848</p> <p>Date of Disbursement</p> <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>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">46162.54</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	0	46162.54
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	0		2	0	1	0													
46162.54																						
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Printing</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>Transaction ID: SB17.4849</p> <p>Date of Disbursement</p> <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>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">3827.85</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	0	3827.85
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	0		2	0	1	0													
3827.85																						

SUBTOTAL of Disbursements This Page (optional)	55503.28
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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4850 Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 35070.40</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5389 Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 3095.34</p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5390 Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 26651.27</p>

SUBTOTAL of Disbursements This Page (optional) ▶

64817.01

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Postage</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>Transaction ID: SB17.5391</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1779.50"/></p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Postage</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>Transaction ID: SB17.5392</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12074.04"/></p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City Ponte Vedra Beach State FL Zip Code 32082</p> <p>Purpose of Disbursement Printing</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>Transaction ID: SB17.4851</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5499.36"/></p>

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)

<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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4852</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 12487.95</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5393</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2525.51</p>
<p>C. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5394</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 6677.15</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21690.61

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4853</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 30925.06</p>
<p>B. Full Name (Last, First, Middle Initial) Majority Strategies</p> <p>Mailing Address 135 Professional Drive Ste 104</p> <p>City State Zip Code Ponte Vedra Beach FL 32082</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5395</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 21245.46</p>
<p>C. Full Name (Last, First, Middle Initial) Amy K. Mason</p> <p>Mailing Address 5839 Natchez Drive</p> <p>City State Zip Code Horn Lake MS 38637</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4939</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 646.15</p>

SUBTOTAL of Disbursements This Page (optional) ▶

52816.67

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Amy K. Mason</p> <p>Mailing Address 5839 Natchez Drive</p> <p>City Horn Lake State MS Zip Code 38637</p> <p>Purpose of Disbursement Payroll</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>Transaction ID: SB17.4946</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Amy K. Mason</p> <p>Mailing Address 5839 Natchez Drive</p> <p>City Horn Lake State MS Zip Code 38637</p> <p>Purpose of Disbursement Office Supplies - Reimbursement</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>Transaction ID: SB17.4876</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 12.78</p>
<p>C. Full Name (Last, First, Middle Initial) Amy K. Mason</p> <p>Mailing Address 5839 Natchez Drive</p> <p>City Horn Lake State MS Zip Code 38637</p> <p>Purpose of Disbursement Postage - Reimbursement</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>Transaction ID: SB17.4893</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 88.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1600.78

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Amy K. Mason</p> <p>Mailing Address 5839 Natchez Drive</p> <p>City Horn Lake State MS Zip Code 38637</p> <p>Purpose of Disbursement 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>Transaction ID: SB17.4953</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Amy K. Mason</p> <p>Mailing Address 5839 Natchez Drive</p> <p>City Horn Lake State MS Zip Code 38637</p> <p>Purpose of Disbursement 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>Transaction ID: SB17.4960</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) McAlister's Deli</p> <p>Mailing Address 8390 Hwy 51 North Ste 110</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Food/Beverage</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>Transaction ID: SB17.4854</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 619.69</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3619.69

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) McAlister's Deli <hr/> Mailing Address 8390 Hwy 51 North Ste 110 <hr/> City Millington State TN Zip Code 38053 <hr/> Purpose of Disbursement Food/Beverage Candidate Name <hr/> 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: SB17.4781 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 30.97
B.	Full Name (Last, First, Middle Initial) Meadowbrook Strategies <hr/> Mailing Address 211 Seventh Ave North <hr/> City Nashville State TN Zip Code 37219 <hr/> Purpose of Disbursement Web Services Candidate Name <hr/> 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: SB17.5049 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 3430.53
C.	Full Name (Last, First, Middle Initial) Meadowbrook Strategies <hr/> Mailing Address 211 Seventh Ave North <hr/> City Nashville State TN Zip Code 37219 <hr/> Purpose of Disbursement Web Services Candidate Name <hr/> 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: SB17.5050 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1999.00

SUBTOTAL of Disbursements This Page (optional) ▶	5460.50
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Memphis Light Gas & Water

Transaction ID: SB17.5037

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

Mailing Address PO Box 388

Amount of Each Disbursement this Period

207.93

City State Zip Code
Memphis TN 38145

Purpose of Disbursement
Utilities

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Memphis Light Gas & Water

Transaction ID: SB17.5040

Date of Disbursement

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

Mailing Address PO Box 388

Amount of Each Disbursement this Period

230.72

City State Zip Code
Memphis TN 38145

Purpose of Disbursement
Utilities

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Metropolitan Bank

Transaction ID: SB17.4739

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

Mailing Address 1661 Aaron Brenner Dr Suite 100

Amount of Each Disbursement this Period

20.00

City State Zip Code
Memphis TN 38120

Purpose of Disbursement
Bank Fee

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

458.65

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Metropolitan Bank Mailing Address 1661 Aaron Brenner Dr Suite 100 City Memphis State TN Zip Code 38120 Purpose of Disbursement Bank 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: SB17.4740 Date of Disbursement 06 / 07 / 2010 Amount of Each Disbursement this Period 20.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Metropolitan Bank Mailing Address 1661 Aaron Brenner Dr Suite 100 City Memphis State TN Zip Code 38120 Purpose of Disbursement Bank 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: SB17.4741 Date of Disbursement 06 / 10 / 2010 Amount of Each Disbursement this Period 20.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Metropolitan Bank Mailing Address 1661 Aaron Brenner Dr Suite 100 City Memphis State TN Zip Code 38120 Purpose of Disbursement Bank 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: SB17.4742 Date of Disbursement 06 / 18 / 2010 Amount of Each Disbursement this Period 20.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

60.00

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Metropolitan Bank</p> <p>Mailing Address 1661 Aaron Brenner Dr Suite 100</p> <p>City Memphis State TN Zip Code 38120</p> <p>Purpose of Disbursement Bank Fee</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>Transaction ID: SB17.4743</p> <p>Date of Disbursement 06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Metropolitan Bank</p> <p>Mailing Address 1661 Aaron Brenner Dr Suite 100</p> <p>City Memphis State TN Zip Code 38120</p> <p>Purpose of Disbursement Bank Fee</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>Transaction ID: SB17.4744</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Metropolitan Bank</p> <p>Mailing Address 1661 Aaron Brenner Dr Suite 100</p> <p>City Memphis State TN Zip Code 38120</p> <p>Purpose of Disbursement Bank Fee</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>Transaction ID: SB17.4745</p> <p>Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>60.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Millington Cable <hr/> Mailing Address PO Box 399 <hr/> City Millington State TN Zip Code 38083 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> 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: SB17.5039 Date of Disbursement 05 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 174.90
B.	Full Name (Last, First, Middle Initial) Millington Cable <hr/> Mailing Address PO Box 399 <hr/> City Millington State TN Zip Code 38083 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> 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: SB17.5046 Date of Disbursement 06 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 174.72
C.	Full Name (Last, First, Middle Initial) Millington Telephone Company <hr/> Mailing Address 4880 Navy Road <hr/> City Millington State TN Zip Code 38053 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> 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: SB17.4985 Date of Disbursement 04 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 368.84

SUBTOTAL of Disbursements This Page (optional) ▶	718.46
TOTAL 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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Millington Telephone Company	Transaction ID: SB17.4992 Date of Disbursement
	Mailing Address 4880 Navy Road	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Millington State TN Zip Code 38053	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="374.72"/>
	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) Millington Telephone Company	Transaction ID: SB17.4994 Date of Disbursement
	Mailing Address 4880 Navy Road	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Millington State TN Zip Code 38053	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="700.33"/>
	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) Montgomery County Republican Party	Transaction ID: SB17.4754 Date of Disbursement
	Mailing Address 3115 Ashland City Road	<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Clarksville State TN Zip Code 37043	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="600.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1675.05"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Patriot Plaza, LLC	Transaction ID: SB17.4905 Date of Disbursement
	Mailing Address 8370 Highway 51 North	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Millington State TN Zip Code 38053	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="2500.00"/>
	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) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Patriot Plaza, LLC	Transaction ID: SB17.4908 Date of Disbursement
	Mailing Address 8370 Highway 51 North	<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Millington State TN Zip Code 38053	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="2500.00"/>
	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) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Patriot Plaza, LLC	Transaction ID: SB17.4912 Date of Disbursement
	Mailing Address 8370 Highway 51 North	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Millington State TN Zip Code 38053	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="2500.00"/>
	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) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Jay Peeler</p> <p>Mailing Address 1715 Hayshed Road</p> <p>City Charlotte State TN Zip Code 37036</p> <p>Purpose of Disbursement Travel - Reimbursement</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>Transaction ID: SB17.4794</p> <p>Date of Disbursement 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jay Peeler</p> <p>Mailing Address 1715 Hayshed Road</p> <p>City Charlotte State TN Zip Code 37036</p> <p>Purpose of Disbursement Travel - Reimbursement</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>Transaction ID: SB17.4808</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 186 Atoka-Munford Rd</p> <p>City Atoka State TN Zip Code 38004</p> <p>Purpose of Disbursement Postage</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>Transaction ID: SB17.4894</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 181.15</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1181.15

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Postmaster Mailing Address 186 Atoka-Munford Rd City Atoka State TN Zip Code 38004 Purpose of Disbursement P.O. Box 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: SB17.4896 Date of Disbursement 06 / 15 / 2010 Amount of Each Disbursement this Period 28.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Public Opinion Strategies Mailing Address 214 North Fayette Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Survey Research 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: SB17.4752 Date of Disbursement 06 / 28 / 2010 Amount of Each Disbursement this Period 12000.00 Category/Type
C.	Full Name (Last, First, Middle Initial) RACE Accounting Mailing Address PO Box 1140 City Dunkirk State MD Zip Code 20754 Purpose of Disbursement Compliance Consulting 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: SB17.4701 Date of Disbursement 04 / 19 / 2010 Amount of Each Disbursement this Period 1250.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	13278.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 120

<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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) RACE Accounting</p> <p>Mailing Address PO Box 1140</p> <p>City Dunkirk State MD Zip Code 20754</p> <p>Purpose of Disbursement Compliance Consulting</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>Transaction ID: SB17.4702</p> <p>Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p>
<p>B. Full Name (Last, First, Middle Initial) Lee Raney</p> <p>Mailing Address 3649 Winplace Road</p> <p>City Memphis State TN Zip Code 38118</p> <p>Purpose of Disbursement In-Kind Expense - Promotional Apparel</p> <p>Candidate Name FLINN FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5373</p> <p>Date of Disbursement 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>C. Full Name (Last, First, Middle Initial) Lee Raney</p> <p>Mailing Address 3649 Winplace Road</p> <p>City Memphis State TN Zip Code 38118</p> <p>Purpose of Disbursement In-Kind Expense - Promotional Apparel</p> <p>Candidate Name FLINN FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5374</p> <p>Date of Disbursement 04 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2450.00

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)
FLINN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
John Reynolds

Mailing Address 102 North Main Street

City State Zip Code
Dickson TN 37055

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4911
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Shelby Forest General

Mailing Address 7729 Benjestown Rd

City State Zip Code
Millington TN 38053

Purpose of Disbursement
Food/Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4773
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Shelby Forest General

Mailing Address 7729 Benjestown Rd

City State Zip Code
Millington TN 38053

Purpose of Disbursement
Food/Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4774
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

<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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Strategic Media Services, Inc. Mailing Address 3299 K Street NW Ste 200 City Washington State DC Zip Code 20007 Purpose of Disbursement Media 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: SB17.4708 Date of Disbursement 04 / 09 / 2010 Amount of Each Disbursement this Period 50364.00
B.	Full Name (Last, First, Middle Initial) Strategic Media Services, Inc. Mailing Address 3299 K Street NW Ste 200 City Washington State DC Zip Code 20007 Purpose of Disbursement Media 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: SB17.4709 Date of Disbursement 04 / 15 / 2010 Amount of Each Disbursement this Period 44955.00
C.	Full Name (Last, First, Middle Initial) Strategic Media Services, Inc. Mailing Address 3299 K Street NW Ste 200 City Washington State DC Zip Code 20007 Purpose of Disbursement Media 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: SB17.4711 Date of Disbursement 04 / 23 / 2010 Amount of Each Disbursement this Period 68721.00

SUBTOTAL of Disbursements This Page (optional) ▶	164040.00
TOTAL 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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.</p> <p>Mailing Address 3299 K Street NW Ste 200</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Media</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>Transaction ID: SB17.4714</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="69059.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.</p> <p>Mailing Address 3299 K Street NW Ste 200</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Media</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>Transaction ID: SB17.4715</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="71220.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.</p> <p>Mailing Address 3299 K Street NW Ste 200</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Media</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>Transaction ID: SB17.4716</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="72687.00"/></p>

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)

<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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.</p> <p>Mailing Address 3299 K Street NW Ste 200</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Media</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>Transaction ID: SB17.4717</p> <p>Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 35567.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.</p> <p>Mailing Address 3299 K Street NW Ste 200</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Media</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>Transaction ID: SB17.4718</p> <p>Date of Disbursement 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 91429.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.</p> <p>Mailing Address 3299 K Street NW Ste 200</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Media</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>Transaction ID: SB17.4719</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 82915.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

209911.00

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Strategic Media Services, Inc. Mailing Address 3299 K Street NW Ste 200 City Washington State DC Zip Code 20007 Purpose of Disbursement Media 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: SB17.4720 Date of Disbursement 06 / 10 / 2010 Amount of Each Disbursement this Period 164689.00
B.	Full Name (Last, First, Middle Initial) Strategic Media Services, Inc. Mailing Address 3299 K Street NW Ste 200 City Washington State DC Zip Code 20007 Purpose of Disbursement Media 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: SB17.4721 Date of Disbursement 06 / 18 / 2010 Amount of Each Disbursement this Period 150292.00
C.	Full Name (Last, First, Middle Initial) Strategic Media Services, Inc. Mailing Address 3299 K Street NW Ste 200 City Washington State DC Zip Code 20007 Purpose of Disbursement Media 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: SB17.4723 Date of Disbursement 06 / 24 / 2010 Amount of Each Disbursement this Period 168261.00

SUBTOTAL of Disbursements This Page (optional) ▶

483242.00

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Eileen C. Ta Mailing Address 300 Spring Street City State Zip Code Dickson TN 37055 Purpose of Disbursement Moving Expenses - Reimbursement 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: SB17.4866 Date of Disbursement 06 / 24 / 2010 Amount of Each Disbursement this Period 523.36
B.	Full Name (Last, First, Middle Initial) Tennessee Republican Party Mailing Address PO Box 150368 City State Zip Code Nashville TN 37215 Purpose of Disbursement Sponsorship 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: SB17.4763 Date of Disbursement 06 / 14 / 2010 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Tennessee Republican Party Mailing Address PO Box 150368 City State Zip Code Nashville TN 37215 Purpose of Disbursement Sponsorship 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: SB17.4764 Date of Disbursement 06 / 17 / 2010 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	5523.36
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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The Summit Apartments	Transaction ID: SB17.4907 Date of Disbursement
	Mailing Address 4981 Hidden Lake Drive	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Memphis State TN Zip Code 38128	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="600.00"/>
	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) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) The Summit Apartments	Transaction ID: SB17.4909 Date of Disbursement
	Mailing Address 4981 Hidden Lake Drive	<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Memphis State TN Zip Code 38128	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="575.00"/>
	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) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) The Summit Apartments	Transaction ID: SB17.4913 Date of Disbursement
	Mailing Address 4981 Hidden Lake Drive	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Memphis State TN Zip Code 38128	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="575.00"/>
	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) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Upgrade Films</p> <p>Mailing Address 3299 K Street NW Ste 200</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Media</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>Transaction ID: SB17.4706</p> <p>Date of Disbursement 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 30000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Upgrade Films</p> <p>Mailing Address 3299 K Street NW Ste 200</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Media</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>Transaction ID: SB17.4710</p> <p>Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 12809.00</p>
<p>C. Full Name (Last, First, Middle Initial) Upgrade Films</p> <p>Mailing Address 3299 K Street NW Ste 200</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Media</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>Transaction ID: SB17.4722</p> <p>Date of Disbursement 06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 53076.76</p>

SUBTOTAL of Disbursements This Page (optional) ▶

95885.76

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Upgrade Films	Transaction ID: SB17.4724 Date of Disbursement																			
	Mailing Address 3299 K Street NW Ste 200	<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>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	1	0												
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Media	<table border="1"><tr><td>10234.67</td></tr></table>	10234.67																		
10234.67																					
	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) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) USI of Tennessee	Transaction ID: SB17.4833 Date of Disbursement																			
	Mailing Address PO Box 3716	<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>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	0												
	City Norfolk State VA Zip Code 23514	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Insurance	<table border="1"><tr><td>2673.00</td></tr></table>	2673.00																		
2673.00																					
	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) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB17.4987 Date of Disbursement																			
	Mailing Address PO Box 660108	<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>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	0												
	City Dallas State TX Zip Code 75266	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone	<table border="1"><tr><td>1070.32</td></tr></table>	1070.32																		
1070.32																					
	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) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>13977.99</td></tr></table>	13977.99
13977.99		
TOTAL 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)
FLINN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 660108</p> <p>City Dallas State TX Zip Code 75266</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>Transaction ID: SB17.4996 Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1505.47</p>
<p>B. Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Office Supplies 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>Transaction ID: SB17.4868 Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 271.74</p>
<p>C. Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Office Supplies 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>Transaction ID: SB17.4869 Date of Disbursement 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 82.04</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1859.25

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Office Supplies</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>Transaction ID: SB17.4871</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="101.99"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Office Supplies</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>Transaction ID: SB17.4872</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.55"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Office Supplies</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>Transaction ID: SB17.4874</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.06"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="174.60"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Office Supplies</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>Transaction ID: SB17.4877</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.63"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Ripley - NO RECEIPT</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>Transaction ID: SB17.4878</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.79"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Dickson</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>Transaction ID: SB17.4879</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="324.85"/></p>

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)

<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)
FLINN FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Office Supplies</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>Transaction ID: SB17.4882</p> <p>Date of Disbursement 06 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 217.30</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Office Supplies</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>Transaction ID: SB17.4883</p> <p>Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 37.15</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8445 Highway 51 North</p> <p>City Millington State TN Zip Code 38053</p> <p>Purpose of Disbursement Office Supplies</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>Transaction ID: SB17.4884</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 142.43</p>

SUBTOTAL of Disbursements This Page (optional) ▶

396.88

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)
FLINN FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Watkins Uiberall, PLLC <hr/> Mailing Address 1661 Aaron Brenner Dr Ste 300 <hr/> City Memphis State TN Zip Code 38120 <hr/> Purpose of Disbursement Compliance Consulting Candidate Name <hr/> 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: SB17.4699 Date of Disbursement 04 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 600.00
B.	Full Name (Last, First, Middle Initial) Watkins Uiberall, PLLC <hr/> Mailing Address 1661 Aaron Brenner Dr Ste 300 <hr/> City Memphis State TN Zip Code 38120 <hr/> Purpose of Disbursement Compliance Consulting Candidate Name <hr/> 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: SB17.4703 Date of Disbursement 05 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 600.00
C.	Full Name (Last, First, Middle Initial) Watkins Uiberall, PLLC <hr/> Mailing Address 1661 Aaron Brenner Dr Ste 300 <hr/> City Memphis State TN Zip Code 38120 <hr/> Purpose of Disbursement Compliance Consulting Candidate Name <hr/> 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: SB17.4704 Date of Disbursement 06 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 600.00

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	1897638.62

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

Transaction ID: SC/10.4653

LOAN SOURCE Full Name (Last, First, Middle Initial)
George S. Flinn, Jr. - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. Box 367

City Atoka State TN ZIP Code 38004

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred: MM/YY 01/19 2010 Date Due: 04/01/2013 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶ 100000.00
TOTALS This Period (last page in this line only)	▶

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

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 116 / 120
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

Transaction ID: SC/10.5396

LOAN SOURCE Full Name (Last, First, Middle Initial) George S. Flinn, Jr. - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 367	
City Atoka State TN ZIP Code 38004	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 9 Y Y Y Y 2 0 1 0	04/01/2013	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	200000.00
TOTALS This Period (last page in this line only)	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

Transaction ID: SC/10.5397

LOAN SOURCE Full Name (Last, First, Middle Initial)
George S. Flinn, Jr. - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. Box 367

City Atoka State TN ZIP Code 38004

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600000.00	0.00	600000.00

TERMS

Date Incurred: MM/YY 04/23 2010 Date Due: 04/01/2013 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	600000.00
TOTALS This Period (last page in this line only)	▶	

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

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

Transaction ID: SC/10.5398

LOAN SOURCE Full Name (Last, First, Middle Initial)
George S. Flinn, Jr. - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. Box 367

City Atoka State TN ZIP Code 38004

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

TERMS

Date Incurred: MM/ DD / YYYY = 05 / 27 / 2010
Date Due: 04/01/2013
Interest Rate: 0.0000 % (apr)
Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	200000.00
TOTALS This Period (last page in this line only)	▶	

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

SCHEDULE C (FEC Form 3)

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

PAGE 119 / 120

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
 FLINN FOR CONGRESS

Transaction ID: SC/10.5399

LOAN SOURCE Full Name (Last, First, Middle Initial)
 George S. Flinn, Jr. - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. Box 367

City Atoka State TN ZIP Code 38004

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300000.00	0.00	300000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td>0</td><td>9</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	0	6	0	9	2	0	1	0	04/01/2013	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M	D	D	Y	Y	Y	Y												
0	6	0	9	2	0	1	0												

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="300000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
FLINN FOR CONGRESS

Transaction ID: SC/10.5400

LOAN SOURCE Full Name (Last, First, Middle Initial)
George S. Flinn, Jr. - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. Box 367

City Atoka State TN ZIP Code 38004

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600000.00	0.00	600000.00

TERMS

Date Incurred: MM DD YY Y Y Y Y Secured: Yes No
 06 11 2010 04/01/2013 0.0000 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	600000.00
TOTALS This Period (last page in this line only)	▶	2000000.00

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