

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
Congressman Bart Gordon Committee

ADDRESS (number and street) P.O. Box 2008
 Check if different than previously reported. (ACC)
Murfreesboro TN 37133

2. **FEC IDENTIFICATION NUMBER** C00196915
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
TN 06

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

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

5. Covering Period 01 01 2008 through 03 31 2008

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 Richard F. LaRoche, Jr.

Signature of Treasurer Electronically Filed by Richard F. LaRoche, Jr. Date 04 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Congressman Bart Gordon Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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)).....	51570.00	897402.99
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5141.48
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	51570.00	892261.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	79299.17	328205.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	25.09	1712.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	79274.08	326493.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	886485.17	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 Congressman Bart Gordon Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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).....

12250.00

191961.41

(ii) Unitemized.....

7320.00

49665.00

(iii) TOTAL of contributions

19570.00

241626.41

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

32000.00

655776.58

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

51570.00

897402.99

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

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

1500.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

25.09

1712.57

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

12245.51

40109.47

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

63840.60

940725.03

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79299.17	328205.81
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	5141.48
(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	5141.48
21. OTHER DISBURSEMENTS.....	39200.00	194500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	118499.17	527847.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	941143.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	63840.60
25. SUBTOTAL (add Line 23 and Line 24).....	1004984.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	118499.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	886485.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 74

(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

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)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Jim Allison

Mailing Address 146 Maupin Circle

City State Zip Code
Shelbyville TN 37160

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mercantile Bank executive

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 80129.C121396

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Jim Birdwell

Mailing Address 260 Hall Farm Road

City State Zip Code
Whitleyville TN 38588

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bank of Jackson County President

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 28 / 2008

Transaction ID: 80320.C121500

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Joe Brandon

Mailing Address P.O. Box 1964

City State Zip Code
Lewisburg TN 37091

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
State of Tennessee Labor & Workforce Development

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 71220.C120341

Amount of Each Receipt this Period
250.00

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

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: (check only one)	PAGE 6 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Bob Caldwell		Date of Receipt
	Mailing Address 1755 Somerset Drive		<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 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Murfreesboro	TN	37129
	FEC ID number of contributing federal political committee. C		Transaction ID: 80320.C121436
Name of Employer n/a		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Bubba Dempsey		Date of Receipt
	Mailing Address 3341 Elam Rd.		<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 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Murfreesboro	TN	37130
	FEC ID number of contributing federal political committee. C		Transaction ID: 80320.C121493
Name of Employer Dempsey Vantrease & Follis		Occupation CPA	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Jimmy England		Date of Receipt
	Mailing Address 305 East Franklin Street		<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 1 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Gallatin	TN	37066-2966
	FEC ID number of contributing federal political committee. C		Transaction ID: 80115.C121243
Name of Employer n/a		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: (check only one)	PAGE 7 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Tom Gordon		Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address P.O. Box 1526		Transaction ID: 80320.C121492
	City Columbia	State TN	Zip Code 38402-1526
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer self Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 1000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Raymond Hakim		Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 750 Old Hickory Blvd. Suite 230-1		Transaction ID: 80320.C121429
	City Brentwood	State TN	Zip Code 37027
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Renal Care Group Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President Election Cycle-to-Date ▼ 1000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Gene Heller		Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 6666 Brookmont Terrace #808		Transaction ID: 80320.C121428
	City Nashville	State TN	Zip Code 37205
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer General Homes of Columbia Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Builder Election Cycle-to-Date ▼ 250.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: (check only one)	PAGE 8 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Joe Jackson		Date of Receipt MM / DD / YYYY 01 / 16 / 2008
	Mailing Address 1925 Memorial Blvd. Apt. 201		Transaction ID: 80117.C121299
	City Murfreesboro	State TN	Zip Code 37129
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer n/a	Occupation retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Kalee Kreider		Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 2509 West Linden Avenue		Transaction ID: 80109.C121200
	City Nashville	State TN	Zip Code 37212
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer The Honorable Al Gore	Occupation Communications Director	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Hodges Properties LLP		Date of Receipt MM / DD / YYYY 03 / 10 / 2008
	Mailing Address P.O. Box 2153		Transaction ID: 80320.C121505
	City Shelbyville	State TN	Zip Code 37160
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Tommy Hodges

Mailing Address 413 Blue Ribbon Pkwy.

City State Zip Code
Shelbyville TN 37160

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

Name of Employer: Hodges Properties Occupation: President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt: 03 / 10 / 2008
Transaction ID: 80320.C121506
 Amount of Each Receipt this Period: 750.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Partnership->Hodges Properties LLP

B.

Full Name (Last, First, Middle Initial)
Olan Mills

Mailing Address 4325 Amnicola Highway

City State Zip Code
Chattanooga TN 37406

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

Name of Employer: Olan Mills, Inc. Occupation: Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 01 / 18 / 2008
Transaction ID: 80123.C121364
 Amount of Each Receipt this Period: 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Bob Moss

Mailing Address 1133 Connecticut Ave., NW
5th Floor

City State Zip Code
Washington DC 20036

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

Name of Employer: Bob Moss & associates Occupation: President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 02 / 11 / 2008
Transaction ID: 80320.C121441
 Amount of Each Receipt this Period: 500.00

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

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: (check only one)	PAGE 10 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) John Noel	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 555 Great Circle Rd. Suite 100	Transaction ID: 80320.C121487
	City Nashville State TN Zip Code 37228-1201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self Occupation realtor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Bob Parks	Date of Receipt MM / DD / YYYY 01 / 18 / 2008
	Mailing Address 1467 Avellino Circle	Transaction ID: 80123.C121358
	City Murfreesboro State TN Zip Code 37130	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self Occupation realtor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mark Pirtle	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address 3018 North Thompson Lane	Transaction ID: 80129.C121405
	City Murfreesboro State TN Zip Code 37129	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Mark Pirtle Automotive Occupation Auto Dealer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 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: (check only one)	PAGE 11 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Daniel Powers		Date of Receipt
	Mailing Address 601 Woodbury Hwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 6 / 2 0 0 8
	City	State	Zip Code
	Manchester	TN	37355-1412
	FEC ID number of contributing federal political committee. C		Transaction ID: 80117.C121309
Name of Employer Powers Storage Company		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Lee Reynolds		Date of Receipt
	Mailing Address P.O. Box 120657		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Nashville	TN	37212
	FEC ID number of contributing federal political committee. C		Transaction ID: 80115.C121242
Name of Employer self		Occupation Songwriter	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Stan Vaught		Date of Receipt
	Mailing Address 6675 West Trimble		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 6 / 2 0 0 8
	City	State	Zip Code
	Milton	TN	37118
	FEC ID number of contributing federal political committee. C		Transaction ID: 80117.C121304
Name of Employer self		Occupation realtor	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
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 12 / 74
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Roy Wauford

Mailing Address 317 Bethlehem Road

City State Zip Code
Lebanon TN 37087

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

Name of Employer Occupation
Wauford & Associates Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: 80115.C121278

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	12250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Am. Lighting Assoc. PAC

Mailing Address P.O. Box 420288

City State Zip Code
Dallas TX 75342

FEC ID number of contributing federal political committee. **C** C00398800

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 80320.C121499

Amount of Each Receipt this Period
3000.00

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

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

Mailing Address 14 Cambridge Center

City State Zip Code
Cambridge MA 01890

FEC ID number of contributing federal political committee. **C** C00390351

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 80320.C121444

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Biotechnology Industry Organization PAC

Mailing Address 1222 I Streen NW.
Suite 400

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00355677

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 8

Transaction ID: 80320.C121521

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Blue Dog PAC

Mailing Address 6849 Old Dominion Dr.
Suite 222

City State Zip Code
Mc Lean VA 22101

FEC ID number of contributing federal political committee. **C** C00305318

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 80320.C121488

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address 460 Point San Bruno Blvd.

City State Zip Code
South San Francisc CA 94080

FEC ID number of contributing federal political committee. **C** C00199257

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

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

Transaction ID: 80320.C121443

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 1850 K Street NW
Suite 650

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00393736

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 4 / 2 0 0 8

Transaction ID: 80411.C121531

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **9000.00**

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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Holcim PAC
Mailing Address 201 Jones Road
City Waltham State MA Zip Code 02451
FEC ID number of contributing federal political committee. **C** C00213348
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 14 / 2008
Transaction ID: 80320.C121511
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Johnson & Johnson PAC
Mailing Address One Johnson & Johnson Plaza
City New Brunswick State NJ Zip Code 08933-7204
FEC ID number of contributing federal political committee. **C** C00010983
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 3000.00
Date of Receipt 02 / 11 / 2008
Transaction ID: 80320.C121442
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Laborers Political League
Mailing Address 905 Sixteenth St., NW
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00007922
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt 03 / 21 / 2008
Transaction ID: 80411.C121529
Amount of Each Receipt this Period 3000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00
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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC
Mailing Address 430 N. Michigan Ave.
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C** C00030718
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 02 / 11 / 2008
Transaction ID: 80320.C121445
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Automobile Dealers Assoc. PAC
Mailing Address 8400 Westpark Drive
City Mc Lean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C** C00040998
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 03 / 19 / 2008
Transaction ID: 80320.C121526
Amount of Each Receipt this Period 4000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Novo Nordisk Inc. PAC
Mailing Address 500 New Jersey Avenue NW.
Suite 350
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00424838
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 17 / 2008
Transaction ID: 80320.C121522
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 8000.00
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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Petroleum Marketers Assoc of Am.

Mailing Address Small Business Comm PAC
1901 N. Fort Myer Dr., Suite 500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00035204

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
03 / 24 / 2008

Transaction ID: 80411.C121530

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 15 Network Circle

City Menlo Park State CA Zip Code 94025

FEC ID number of contributing federal political committee. **C** C00347229

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 80125.C121385

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 180 Washington Valley Rd

City Bedminster State NJ Zip Code 07921

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80320.C121440

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 32000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

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

Mailing Address 100 McMurry Blvd.

City Hartsville State TN Zip Code 37074-1108

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2143.38

Date of Receipt 01 / 28 / 2008
Transaction ID: 80129.C121407
 Amount of Each Receipt this Period 2143.38

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

B.

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

Mailing Address 100 McMurry Blvd.

City Hartsville State TN Zip Code 37074-1108

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.09

Date of Receipt 02 / 25 / 2008
Transaction ID: 80320.C121490
 Amount of Each Receipt this Period 356.71

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

C.

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

Mailing Address 100 McMurry Blvd.

City Hartsville State TN Zip Code 37074-1108

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2629.20

Date of Receipt 03 / 17 / 2008
Transaction ID: 80320.C121520
 Amount of Each Receipt this Period 129.11

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

SUBTOTAL of Receipts This Page (optional) ► **2629.20**

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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Citizens Bank
Mailing Address 100 McMurry Blvd.
City Hartsville State TN Zip Code 37074-1108
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2962.90
Date of Receipt 03 / 26 / 2008
Transaction ID: 80411.C121532
Amount of Each Receipt this Period 333.70
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
First National Bank
Mailing Address 1386 North Main Street
City Crossville State TN Zip Code 38555-4082
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4637.21
Date of Receipt 01 / 09 / 2008
Transaction ID: 80109.C121212
Amount of Each Receipt this Period 586.75
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
First National Bank
Mailing Address 1386 North Main Street
City Crossville State TN Zip Code 38555-4082
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5223.96
Date of Receipt 02 / 11 / 2008
Transaction ID: 80320.C121446
Amount of Each Receipt this Period 586.75
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1507.20
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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
First National Bank
Mailing Address 1386 North Main Street
City Crossville State TN Zip Code 38555-4082
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5685.47
Date of Receipt 03 / 10 / 2008
Transaction ID: 80320.C121510
Amount of Each Receipt this Period 461.51
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
First Tennessee Bank
Mailing Address 305 West Northfield Boulevard
City Murfreesboro State TN Zip Code 37130-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4537.97
Date of Receipt 01 / 11 / 2008
Transaction ID: 80115.C121225
Amount of Each Receipt this Period 233.31
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
First Tennessee Bank
Mailing Address 305 West Northfield Boulevard
City Murfreesboro State TN Zip Code 37130-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4762.62
Date of Receipt 01 / 23 / 2008
Transaction ID: 80125.C121386
Amount of Each Receipt this Period 224.65
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 919.47
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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
First Tennessee Bank

Mailing Address 305 West Northfield Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4995.55

Date of Receipt

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

Transaction ID: 80320.C121448

Amount of Each Receipt this Period
232.93

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

B. Full Name (Last, First, Middle Initial)
First Tennessee Bank

Mailing Address 305 West Northfield Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5220.00

Date of Receipt

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

Transaction ID: 80320.C121489

Amount of Each Receipt this Period
224.45

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

C. Full Name (Last, First, Middle Initial)
First Tennessee Bank

Mailing Address 305 West Northfield Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5437.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	8

Transaction ID: 80320.C121508

Amount of Each Receipt this Period
217.89

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

SUBTOTAL of Receipts This Page (optional) ► **675.27**

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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
First Tennessee Bank
Mailing Address 305 West Northfield Boulevard
City Murfreesboro State TN Zip Code 37130-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5647.86
Date of Receipt 03 / 20 / 2008
Transaction ID: 80411.C121527
Amount of Each Receipt this Period 209.97
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Green Bank
Mailing Address 37129 West Northfield Blvd.
City Murfreesboro State TN Zip Code 37129-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 564.81
Date of Receipt 01 / 16 / 2008
Transaction ID: 80117.C121347
Amount of Each Receipt this Period 286.80
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Green Bank
Mailing Address 37129 West Northfield Blvd.
City Murfreesboro State TN Zip Code 37129-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 851.31
Date of Receipt 02 / 15 / 2008
Transaction ID: 80320.C121480
Amount of Each Receipt this Period 286.50
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **783.27**
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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Green Bank

Mailing Address 37129 West Northfield Blvd.

City State Zip Code
Murfreesboro TN 37129-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1119.32

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 9 / 2 0 0 8

Transaction ID: 80320.C121524

Amount of Each Receipt this Period
268.01

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

B. Full Name (Last, First, Middle Initial)
Pinnacle Bank

Mailing Address 114 West College Street

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5913.16

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

Transaction ID: 80109.C121201

Amount of Each Receipt this Period
373.70

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

C. Full Name (Last, First, Middle Initial)
Pinnacle Bank

Mailing Address 114 West College Street

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6286.86

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

Transaction ID: 80320.C121447

Amount of Each Receipt this Period
373.70

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

SUBTOTAL of Receipts This Page (optional) ► **1015.41**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 74
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Pinnacle Bank	Date of Receipt MM / DD / YYYY 03 / 10 / 2008
	Mailing Address 114 West College Street	Transaction ID: 80320.C121507
	City State Zip Code Murfreesboro TN 37130-	Amount of Each Receipt this Period 349.59
	FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest on	Occupation Certificate of Deposit	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6636.45	

B.	Full Name (Last, First, Middle Initial) Regions Bank	Date of Receipt MM / DD / YYYY 01 / 16 / 2008
	Mailing Address 1 City Center Boulevard	Transaction ID: 80117.C121345
	City State Zip Code Murfreesboro TN 37130-	Amount of Each Receipt this Period 121.44
	FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest on	Occupation Certificate of Deposit	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2904.55	

C.	Full Name (Last, First, Middle Initial) Regions Bank	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 1 City Center Boulevard	Transaction ID: 80320.C121485
	City State Zip Code Murfreesboro TN 37130-	Amount of Each Receipt this Period 190.93
	FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest on	Occupation Certificate of Deposit	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3095.48	

SUBTOTAL of Receipts This Page (optional)	661.96
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 / 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Regions Bank

Mailing Address 1 City Center Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3274.06

Date of Receipt
MM / DD / YYYY
03 / 17 / 2008

Transaction ID: 80320.C121516

Amount of Each Receipt this Period
178.58

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

B. Full Name (Last, First, Middle Initial)
Volunteer State Bank

Mailing Address 101 Highway 52 West

City State Zip Code
Portland TN 37148-1407

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2157.50

Date of Receipt
MM / DD / YYYY
01 / 16 / 2008

Transaction ID: 80117.C121346

Amount of Each Receipt this Period
437.14

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

C. Full Name (Last, First, Middle Initial)
Volunteer State Bank

Mailing Address 101 Highway 52 West

City State Zip Code
Portland TN 37148-1407

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2594.64

Date of Receipt
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: 80320.C121479

Amount of Each Receipt this Period
437.14

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

SUBTOTAL of Receipts This Page (optional) ► **1052.86**

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 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Volunteer State Bank
Mailing Address 101 Highway 52 West
City Portland State TN Zip Code 37148-1407
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3003.58
Date of Receipt 03 / 17 / 2008
Transaction ID: 80320.C121517
Amount of Each Receipt this Period 408.94
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Wilson Bank & Trust
Mailing Address 3110 Memorial Blvd
City Murfreesboro State TN Zip Code 37129-5117
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3915.62
Date of Receipt 01 / 23 / 2008
Transaction ID: 80125.C121387
Amount of Each Receipt this Period 233.56
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wilson Bank & Trust
Mailing Address 3110 Memorial Blvd
City Murfreesboro State TN Zip Code 37129-5117
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4134.32
Date of Receipt 01 / 28 / 2008
Transaction ID: 80129.C121408
Amount of Each Receipt this Period 218.70
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **861.20**
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 / 74

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Wilson Bank & Trust

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4336.03

Date of Receipt

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

Transaction ID: 80320.C121486

Amount of Each Receipt this Period

201.71

Other Receipt

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

B.

Full Name (Last, First, Middle Initial)
Wilson Bank & Trust

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4554.73

Date of Receipt

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

Transaction ID: 80320.C121491

Amount of Each Receipt this Period

218.70

Other Receipt

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

C.

Full Name (Last, First, Middle Initial)
Wilson Bank & Trust

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4743.43

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: 80320.C121525

Amount of Each Receipt this Period

188.70

Other Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

609.11

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 28 / 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Wilson Bank & Trust

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 26 / 2008

Transaction ID: 80411.C121533

Amount of Each Receipt this Period
204.59

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

4948.02

B. Full Name (Last, First, Middle Initial)
MidSouth Bank Money Mkt Acct.

Mailing Address One East College St.
P.O. Box 7100

City State Zip Code
Murfreesboro TN 37133-7100

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: 80320.C121475

Amount of Each Receipt this Period
217.10

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

217.10

C. Full Name (Last, First, Middle Initial)
MidSouth Bank Money Mkt Acct.

Mailing Address One East College St.
P.O. Box 7100

City State Zip Code
Murfreesboro TN 37133-7100

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 80411.C121549

Amount of Each Receipt this Period
36.81

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

253.91

SUBTOTAL of Receipts This Page (optional) ▶ **458.50**

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

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

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

FOR LINE NUMBER: PAGE 29 / 74
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Bank of Putnam County
Mailing Address P.O. Box 2809

City State Zip Code
Cookeville TN 38501-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	9	/	2	0	0	8

Transaction ID: 80109.C121211

Amount of Each Receipt this Period
365.21

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

5776.19

B. Full Name (Last, First, Middle Initial)
Bank of Putnam County
Mailing Address P.O. Box 2809

City State Zip Code
Cookeville TN 38501-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: 80320.C121449

Amount of Each Receipt this Period
365.21

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

6141.40

C. Full Name (Last, First, Middle Initial)
Bank of Putnam County
Mailing Address P.O. Box 2809

City State Zip Code
Cookeville TN 38501-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	8

Transaction ID: 80320.C121509

Amount of Each Receipt this Period
341.64

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

6483.04

SUBTOTAL of Receipts This Page (optional) ► **1072.06**

TOTAL This Period (last page this line number only) ► **12245.51**

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)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Amanda Alexander

Mailing Address 578 Autumn Ct.

City State Zip Code
La Vergne TN 37086-

Purpose of Disbursement
wages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80117.E20109
Date of Disbursement

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

Amount of Each Disbursement this Period

425.63

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

WAGES

B.

Full Name (Last, First, Middle Initial)
Amanda Alexander

Mailing Address 578 Autumn Ct.

City State Zip Code
La Vergne TN 37086-

Purpose of Disbursement
wages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80130.E20143
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	8

Amount of Each Disbursement this Period

460.11

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

WAGES

C.

Full Name (Last, First, Middle Initial)
Amanda Alexander

Mailing Address 578 Autumn Ct.

City State Zip Code
La Vergne TN 37086-

Purpose of Disbursement
mileage reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80320.E20157
Date of Disbursement

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

Amount of Each Disbursement this Period

56.07

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

MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

941.81

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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Amanda Alexander Mailing Address 578 Autumn Ct. City La Vergne State TN Zip Code 37086- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20156 Date of Disbursement 02 / 15 / 2008 Amount of Each Disbursement this Period 376.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
B.	Full Name (Last, First, Middle Initial) Amanda Alexander Mailing Address 578 Autumn Ct. City La Vergne State TN Zip Code 37086- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20186 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 423.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
C.	Full Name (Last, First, Middle Initial) Amanda Alexander Mailing Address 578 Autumn Ct. City La Vergne State TN Zip Code 37086- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20209 Date of Disbursement 03 / 14 / 2008 Amount of Each Disbursement this Period 247.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES

SUBTOTAL of Disbursements This Page (optional) ▶	1047.28
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

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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Amanda Alexander Mailing Address 578 Autumn Ct. City La Vergne State TN Zip Code 37086- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80411.E20240 Date of Disbursement 03 / 31 / 2008 Amount of Each Disbursement this Period 550.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
B.	Full Name (Last, First, Middle Initial) Screen Art Mailing Address 502 Sunset Avenue City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement plastic logo bags Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20101 Date of Disbursement 01 / 09 / 2008 Amount of Each Disbursement this Period 5927.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PLASTIC LOGO BAGS
C.	Full Name (Last, First, Middle Initial) Veritas Wine Bar Mailing Address 2031 Florida Avenue NW City Washington State DC Zip Code 20009- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20174 Date of Disbursement 01 / 22 / 2008 Amount of Each Disbursement this Period 3960.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RECEPTION EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

10438.30

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Comcast Cable TV Mailing Address 2950 Kraft Drive, Ste. 100 City Nashville State TN Zip Code 37204- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20091 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 67.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE
B.	Full Name (Last, First, Middle Initial) Comcast Cable TV Mailing Address 2950 Kraft Drive, Ste. 100 City Nashville State TN Zip Code 37204- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E20130 Date of Disbursement 01 / 29 / 2008 Amount of Each Disbursement this Period 67.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE
C.	Full Name (Last, First, Middle Initial) Comcast Cable TV Mailing Address 2950 Kraft Drive, Ste. 100 City Nashville State TN Zip Code 37204- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20180 Date of Disbursement 02 / 25 / 2008 Amount of Each Disbursement this Period 67.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

203.73

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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Comcast Cable TV Mailing Address 2950 Kraft Drive, Ste. 100 City Nashville State TN Zip Code 37204- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80411.E20230 Date of Disbursement 03 / 27 / 2008 Amount of Each Disbursement this Period 70.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE
B.	Full Name (Last, First, Middle Initial) Chase Credit Card Services Mailing Address P.O. Box 940414 City Palatine State IL Zip Code 60094- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20074 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 1765.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
C.	Full Name (Last, First, Middle Initial) Belga Cafe Mailing Address 514 8th St. SE City Washington State DC Zip Code 20003- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20085 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 76.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1836.71

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Dean & Deluca Mailing Address 3276 M Street, N.W. City Washington State DC Zip Code 20007- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20075 Date of Disbursement 12 / 01 / 2007 Amount of Each Disbursement this Period 95.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St. SE City Washington State DC Zip Code 20003- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20080 Date of Disbursement 12 / 06 / 2007 Amount of Each Disbursement this Period 138.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE
C.	Full Name (Last, First, Middle Initial) Bonfish Grill Mailing Address 505 N. Thompson Lane City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20079 Date of Disbursement 12 / 06 / 2007 Amount of Each Disbursement this Period 32.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STAFF MEALS

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) T-Mobile Phone Service	Transaction ID: 80109.E20084 Date of Disbursement 12 / 14 / 2007
	Mailing Address 1810 Old Fort Parkway Suite D	Amount of Each Disbursement this Period 150.42
	City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mobile phone service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MOBILE PHONE SERVICE

B.	Full Name (Last, First, Middle Initial) Le Paradou Restaurant	Transaction ID: 80109.E20082 Date of Disbursement 12 / 12 / 2007
	Mailing Address 678 Indiana Avenue, NW	Amount of Each Disbursement this Period 53.80
	City Washington State DC Zip Code 20004- Purpose of Disbursement reception expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: RECEPTION EXPENSE

C.	Full Name (Last, First, Middle Initial) Calvert Woodley Wine & Liquor	Transaction ID: 80109.E20087 Date of Disbursement 12 / 18 / 2007
	Mailing Address 4339 Connecticut Ave. NW	Amount of Each Disbursement this Period 876.47
	City Washington State DC Zip Code 20008- Purpose of Disbursement reception expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: RECEPTION EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Chase Credit Card Services

Mailing Address P.O. Box 940414

City State Zip Code
Palatine IL 60094-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80125.E20115
Date of Disbursement

01 / 23 / 2008

Amount of Each Disbursement this Period

1344.71

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

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 620 Ridgely Rd.

City State Zip Code
Murfreesboro TN 37129-

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80125.E20117
Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

65.83

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 620 Ridgely Rd.

City State Zip Code
Murfreesboro TN 37129-

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80125.E20118
Date of Disbursement

01 / 07 / 2008

Amount of Each Disbursement this Period

149.62

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

1344.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Murfreesboro Flowers-FTD

Mailing Address 1007 Memorial Blvd.

City Murfreesboro State TN Zip Code 37129-

Purpose of Disbursement
flowers for funeral

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80125.E20120
Date of Disbursement

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

Amount of Each Disbursement this Period

62.50

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

[MEMO ITEM]

MEMO: FLOWERS FOR FUNERAL

B.

Full Name (Last, First, Middle Initial)
Murfreesboro Flowers-FTD

Mailing Address 1007 Memorial Blvd.

City Murfreesboro State TN Zip Code 37129-

Purpose of Disbursement
flowers for funeral

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80125.E20122
Date of Disbursement

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

Amount of Each Disbursement this Period

86.65

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

[MEMO ITEM]

MEMO: FLOWERS FOR FUNERAL

C.

Full Name (Last, First, Middle Initial)
Doubletree Hotel

Mailing Address 801 New Hampshire Ave., NW

City Washington State DC Zip Code 20037-2304

Purpose of Disbursement
travel expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80125.E20126
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	7	

Amount of Each Disbursement this Period

574.80

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Doubletree Hotel</p> <p>Mailing Address 801 New Hampshire Ave., NW</p> <p>City Washington State DC Zip Code 20037-2304</p> <p>Purpose of Disbursement travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80125.E20125</p> <p>Date of Disbursement 12 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 14.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Logans Roadhouse</p> <p>Mailing Address 740 NW Broad St.</p> <p>City Murfreesboro State TN Zip Code 37129-</p> <p>Purpose of Disbursement staff meals</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80125.E20124</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 111.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: STAFF MEALS</p>
<p>C. Full Name (Last, First, Middle Initial) Chase Credit Card Services</p> <p>Mailing Address P.O. Box 940414</p> <p>City Palatine State IL Zip Code 60094-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80130.E20131</p> <p>Date of Disbursement 01 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1084.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD: SEE BELOW</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1084.61

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

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

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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)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Target Store Mailing Address 1851 Old Fort Pkwy City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E20135 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 8
	Category/Type Amount of Each Disbursement this Period 3.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES	

B. Full Name (Last, First, Middle Initial) T-Mobile Phone Service Mailing Address 1810 Old Fort Parkway Suite D City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E20137 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 8
	Category/Type Amount of Each Disbursement this Period 333.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MOBILE PHONE SERVICE	

C. Full Name (Last, First, Middle Initial) T-Mobile Phone Service Mailing Address 1810 Old Fort Parkway Suite D City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E20136 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 8
	Category/Type Amount of Each Disbursement this Period 153.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MOBILE PHONE SERVICE	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Five Senses Restaurant Mailing Address 1602 W. Northfield Blvd. City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E20132 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 159.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STAFF MEALS
B.	Full Name (Last, First, Middle Initial) Lavandou Restaurant Mailing Address 3321 Connecticut Ave., NW City Washington State DC Zip Code 20008- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E20133 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 8 Amount of Each Disbursement this Period 164.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE
C.	Full Name (Last, First, Middle Initial) Lavandou Restaurant Mailing Address 3321 Connecticut Ave., NW City Washington State DC Zip Code 20008- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E20134 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8 Amount of Each Disbursement this Period 54.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Mei Wah Restaurant

Mailing Address 1200 New Hampshire Ave. NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
reception expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80130.E20141

Date of Disbursement

01 / 19 / 2008

Amount of Each Disbursement this Period

83.11

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

[MEMO ITEM]

MEMO: RECEPTION EXPENSE

B.

Full Name (Last, First, Middle Initial)
P.F. Changs Restaurant

Mailing Address 2525 West End Ave.

City Nashville State TN Zip Code 37203-

Purpose of Disbursement
staff meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80130.E20140

Date of Disbursement

01 / 14 / 2008

Amount of Each Disbursement this Period

48.61

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

[MEMO ITEM]

MEMO: STAFF MEALS

C.

Full Name (Last, First, Middle Initial)
Chase Credit Card Services

Mailing Address P.O. Box 940414

City Palatine State IL Zip Code 60094-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80320.E20163

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

205.84

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

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

205.84

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Milanos Restaurant Mailing Address 179 Mall Circle Rd. City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20166 Date of Disbursement 01 / 24 / 2008 Amount of Each Disbursement this Period 16.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STAFF MEALS
B.	Full Name (Last, First, Middle Initial) Milanos Restaurant Mailing Address 179 Mall Circle Rd. City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20165 Date of Disbursement 01 / 24 / 2008 Amount of Each Disbursement this Period 88.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STAFF MEALS
C.	Full Name (Last, First, Middle Initial) Logans Roadhouse Mailing Address 740 NW Broad St. City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20164 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 36.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STAFF MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Chase Credit Card Services Mailing Address P.O. Box 940414 City Palatine State IL Zip Code 60094- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20187 Date of Disbursement 03 / 10 / 2008 Amount of Each Disbursement this Period 1874.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
B.	Full Name (Last, First, Middle Initial) Gerst Haus Mailing Address 301 Woodland St. City Nashville State TN Zip Code 37213- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20192 Date of Disbursement 02 / 02 / 2008 Amount of Each Disbursement this Period 101.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STAFF MEALS
C.	Full Name (Last, First, Middle Initial) T-Mobile Phone Service Mailing Address 1810 Old Fort Parkway Suite D City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20195 Date of Disbursement 02 / 14 / 2008 Amount of Each Disbursement this Period 155.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MOBILE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

1874.94

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Kingsmill Resort</p> <p>Mailing Address 1010 Kingsmill Rd.</p> <p>City Williamsburg State VA Zip Code 23185-</p> <p>Purpose of Disbursement travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80320.E20191</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="282.11"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Kingsmill Resort</p> <p>Mailing Address 1010 Kingsmill Rd.</p> <p>City Williamsburg State VA Zip Code 23185-</p> <p>Purpose of Disbursement travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80320.E20190</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="950.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) Lavandou Restaurant</p> <p>Mailing Address 3321 Connecticut Ave., NW</p> <p>City Washington State DC Zip Code 20008-</p> <p>Purpose of Disbursement reception expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80320.E20188</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="129.45"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: RECEPTION EXPENSE</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Lavandou Restaurant Mailing Address 3321 Connecticut Ave., NW City Washington State DC Zip Code 20008- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20189 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 92.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE
B.	Full Name (Last, First, Middle Initial) Buffalo Wild Wings Mailing Address 207 B Mall Circle Dr. City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20194 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8 Amount of Each Disbursement this Period 18.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STAFF MEALS
C.	Full Name (Last, First, Middle Initial) Chase Credit Card Services Mailing Address P.O. Box 940414 City Palatine State IL Zip Code 60094- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20210 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 8 Amount of Each Disbursement this Period 529.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	529.90
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)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Office Max Mailing Address 1960 Old Fort Parkway City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20212 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 87.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Category/ Type	

B. Full Name (Last, First, Middle Initial) Office Max Mailing Address 1960 Old Fort Parkway City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20211 Date of Disbursement 02 / 13 / 2008 Amount of Each Disbursement this Period 220.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Category/ Type	

C. Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20215 Date of Disbursement 02 / 22 / 2008 Amount of Each Disbursement this Period 3.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE
	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) DR Symantec	Transaction ID: 80320.E20217 Date of Disbursement 03 / 07 / 2008
	Mailing Address 20330 Stevens Creek Blvd.	Amount of Each Disbursement this Period 69.98
	City Cupertino State CA Zip Code 95014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement computer software Candidate Name	[MEMO ITEM] MEMO: COMPUTER SOFTWARE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Chase Credit Card Services	Transaction ID: 80411.E20231 Date of Disbursement 03 / 27 / 2008
	Mailing Address P.O. Box 940414	Amount of Each Disbursement this Period 823.45
	City Palatine State IL Zip Code 60094-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	CREDIT CARD: SEE BELOW
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) T-Mobile Phone Service	Transaction ID: 80411.E20236 Date of Disbursement 03 / 14 / 2008
	Mailing Address 1810 Old Fort Parkway Suite D	Amount of Each Disbursement this Period 253.27
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement mobile phone service Candidate Name	[MEMO ITEM] MEMO: MOBILE PHONE SERVICE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	823.45
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) P.F. Changs Restaurant	Transaction ID: 80411.E20235 Date of Disbursement MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 2525 West End Ave.	Amount of Each Disbursement this Period 64.53
	City Nashville State TN Zip Code 37203-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement staff meals	[MEMO ITEM] MEMO: STAFF MEALS
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chef Wangs	Transaction ID: 80411.E20232 Date of Disbursement MM / DD / YYYY 02 / 27 / 2008
	Mailing Address 1145 NW Broad St.	Amount of Each Disbursement this Period 16.82
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement staff meals	[MEMO ITEM] MEMO: STAFF MEALS
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Calvert Woodley Wine & Liquor	Transaction ID: 80411.E20233 Date of Disbursement MM / DD / YYYY 03 / 01 / 2008
	Mailing Address 4339 Connecticut Ave. NW	Amount of Each Disbursement this Period 408.54
	City Washington State DC Zip Code 20008-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reception expense	[MEMO ITEM] MEMO: RECEPTION EXPENSE
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 50 / 74

<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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Sams Club Mailing Address 125 John R. Rice Blvd. City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20176 Date of Disbursement 02 / 20 / 2008 Amount of Each Disbursement this Period 94.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Sams Club Mailing Address 125 John R. Rice Blvd. City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement membership fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80411.E20224 Date of Disbursement 03 / 24 / 2008 Amount of Each Disbursement this Period 280.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEMBERSHIP FEES
C.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St. SE City Washington State DC Zip Code 20003- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19372 Date of Disbursement 01 / 01 / 2008 Amount of Each Disbursement this Period 1768.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RECEPTION EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

2142.77

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Rutherford Co. Election Commission

Mailing Address 1 South Public Square Rm. 103

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement
registered voter files

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80320.E20205

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

300.00

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

REGISTERED VOTER FILES

B.

Full Name (Last, First, Middle Initial)
Murfreesboro Electric Department

Mailing Address 205 N. Walnut St.
P.O. Box 9

City Murfreesboro State TN Zip Code 37133-0009

Purpose of Disbursement
utilites

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80109.E19369

Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

55.95

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

UTILITES

C.

Full Name (Last, First, Middle Initial)
Murfreesboro Electric Department

Mailing Address 205 N. Walnut St.
P.O. Box 9

City Murfreesboro State TN Zip Code 37133-0009

Purpose of Disbursement
utilites

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80117.E20110

Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

44.17

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

UTILITES

SUBTOTAL of Disbursements This Page (optional) ▶

400.12

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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Murfreesboro Electric Department	Transaction ID: 80320.E20161 Date of Disbursement 02 / 20 / 2008
	Mailing Address 205 N. Walnut St. P.O. Box 9	Amount of Each Disbursement this Period 51.53
	City Murfreesboro State TN Zip Code 37133-0009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities	Category/Type UTILITES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Murfreesboro Electric Department	Transaction ID: 80411.E20220 Date of Disbursement 03 / 20 / 2008
	Mailing Address 205 N. Walnut St. P.O. Box 9	Amount of Each Disbursement this Period 49.61
	City Murfreesboro State TN Zip Code 37133-0009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities	Category/Type UTILITES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tenn. Dept of Employment Security	Transaction ID: 80320.E20148 Date of Disbursement 01 / 31 / 2008
	Mailing Address 313 Cordell Hull Bldg.	Amount of Each Disbursement this Period 543.02
	City Nashville State TN Zip Code 37219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement employment insurance	Category/Type EMPLOYMENT INSURANCE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

644.16

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Atmos Energy Mailing Address P.O. Box 1313 City Murfreesboro State TN Zip Code 37133- Purpose of Disbursement utilites Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19375 Date of Disbursement 01 / 01 / 2008 Amount of Each Disbursement this Period 54.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITES
B.	Full Name (Last, First, Middle Initial) Atmos Energy Mailing Address P.O. Box 1313 City Murfreesboro State TN Zip Code 37133- Purpose of Disbursement utilites Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E20129 Date of Disbursement 01 / 29 / 2008 Amount of Each Disbursement this Period 75.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITES
C.	Full Name (Last, First, Middle Initial) Atmos Energy Mailing Address P.O. Box 1313 City Murfreesboro State TN Zip Code 37133- Purpose of Disbursement utilites Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20182 Date of Disbursement 02 / 27 / 2008 Amount of Each Disbursement this Period 83.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITES

SUBTOTAL of Disbursements This Page (optional) ▶	213.97
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)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Atmos Energy Mailing Address P.O. Box 1313 City Murfreesboro State TN Zip Code 37133- Purpose of Disbursement utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 80411.E20223 Date of Disbursement 03 / 24 / 2008
	Amount of Each Disbursement this Period 76.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITES

B. Full Name (Last, First, Middle Initial) Copy Express Mailing Address 1312 Memorial Blvd. City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 80109.E20100 Date of Disbursement 01 / 09 / 2008
	Amount of Each Disbursement this Period 560.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING

C. Full Name (Last, First, Middle Initial) Copy Express Mailing Address 1312 Memorial Blvd. City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 80320.E20199 Date of Disbursement 03 / 10 / 2008
	Amount of Each Disbursement this Period 7.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	644.56
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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 2298 Old Fort Parkway City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20175 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period 17.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
B.	Full Name (Last, First, Middle Initial) Ashley Hultman Mailing Address 900 East Main Street Apt. 4 City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80115.E20106 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 433.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
C.	Full Name (Last, First, Middle Initial) Aristotle Industries Mailing Address 205 Pennsylvania Ave. SE City Washington State DC Zip Code 20003- Purpose of Disbursement computer software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19373 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 3250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPUTER SOFTWARE

SUBTOTAL of Disbursements This Page (optional) ▶	3700.18
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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Daily News Journal	Transaction ID: 80117.E20111 Date of Disbursement 01 / 16 / 2008
	Mailing Address 224 North Walnut	Amount of Each Disbursement this Period 8.00
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement subscription Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SUBSCRIPTION

B.	Full Name (Last, First, Middle Initial) Daily News Journal	Transaction ID: 80320.E20152 Date of Disbursement 02 / 11 / 2008
	Mailing Address 224 North Walnut	Amount of Each Disbursement this Period 8.00
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement subscription Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SUBSCRIPTION

C.	Full Name (Last, First, Middle Initial) Daily News Journal	Transaction ID: 80320.E20206 Date of Disbursement 03 / 10 / 2008
	Mailing Address 224 North Walnut	Amount of Each Disbursement this Period 8.00
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement subscription Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SUBSCRIPTION

SUBTOTAL of Disbursements This Page (optional)	▶	24.00
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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 80117.E20108 Date of Disbursement 01 / 15 / 2008
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 53.22
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement mileage reimbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MILEAGE REIMBURSEMENT

B.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 80117.E20107 Date of Disbursement 01 / 15 / 2008
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 475.31
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

C.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 80130.E20144 Date of Disbursement 01 / 30 / 2008
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 334.36
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

SUBTOTAL of Disbursements This Page (optional)

862.89

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)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Anna Kelma</p> <p>Mailing Address 1345 Wenlon Drive</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement mileage 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80320.E20155 Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 40.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MILEAGE REIMBURSEMENT</p>
<p>B. Full Name (Last, First, Middle Initial) Anna Kelma</p> <p>Mailing Address 1345 Wenlon Drive</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement wages</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80320.E20154 Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 441.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WAGES</p>
<p>C. Full Name (Last, First, Middle Initial) Anna Kelma</p> <p>Mailing Address 1345 Wenlon Drive</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement wages</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80320.E20185 Date of Disbursement 02 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 290.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WAGES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

771.91

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 80320.E20207 Date of Disbursement 03 / 12 / 2008
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 466.69
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

B.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 80411.E20239 Date of Disbursement 03 / 31 / 2008
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 400.12
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

C.	Full Name (Last, First, Middle Initial) Bass-Ward Limited	Transaction ID: 80109.E20090 Date of Disbursement 01 / 07 / 2008
	Mailing Address P.O. Box 2441	Amount of Each Disbursement this Period 11200.00
	City Murfreesboro State TN Zip Code 37133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RENT

SUBTOTAL of Disbursements This Page (optional)	▶	12066.81
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 60 / 74

<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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Miller & Loughry <hr/> Mailing Address 214 West College Street <hr/> City Murfreesboro State TN Zip Code 37130-3532 <hr/> Purpose of Disbursement Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80123.E20112 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 327.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INSURANCE
B.	Full Name (Last, First, Middle Initial) Laser One <hr/> Mailing Address 800 4th Ave., South <hr/> City Nashville State TN Zip Code 37210- <hr/> Purpose of Disbursement office equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20160 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1959.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE EQUIPMENT
C.	Full Name (Last, First, Middle Initial) AT & T <hr/> Mailing Address P.O. Box 55000 <hr/> City Detroit State MI Zip Code 48255- <hr/> Purpose of Disbursement telephone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19374 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 583.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	2869.62
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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) AT & T	Transaction ID: 80125.E20113 Date of Disbursement 01 / 23 / 2008
	Mailing Address P.O. Box 55000	Amount of Each Disbursement this Period 582.25
	City Detroit State MI Zip Code 48255-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE SERVICE

B.	Full Name (Last, First, Middle Initial) AT & T	Transaction ID: 80320.E20179 Date of Disbursement 02 / 22 / 2008
	Mailing Address P.O. Box 55000	Amount of Each Disbursement this Period 582.22
	City Detroit State MI Zip Code 48255-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE SERVICE

C.	Full Name (Last, First, Middle Initial) AT & T	Transaction ID: 80411.E20222 Date of Disbursement 03 / 24 / 2008
	Mailing Address P.O. Box 55000	Amount of Each Disbursement this Period 581.80
	City Detroit State MI Zip Code 48255-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)	▶	1746.27
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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Storage Plex Mailing Address 2365 S. Church St. City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement rent on storage unit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20150 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 1140.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT ON STORAGE UNIT
B.	Full Name (Last, First, Middle Initial) Nashville Womens Political Caucus Mailing Address P.O. Box 25211 City Nashville State TN Zip Code 37202- Purpose of Disbursement Program Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20202 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 8	Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PROGRAM ADVERTISING
C.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20089 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 338.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

1978.57

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)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20093 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 637.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

B. Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20097 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

C. Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80115.E20104 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	1393.90
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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80115.E20105 Date of Disbursement 01 / 14 / 2008 Amount of Each Disbursement this Period 32.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20145 Date of Disbursement 01 / 22 / 2008 Amount of Each Disbursement this Period 209.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20162 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 438.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	680.62
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)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
United States Post Office

Mailing Address 825 S. Church Street

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80320.E20181
Date of Disbursement

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

Amount of Each Disbursement this Period

11.60

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

POSTAGE

B.

Full Name (Last, First, Middle Initial)
United States Post Office

Mailing Address 825 S. Church Street

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80320.E20208
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Amount of Each Disbursement this Period

1230.00

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

POSTAGE

C.

Full Name (Last, First, Middle Initial)
United States Post Office

Mailing Address 825 S. Church Street

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement
Business Reply Account

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80411.E20221
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	8

Amount of Each Disbursement this Period

725.00

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

BUSINESS REPLY ACCOUNT

SUBTOTAL of Disbursements This Page (optional)

1966.60

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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80411.E20227 Date of Disbursement 03 / 27 / 2008 Amount of Each Disbursement this Period 207.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B.	Full Name (Last, First, Middle Initial) Greystone Press Mailing Address 1087-A Louisville Hwy. City Goodlettsville State TN Zip Code 37072- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19370 Date of Disbursement 01 / 01 / 2008 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RECEPTION EXPENSE
C.	Full Name (Last, First, Middle Initial) David Andrukitis Printing Mailing Address Room WA 29 City Washington State DC Zip Code 20515- Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19371 Date of Disbursement 01 / 01 / 2008 Amount of Each Disbursement this Period 1384.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	1892.47
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="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)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Courier Printing Mailing Address 1 Courier Place City Smyrna State TN Zip Code 37167- Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 80320.E20153 Date of Disbursement: MM / DD / YYYY 02 / 11 / 2008 Amount of Each Disbursement this Period 3707.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING	
B. Full Name (Last, First, Middle Initial) BBC Productions Mailing Address P.O. Box 5383 City Herndon State VA Zip Code 20170- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 80320.E20204 Date of Disbursement: MM / DD / YYYY 03 / 03 / 2008 Amount of Each Disbursement this Period 165.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RECEPTION EXPENSE	
C. Full Name (Last, First, Middle Initial) Democratic Properties, Inc. Mailing Address DNC 430 S. Capitol St., SE City Washington State DC Zip Code 20003- Purpose of Disbursement room rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 80320.E20151 Date of Disbursement: MM / DD / YYYY 02 / 11 / 2008 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ROOM RENTAL	

SUBTOTAL of Disbursements This Page (optional)		4022.13
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 74

<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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) M. Lee Smith Publishers Mailing Address P.O. Box 5094 City Brentwood State TN Zip Code 37024-5094 Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20178 Date of Disbursement 02 / 22 / 2008 Amount of Each Disbursement this Period 221.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUBSCRIPTION
B.	Full Name (Last, First, Middle Initial) Mei Wah Restaurant Mailing Address 1200 New Hampshire Ave. NW City Washington State DC Zip Code 20036- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20200 Date of Disbursement 03 / 10 / 2008 Amount of Each Disbursement this Period 481.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RECEPTION EXPENSE
C.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address Department of the Treasury City Memphis State TN Zip Code 37501- Purpose of Disbursement tax payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20146 Date of Disbursement 01 / 31 / 2008 Amount of Each Disbursement this Period 6804.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAX PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶	7508.27
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 69 / 74

<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)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Transaction ID: 80320.E20203
Date of Disbursement

Mailing Address Department of the Treasury

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	0	8

City State Zip Code
Memphis TN 37501-

Amount of Each Disbursement this Period

4147.74

Purpose of Disbursement
tax payment

--

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

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TAX PAYMENT

State: District:

B.

Full Name (Last, First, Middle Initial)
Mike Terry

Transaction ID: 80130.E20142
Date of Disbursement

Mailing Address 1485 Bradberry Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	8

City State Zip Code
Murfreesboro TN 37130-

Amount of Each Disbursement this Period

2525.28

Purpose of Disbursement
wages

--

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

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

WAGES

State: District:

C.

Full Name (Last, First, Middle Initial)
Mike Terry

Transaction ID: 80320.E20184
Date of Disbursement

Mailing Address 1485 Bradberry Drive

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

City State Zip Code
Murfreesboro TN 37130-

Amount of Each Disbursement this Period

2525.28

Purpose of Disbursement
wages

--

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

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

WAGES

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

9198.30

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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Mike Terry Mailing Address 1485 Bradberry Drive City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20218 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 387.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT
B.	Full Name (Last, First, Middle Initial) Mike Terry Mailing Address 1485 Bradberry Drive City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80411.E20238 Date of Disbursement 03 / 31 / 2008 Amount of Each Disbursement this Period 2525.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 33050 City Saint Petersburg State FL Zip Code 33733- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E20092 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 133.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

3045.72

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)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 33050 City Saint Petersburg State FL Zip Code 33733- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E20128 Date of Disbursement 01 / 29 / 2008 Amount of Each Disbursement this Period 126.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 33050 City Saint Petersburg State FL Zip Code 33733- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80320.E20183 Date of Disbursement 02 / 27 / 2008 Amount of Each Disbursement this Period 138.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE SERVICE
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 33050 City Saint Petersburg State FL Zip Code 33733- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80411.E20229 Date of Disbursement 03 / 27 / 2008 Amount of Each Disbursement this Period 129.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

394.99

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)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)

Queenie Woods

Mailing Address 441 Evergreen Street

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement
cleaning service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80109.E20099

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	8

Amount of Each Disbursement this Period

75.00

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

CLEANING SERVICE

B.

Full Name (Last, First, Middle Initial)

Queenie Woods

Mailing Address 441 Evergreen Street

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement
cleaning service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80320.E20198

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

Amount of Each Disbursement this Period

75.00

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

CLEANING SERVICE

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

78650.11

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)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm.</p> <p>Mailing Address 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement DONATION OF EXCESS CAMPAIGN FUNDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 80320.E20171</p> <p>Date of Disbursement 01 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 20000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm.</p> <p>Mailing Address 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement DONATION OF EXCESS CAMPAIGN FUNDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 80320.E20168</p> <p>Date of Disbursement 02 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Al Wynn For Congress</p> <p>Mailing Address 4th District, Maryland P.O. Box 5323</p> <p>City Capitol Heights State MD Zip Code 20791-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 80320.E20169</p> <p>Date of Disbursement 01 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

36000.00

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)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dan Lipinski For Congress</p> <p>Mailing Address 3rd District, Illinois 5838 South Archer Avenue</p> <p>City Chicago State IL Zip Code 60638-1637</p> <p>Purpose of Disbursement DONATION</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80320.E20170</p> <p>Date of Disbursement 01 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Becky Ruppe For State Senate</p> <p>Mailing Address Tennessee State Senate District 12 P.O. Box 688</p> <p>City Wartburg State TN Zip Code 37887-</p> <p>Purpose of Disbursement DONATION</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80411.E20226</p> <p>Date of Disbursement 03 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bob Tuke For U.S Senate</p> <p>Mailing Address State of Tennessee 222 4th Ave North</p> <p>City Nashville State TN Zip Code 37219-</p> <p>Purpose of Disbursement DONATION</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80411.E20246</p> <p>Date of Disbursement 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

39000.00