

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE
08 DEC -4 PM 2:37

Office Use Only

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

ALEXANDER FOR SENATE 2008 INC

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00383745

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

VA

00

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

11

04

2008

in the State of

TN

5. Covering Period

10

16

2008

through

11

24

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 Keith A. Davis

Signature of Treasurer

Keith A. Davis

Date

12

04

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.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Alexander for Senate 2008

Report Covering the Period:

From:

10 / 16 / 2008

To:

11 / 24 / 2008

	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))	1 176,632.96	7,941,783.85
(b) Total Contribution Refunds (from Line 20(d))	200.00	38,907.98
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	176,432.96	7,902,875.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1,523,209.40	4,821,532.94
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	29,127.04
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1,523,209.40	4,792,405.90
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,479,678.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Report Covering the Period:

From:

10 / 16 / 2008

To:

11 / 24 / 2008

I. RECEIPTS

COLUMN A
Total this Period

COLUMN B
Election Cycle Total as of

11 / 04 / 2008
(date of general election)

COLUMN C
Total for

11 / 05 / 2008
(date after general election)

through

11 / 24 / 2008
(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

(a) Individuals/Persons Other than
Political Committees

(i) Itemized (use Schedule A)

51,075.00

5,660,964.00

0.00

(ii) Unitemized

4,907.96

166,664.19

0.00

(iii) Total of contributions from individuals

55,982.96

5,827,628.69

0.00

(b) Political Party Committees

0.00

368.00

0.00

(c) Other Political Committees

120,650.00

2,109,187.16

0.00

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

4 / 133

Page 6

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	4600.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
17632.96	7,941,783.85 7828268.85	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	106391.35 ✓	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	29,127.04 19142.03	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
1453.96	29756.18 ✓	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
178086.92	8,107,058.42 7983558.41	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 7

Write or Type Committee Name

Alexander for Senate 2008

Report Covering the Period:

From:

10 / 16 / 2008

To:

11 / 24 / 2008

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
1,523,209.40	4,821,532.94	621,251.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	727,462.42	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	30,007.98	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 8

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(c) Other Political Committees (such as PACs)

200.00	8,900.00	0.00
--------	----------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

200.00	38,907.98	0.00
--------	-----------	------

21. OTHER DISBURSEMENTS

200,000.00	368,224.99	50,000.00
------------	------------	-----------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

1,723,409.40	5,956,128.33	671,251.46
--------------	--------------	------------

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

176,432.96	7,902,875.87	0.00
------------	--------------	------

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1,523,209.40	4,792,405.90	621,251.46
--------------	--------------	------------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....
25. SUBTOTAL (add Line 23 and Line 24).....
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

3,025,001.11
178,086.92
3,203,088.03
1,723,409.40
1,479,678.63

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 133

(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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) A. O. Smith PAC</p> <p>Mailing Address Mr. Roger S. Smith P.O. Box 245010</p> <p>City Milwaukee State WI Zip Code 53224</p> <p>FEC ID number of contributing federal political committee. C C00104687</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 21 / 2008</p> <p>Transaction ID: 81021.C21372</p> <p>Amount of Each Receipt this Period 1500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ACA International PAC</p> <p>Mailing Address Ms. Kathy Heimele P.O. Box 390106</p> <p>City Minneapolis State MN Zip Code 55439</p> <p>FEC ID number of contributing federal political committee. C C00034785</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 31 / 2008</p> <p>Transaction ID: 81201.C21553</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AFLAC Inc. PAC</p> <p>Mailing Address Mr. David Pringle 1932 Wynnton Road</p> <p>City Columbus State GA Zip Code 31999</p> <p>FEC ID number of contributing federal political committee. C C00034157</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 15000.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 21 / 2008</p> <p>Transaction ID: 81021.C21374</p> <p>Amount of Each Receipt this Period 3000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) 7000.00</p>	
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 133

(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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Allied Pilots Assoc. PAC</p> <p>Mailing Address Ms. Susan Williams 1101 Pennsylvania Avenue, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C C00267849</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 6000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 1 1 / 0 4 / 2 0 0 8</p> <p>Transaction ID: 81201.C21589</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Am. Society of Plastic & Recon. Surgeons</p> <p>Mailing Address Dr. Rod Rohrich 444 East Algonquin Road</p> <p>City Arlington Heights State IL Zip Code 60005</p> <p>FEC ID number of contributing federal political committee. C C00249342</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 1 0 / 2 3 / 2 0 0 8</p> <p>Transaction ID: 81025.C21439</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Amer. Acad. of Nurse Practitioners PAC</p> <p>Mailing Address Ms. Glenda Barrett P.O. Box 40473</p> <p>City Washington State DC Zip Code 20016</p> <p>FEC ID number of contributing federal political committee. C C00358903</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 1 0 / 2 8 / 2 0 0 8</p> <p>Transaction ID: 81201.C21525</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶ 4000.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 133

(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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Amer. Osteopathic Info. Assn. PAC</p> <p>Mailing Address Ms. Kristen Beaubien 1090 Vermont Avenue, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>FEC ID number of contributing federal political committee. C C00113803</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 1 0 / 2 3 / 2 0 0 8</p> <p>Transaction ID: 81025.C21460</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Amer. Osteopathic Info. Assn. PAC</p> <p>Mailing Address Ms. Kristen Beaubien 1090 Vermont Avenue, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>FEC ID number of contributing federal political committee. C C00113803</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 1 1 / 0 4 / 2 0 0 8</p> <p>Transaction ID: 81201.C21585</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Asso. of Orthodontists PAC</p> <p>Mailing Address 401 N. Lindbergh Boulevard</p> <p>City Saint Louis State MO Zip Code 63141</p> <p>FEC ID number of contributing federal political committee. C C00293910</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 1 1 / 0 4 / 2 0 0 8</p> <p>Transaction ID: 81201.C21584</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶ 6000.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER: PAGE 10 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

American Assoc. of Nurse Anesthetists

Mailing Address Mrs. Shari Dexter

25 Massachusetts Ave., NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00173153

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 81021.C21357

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)

American College of Cardiology PAC

Mailing Address Mr. N. Nicholas Morse

2400 N Street, NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C C00375360

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81201.C21591

Amount of Each Receipt this Period

5000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Ball Corporation PAC

Mailing Address Mr. Harold L. Sohn

P.O. Box 5000

City

Broomfield

State

CO

Zip Code

80038

FEC ID number of contributing
federal political committee.

C C00039461

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21516

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 11 / 133
 (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)
 Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bayer Corp. PAC</p> <p>Mailing Address Ms. Juliane H. Van Egmond 701 Pennsylvania Ave., NW</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C C00281162</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 1 0 / 2 8 / 2 0 0 8</p> <p>Transaction ID: 81201.C21502</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bristol Myers Squibb PAC</p> <p>Mailing Address Ms. Beth Culhane-Laws 655 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>FEC ID number of contributing federal political committee. C C00035675</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 1 0 / 2 8 / 2 0 0 8</p> <p>Transaction ID: 81201.C21515</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Career College PAC</p> <p>Mailing Address Mr. Bruce Leftwich 10 G Street, NE, Suite 750</p> <p>City Washington State DC Zip Code 20002</p> <p>FEC ID number of contributing federal political committee. C C00213066</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3304.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 1 0 / 2 8 / 2 0 0 8</p> <p>Transaction ID: 81201.C21523</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>SUBTOTAL of Receipts This Page (optional) ▶</p>		<p>3000.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Caterpillar Employees PAC

Mailing Address Mr. William C. Lane

100 Northeast Adams Street

City

State

Zip Code

Peoria

IL

61629

FEC ID number of contributing
federal political committee.

C C00148031

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21513

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)

Cemex, Inc. Employees PAC

Mailing Address Mr. Robert Sullivan

840 Gessner

City

State

Zip Code

Houston

TX

77024

FEC ID number of contributing
federal political committee.

C C00111880

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 81021.C21359

Amount of Each Receipt this Period

2500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Chesapeake PAC

Mailing Address Ms. Deborah Snodgrass

P.O. Box 18576

City

State

Zip Code

Oklahoma City

OK

73154

FEC ID number of contributing
federal political committee.

C C00389288

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 81023.C21383

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)

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 13 / 133

(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)

Alexander for Senate 2008, Inc.

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

Citigroup PAC

Mailing Address Ms. Heather K. Wingate
1101 Pennsylvania Ave.

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00008474

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8150.00

Date of Receipt

MM / DD / YYYY
10 / 31 / 2008

Transaction ID: 81201.C21549

Amount of Each Receipt this Period

1500.00

Receipt

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

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

Conservative Victory Fund

Mailing Address Mr. Ron Pearson
1101 Pennsylvania Ave., SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C C00009704

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 23 / 2008

Transaction ID: 81025.C21459

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)

Dairy Farmers PAC

Mailing Address Mr. Sam Stone
10220 North Ambassador Dr.

City State Zip Code
Kansas City MO 64153

FEC ID number of contributing
federal political committee.

C C00001388

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
10 / 31 / 2008

Transaction ID: 81201.C21548

Amount of Each Receipt this Period

2500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

4250.00

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 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

DALEN PAC

Mailing Address Mr. Harold C. Simmons
1701 N. Hampton

City State Zip Code
De Soto TX 75115

FEC ID number of contributing
federal political committee.

C C00283523

Name of Employer

Occupation
Political Action Committee

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

MM / DD / YYYY
10 / 23 / 2008

Transaction ID: 81025.C21427

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)

Darden Restaurants PAC

Mailing Address Mr. Chip Kunde
1455 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00108282

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 81021.C21360

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)

Deloitte & Touche Federal PAC

Mailing Address Ms. Cindy Stevens
555 12th Street NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00211318

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 81023.C21380

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)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Eastman Kodak PAC

Mailing Address

343 State Street

City

Rochester

State

NY

Zip Code

14650

FEC ID number of contributing
federal political committee.

C C00297085

Name of Employer

Occupation

Receipt For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2008

Transaction ID: 81201.C21555

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)

Fred D. Thompson PAC

Mailing Address

The Honorable Fred D. Thompson
2400 Crestmoor Road

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C C00385906

Name of Employer

Occupation

Political Action Committee

Receipt For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7300.00

Date of Receipt

MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 81023.C21385

Amount of Each Receipt this Period

2300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Free & Strong America PAC

Mailing Address

The Honorable Mitt Romney
P.O. Box 79226

City

Waverley

State

MA

Zip Code

02479

FEC ID number of contributing
federal political committee.

C C00449280

Name of Employer

Occupation

Receipt For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY
10 / 23 / 2008

Transaction ID: 81025.C21429

Amount of Each Receipt this Period

800.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

4100.00

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 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

General Mills PAC

Mailing Address Ms. Mary Catherine Toker
601 13th Street, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00062646

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21520

Amount of Each Receipt this Period

1500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Goodyear Good Govt Fund

Mailing Address Mr. Tedd F. Lingo
1144 East Market Street

City State Zip Code
Akron OH 44316

FEC ID number of contributing
federal political committee.

C C00100131

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 81023.C21381

Amount of Each Receipt this Period

1500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Kelly PAC

Mailing Address Mr. James D. McIntire
999 W. Big Beaver

City State Zip Code
Troy MI 48084

FEC ID number of contributing
federal political committee.

C C00212522

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 81021.C21358

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) ▶

4000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 133
(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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) KPMG PAC</p> <p>Mailing Address Mr. Stephen Allis 2001 M. Street NW</p> <p>City Washington State DC Zip Code 20036</p> <p>FEC ID number of contributing federal political committee. C C00280222</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5000.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 28 / 2008</p> <p>Transaction ID: 81201.C21524</p> <p>Amount of Each Receipt this Period 3500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kraft Foods PAC</p> <p>Mailing Address Mr. Brian Folkerts 975 F Street, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>FEC ID number of contributing federal political committee. C C00077701</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5000.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 28 / 2008</p> <p>Transaction ID: 81201.C21526</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lumber Dealers PAC</p> <p>Mailing Address Mr. Michael OBrien 2025 M Street, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>FEC ID number of contributing federal political committee. C C00039214</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 28 / 2008</p> <p>Transaction ID: 81201.C21527</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶ 6500.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 18 / 133	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Marriott International, Inc. Mailing Address Mr. Thomas E. Ladd Marriott Drive, Dept. 904 City Washington State DC Zip Code 20058 FEC ID number of contributing federal political committee. C C00284810 Name of Employer Occupation Political Action Committee Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 10 / 23 / 2008 Transaction ID: 81025.C21434 Amount of Each Receipt this Period 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) MassMutual PAC Mailing Address Mr. Kurt Cohr 1925 State Street City Springfield State MA Zip Code 01111 FEC ID number of contributing federal political committee. C C00118943 Name of Employer Occupation Political Action Committee Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt MM / DD / YYYY 10 / 28 / 2008 Transaction ID: 81201.C21503 Amount of Each Receipt this Period 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) McKesson PAC Mailing Address Mrs. Ann Berkey One Post Street City San Francisco State CA Zip Code 94104 FEC ID number of contributing federal political committee. C C00108035 Name of Employer Occupation Political Action Committee Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt MM / DD / YYYY 10 / 22 / 2008 Transaction ID: 81023.C21382 Amount of Each Receipt this Period 3000.00 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) ▶		5000.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 19 / 133

(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)
Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Medco Health

Mailing Address Mr. Peter Begans

601 Pennsylvania Avenue, NW

City

State

Zip Code

Washington

DC

20004

FEC ID number of contributing
federal political committee.

C C00384362

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81201.C21583

Amount of Each Receipt this Period

1500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Messer Construction Co. PAC

Mailing Address Mr. Andrew R. Lorenz

123 Perimeter Park Road

City

State

Zip Code

Knoxville

TN

37922

FEC ID number of contributing
federal political committee.

C C00435990

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81201.C21594

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Mylan Inc. PAC

Mailing Address Mr. Rich Wheland

1500 Corporate Drive

City

State

Zip Code

Canonsburg

PA

15317

FEC ID number of contributing
federal political committee.

C C00332395

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21511

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)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 133
(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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Natl Assn. Mutual Ins. Companies PAC</p> <p>Mailing Address Mr. Jimi Grande 122 C Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>FEC ID number of contributing federal political committee. C C00170258</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 23 / 2008</p> <p>Transaction ID: 81025.C21458</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Natl Assn. Psychiatric Health PAC</p> <p>Mailing Address Mr. Mark Covall 701 13th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>FEC ID number of contributing federal political committee. C C00107136</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 23 / 2008</p> <p>Transaction ID: 81025.C21432</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Natl Assoc. of Ins. & Fin. Advisors PAC</p> <p>Mailing Address Mr. Michael R. Kerley 2901 Telstar Court</p> <p>City Falls Church State VA Zip Code 22042</p> <p>FEC ID number of contributing federal political committee. C C00005249</p> <p>Name of Employer Occupation Political Action Committee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 9000.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 21 / 2008</p> <p>Transaction ID: 81021.C21376</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶ 7500.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 133
(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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Nat'l Restaurant Assoc. PAC

Mailing Address Mr. Ned Monroe
1200 17th Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation
Political Action Committee

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81201.C21592

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)
National Cable & Telecommunications Assn

Mailing Address Mr. Kyle E. McSlarrow
25 Massachusetts Avenue, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation
Political Action Committee

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: 81201.C21551

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address Mr. Tom D. Wacker
4121 Wilson Blvd.

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation
Political Action Committee

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 81021.C21378

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)

13000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Olin Good Govt Fund

Mailing Address Ms. Valerie A. Peters
427 N. Shamrock St.

City State Zip Code
East Alton IL 62024

FEC ID number of contributing
federal political committee.

C C00002790

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81201.C21595

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)

PATHPAC

Mailing Address Ms. Susan R. Askew
1350 I Street, NW, Suite 590

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00274944

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
10 / 31 / 2008

Transaction ID: 81201.C21552

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)

Pfizer PAC

Mailing Address Mr. Richard H. Bagger
325 7th Street, NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00016683

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8000.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21521

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 23 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

PolyOne PAC

Mailing Address Ms. Deborah L. Neale
33709 Lakeshore Blvd.

City State Zip Code

Lakeline OH 44095

FEC ID number of contributing
federal political committee.

C C00288712

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21514

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)

Publix Supermarkets PAC

Mailing Address Mr. J. Justin Middleton
P.O. Box 407

City State Zip Code

Lakeland FL 33802

FEC ID number of contributing
federal political committee.

C C00400705

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
10 / 23 / 2008

Transaction ID: 81025.C21430

Amount of Each Receipt this Period

2500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Safeway PAC

Mailing Address Ms. Rachel Zenner
5918 Stoneridge Mall Road

City State Zip Code

Pleasanton CA 94588

FEC ID number of contributing
federal political committee.

C C00194084

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 31 / 2008

Transaction ID: 81201.C21554

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)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Squire Sanders & Dempsey PAC

Mailing Address Mr. Robert Lehman

1201 Pennsylvania Ave., NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00444935

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

11 / 04 / 2008

Transaction ID: 81201.C21590

Amount of Each Receipt this Period

2500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

The Fraternity & Sorority PAC

Mailing Address Mr. Kevin ONeill

Patton Boggs

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C C00410068

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

10 / 24 / 2008

Transaction ID: 81025.C21464

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)

Unaka Company PAC

Mailing Address Mr. L. A. Yonz

1500 Industrial Road

City

Greeneville

State

TN

Zip Code

37745

FEC ID number of contributing
federal political committee.

C C00371229

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

10 / 31 / 2008

Transaction ID: 81201.C21547

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)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

United Technologies PAC

Mailing Address Mr. Jack Humphries

1401 Eye St., NW, Ste. 600

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00035683

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21510

Amount of Each Receipt this Period

4000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

VFW PAC

Mailing Address Mr. Kenneth R. Burton, Jr.

200 Maryland Ave., NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C C00113001

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21512

Amount of Each Receipt this Period

1300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Wells Fargo Employee PAC

Mailing Address Ms. Anita Eoloff

90 South 7th Street

City

Minneapolis

State

MN

Zip Code

55402

FEC ID number of contributing
federal political committee.

C C00034595

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81201.C21593

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)

8300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 133
(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Weyerhaeuser PAC

Mailing Address Ms. Heidi B. Brock

1100 Connecticut Ave., NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00007948

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21522

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)

White Castle Political Action Committee

Mailing Address Mr. Charles R. Salter, Jr.

555 West Goodale Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing
federal political committee.

C C00112623

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 23 / 2008

Transaction ID: 81025.C21438

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Wine and Spirits Wholesalers of America

Mailing Address Mr. James A. Rowland

805 Fifteenth Street, NW, Suite 43

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00375725

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 81021.C21377

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)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Wyeth Good Government Fund

Mailing Address Five Giralda Farms

City

Madison

State

NJ

Zip Code

07940

FEC ID number of contributing
federal political committee.

C C00115303

Name of Employer

Occupation

Political Action Committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 81021.C21373

Amount of Each Receipt this Period

1500.00

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)

120650.00

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

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

FOR LINE NUMBER:		PAGE 28 / 133	
(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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kenneth Adams</p> <p>Mailing Address 3218 Del Monte Drive</p> <p>City State Zip Code Houston TX 77019</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Tennessee Titans</p> <p>Occupation Chairman</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="2300.00"/></p>	<p>Date of Receipt <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/></p> <p>Transaction ID: 81025.C21468</p> <p>Amount of Each Receipt this Period <input type="text" value="2300.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Nancy Adams</p> <p>Mailing Address 3218 Del Monte Drive</p> <p>City State Zip Code Houston TX 77019</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Tennessee Titans</p> <p>Occupation Vice-Chairman</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="2300.00"/></p>	<p>Date of Receipt <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/></p> <p>Transaction ID: 81025.C21461</p> <p>Amount of Each Receipt this Period <input type="text" value="2300.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Thomas Bannen</p> <p>Mailing Address 614 Bowling Avenue</p> <p>City State Zip Code Nashville TN 37215</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Tom Bannen Chevrolet</p> <p>Occupation Automobile Dealer</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="1500.00"/></p>	<p>Date of Receipt <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2008"/></p> <p>Transaction ID: 81021.C21362</p> <p>Amount of Each Receipt this Period <input type="text" value="1000.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>SUBTOTAL of Receipts This Page (optional)</p>		<p><input type="text" value="5600.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text" value=""/></p>

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 133
(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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Allen Black</p> <p>Mailing Address P. O. Box 313 42 River Rd.</p> <p>City State Zip Code Point Pleasant PA 18950</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fine, Kaplan & Black Attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 21 / 2008</p> <p>Transaction ID: 81021.C21354</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kirk Blalock</p> <p>Mailing Address 609 West Braddock Road</p> <p>City State Zip Code Alexandria VA 22302</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Firece, Isakowitz & Blalock Senior Vice President</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 5600.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 01 / 2008</p> <p>Transaction ID: 81201.C21564</p> <p>Amount of Each Receipt this Period 1300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jerry Breast</p> <p>Mailing Address 709 Hogan Road</p> <p>City State Zip Code Nashville TN 37220</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Navy Retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 350.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 23 / 2008</p> <p>Transaction ID: 81025.C21415</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶ 1900.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 133
(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

David Bunning

Mailing Address 825 S. Waukegan Rd., A8 #175

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
PostNet

Occupation
Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

10 / 29 / 2008

Transaction ID: 81201.C21538

Amount of Each Receipt this Period

1500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Harry Byrd

Mailing Address 2 North Kent Street

City

Winchester

State

VA

Zip Code

22601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2008

Transaction ID: 81025.C21426

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)

Louis Camilleri

Mailing Address Phillip Morris International
120 Park Avenue

City

New York

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philip Morris Companies,
Inc.

Occupation
CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2008

Transaction ID: 81201.C21497

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)

3500.00

TOTAL This Period (last page this line number only)

28020730221

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Etta Clark

Mailing Address 1088 Rotherwood Drive

City

Kingsport

State

TN

Zip Code

37660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastman Chemical Company

Occupation
Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
10 / 23 / 2008

Transaction ID: 81025.C21443

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

William Clark

Mailing Address 6745 Lenox Center Court, Suite 100

City

Memphis

State

TN

Zip Code

38115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark and Clark

Occupation
Real Estate Developer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21493

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)

Eliot Cohen

Mailing Address 210 Cloister Green Lane

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investment Real Estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21509

Amount of Each Receipt this Period

25.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

28020730222

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 133

(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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Michael Crabtree</p> <p>Mailing Address 12347 Vista Brook Lane</p> <p>City State Zip Code Knoxville TN 37924</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Crabtree Ventures</p> <p>Occupation President & CEO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="2000.00"/></p>	<p>Date of Receipt <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2008"/></p> <p>Transaction ID: 81021.C21361</p> <p>Amount of Each Receipt this Period <input type="text" value="1000.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hilton Dean</p> <p>Mailing Address 4942 Tyne Valley Boulevard</p> <p>City State Zip Code Nashville TN 37220</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="4550.00"/></p>	<p>Date of Receipt <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/></p> <p>Transaction ID: 81025.C21469</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Garland Delozier</p> <p>Mailing Address 1038 Nina Delozier Road</p> <p>City State Zip Code Maryville TN 37804</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="250.00"/></p>	<p>Date of Receipt <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2008"/></p> <p>Transaction ID: 81201.C21561</p> <p>Amount of Each Receipt this Period <input type="text" value="150.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) <input type="text" value="1400.00"/></p>	
<p>TOTAL This Period (last page this line number only) <input type="text"/></p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 133

(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)

Alexander for Senate 2008, Inc.

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

George Dials

Mailing Address 120 Center Park Lane

City State Zip Code

Oak Ridge TN 37830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oak Ridge National Lab

Occupation
Director

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2550.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2008

Transaction ID: 81201.C21558

Amount of Each Receipt this Period

250.00

Receipt

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

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

Wade Dyke

Mailing Address 812 North Alhambra Circle

City State Zip Code

Miami FL 33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaplan Higher Education

Occupation
Businessman

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 81201.C21541

Amount of Each Receipt this Period

2300.00

Receipt

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

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

Joel Eaton

Mailing Address 7050 Bakerville Rd.

City State Zip Code

Waverly TN 37185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee State University

Occupation
Astronomer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
10 / 23 / 2008

Transaction ID: 81025.C21416

Amount of Each Receipt this Period

200.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 133
(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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Seth Ellis</p> <p>Mailing Address 34041 Parkview Ave.</p> <p>City State Zip Code Eustis FL 32736</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Gator Mezz</p> <p>Occupation Principal</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 650.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 21 / 2008</p> <p>Transaction ID: 81021.C21356</p> <p>Amount of Each Receipt this Period 650.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) William Featheringill</p> <p>Mailing Address Private Capital Corp. One Metroplex Dr.</p> <p>City State Zip Code Birmingham AL 35209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Private Capital</p> <p>Occupation Investor</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 23 / 2008</p> <p>Transaction ID: 81025.C21442</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Chester Finn</p> <p>Mailing Address 5404 Surrey Street</p> <p>City State Zip Code Chevy Chase MD 20815</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Thomas B. Fordham Foundation</p> <p>Occupation Executive</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2550.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 22 / 2008</p> <p>Transaction ID: 81023.C21386</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶ 3200.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

John Ford

Mailing Address P. O. Box 527

City

Dyersburg

State

TN

Zip Code

38025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ford Construction Company

Occupation
Heavy Highway Construction

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2008

Transaction ID: 81201.C21539

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Frank Fowler

Mailing Address P.O. Box 247

City

Lookout Mountain

State

TN

Zip Code

37350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Art Dealer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

10 / 28 / 2008

Transaction ID: 81201.C21519

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)

Jim Gamble

Mailing Address 620 Wheeler Lane

City

La Follette

State

TN

Zip Code

37766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gamble Motor Co.

Occupation
Auto Dealer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

11 / 04 / 2008

Transaction ID: 81201.C21606

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) ▶

1750.00

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 36 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Jim Gamble

Mailing Address 620 Wheeler Lane

City

La Follette

State

TN

Zip Code

37766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gamble Motor Co.

Occupation
Auto Dealer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81201.C21582

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Carl Gessler

Mailing Address 516 Eustis Avenue, SE

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Heart Center

Occupation
Cardiologist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2550.00

Date of Receipt

MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 81201.C21534

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)

Gerald Gibson

Mailing Address 2105 Southwood Drive

City

Maryville

State

TN

Zip Code

37803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryville College

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5100.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81201.C21501

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)

1250.00

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 37 / 133
 (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)
 Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
 Thomas Hale
 Mailing Address 12007 Mallard Bay Dr.
 City State Zip Code
 Knoxville TN 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stokes & Rutherford Attorney
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼
 Election Cycle-to-Date ▼
 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 1 0 / 2 8 / 2 0 0 8
 Transaction ID: 81201.C21518
 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)
 Peter Hannaford
 Mailing Address 3555 J. Street
 City State Zip Code
 Eureka CA 95503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hannaford Enterprises, In- President
 s.
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼
 Election Cycle-to-Date ▼
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 1 1 / 0 4 / 2 0 0 8
 Transaction ID: 81201.C21612
 Amount of Each Receipt this Period
 100.00
 Receipt
☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
 Jonathan Harwell
 Mailing Address 708 Overton Park
 City State Zip Code
 Nashville TN 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 H3GM Lawyer
 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 Y
 1 1 / 0 4 / 2 0 0 8
 Transaction ID: 81201.C21605
 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) 1600.00
 TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Margaret Healey

Mailing Address P.O. Box 574

City

New Vernon

State

NJ

Zip Code

07976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Psychologist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

11 / 04 / 2008

Transaction ID: 81201.C21604

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Hickman County Republican Party

Mailing Address Mrs. Helen McCaleb
567 Chessor Road

City

Centerville

State

TN

Zip Code

37033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2008

Transaction ID: 81023.C21398

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Charles Howell

Mailing Address 5871 Fredericksburg Drive

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Howell & Company

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

10 / 24 / 2008

Transaction ID: 81025.C21465

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)

3300.00

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 39 / 133
(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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) James Hyland</p> <p>Mailing Address 8427 Falcone Pointe Way</p> <p>City State Zip Code Vienna VA 22182</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Akin Gump & Strauss Attorney</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 04 / 2008</p> <p>Transaction ID: 81201.C21580</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) John Irwin</p> <p>Mailing Address P.O. Box 1189</p> <p>City State Zip Code Norris TN 37828</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Museum of Appalachia Owner</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 24 / 2008</p> <p>Transaction ID: 81025.C21473</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Leo Jalenak</p> <p>Mailing Address 6025 River Oaks Road</p> <p>City State Zip Code Memphis TN 38120</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1100.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2008</p> <p>Transaction ID: 81201.C21533</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>SUBTOTAL of Receipts This Page (optional) ▶</p>		<p>1350.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		

28020730230

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Sandra Jaynes

Mailing Address 271 Bud Ball Rd.

City

Limestone

State

TN

Zip Code

37681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 22 / 2008

Transaction ID: 81023.C21391

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Jim Kalogeros

Mailing Address 2531 North Roan Street

City

Johnson City

State

TN

Zip Code

37601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peerless Steakhouse

Occupation
Restaurateur

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

10 / 21 / 2008

Transaction ID: 81021.C21355

Amount of Each Receipt this Period

300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Ted Kennedy

Mailing Address 618 Highland Court

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
B. E. & K., Inc.

Occupation
Engineer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

10 / 23 / 2008

Transaction ID: 81025.C21435

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)

1800.00

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 41 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Robert Kokoszka

Mailing Address 3924 S. Mission Oaks Drive

City

Chattanooga

State

TN

Zip Code

37412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burtco Enterprises

Occupation
Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

11 / 04 / 2008

Transaction ID: 81201.C21588

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Francis Lauricella

Mailing Address 7300 Jefferson Highway

City

Harahan

State

LA

Zip Code

70123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lauricella Land Co.

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2008

Transaction ID: 81201.C21560

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Judy Lewis

Mailing Address 860 Curtiswood Lane

City

Nashville

State

TN

Zip Code

37204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

10 / 23 / 2008

Transaction ID: 81025.C21425

Amount of Each Receipt this Period

2300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

3300.00

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 42 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Bruno Manno

Mailing Address 1414 22nd Street, NW
Unit 36

City State Zip Code
Washington DC 20037

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Annie E. Casey Founda-
tion

Occupation
Director

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2250.00

Date of Receipt

MM / DD / YYYY
10 / 23 / 2008

Transaction ID: 81025.C21444

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Jennie McCabe

Mailing Address 4418 Herbert Place

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2008

Transaction ID: 81025.C21463

Amount of Each Receipt this Period

1300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Kirk McConnell

Mailing Address 701 Sinclair Cir

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haven Behavioral Healthca-
re

Occupation
Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 81201.C21530

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) ▶

2050.00

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 43 / 133
(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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) John McDonald</p> <p>Mailing Address 615 Lindsay Street, Suite 410</p> <p>City State Zip Code Chattanooga TN 37403</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Green Acres of America</p> <p>Occupation Managing Partner</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3800.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 22 / 2008</p> <p>Transaction ID: 81023.C21384</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) John McGraw</p> <p>Mailing Address 3 Arrowhead Lane</p> <p>City State Zip Code Armonk NY 10504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed</p> <p>Occupation Private Investor</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 21 / 2008</p> <p>Transaction ID: 81021.C21366</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jim McLean</p> <p>Mailing Address 3512 Murphy Road</p> <p>City State Zip Code Nashville TN 37205</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed</p> <p>Occupation Contractor</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4600.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 23 / 2008</p> <p>Transaction ID: 81025.C21424</p> <p>Amount of Each Receipt this Period 600.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) ▶ 1600.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 133
(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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) John Moorhead</p> <p>Mailing Address 1165 Fifth Avenue, Apt. 7C</p> <p>City State Zip Code New York NY 10029</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer CEUT</p> <p>Occupation Investment Banker</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="4600.00"/></p>	<p>Date of Receipt MM / DD / YYYY 10 / 23 / 2008</p> <p>Transaction ID: 81025.C21440</p> <p>Amount of Each Receipt this Period <input type="text" value="1300.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) David Morgan</p> <p>Mailing Address 909 Stuart Lane</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Lattimore, Black, Morgan & Cain</p> <p>Occupation CPA</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="1250.00"/></p>	<p>Date of Receipt MM / DD / YYYY 10 / 28 / 2008</p> <p>Transaction ID: 81201.C21495</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) James Morgan</p> <p>Mailing Address 3050 Bowers Avenue</p> <p>City State Zip Code Santa Clara CA 95054</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Applied Materials, Inc.</p> <p>Occupation CEO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="500.00"/></p>	<p>Date of Receipt MM / DD / YYYY 10 / 23 / 2008</p> <p>Transaction ID: 81025.C21431</p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) <input type="text" value="2050.00"/></p>	
<p>TOTAL This Period (last page this line number only) <input type="text"/></p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 133
(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Wink Neal

Mailing Address 5043 Hill Place Dr.

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frank Neal & Co.

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2008

Transaction ID: 81025.C21470

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Michael Nelson

Mailing Address 305 Grove Hill Place

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer
M. Nelson and Associates,
Inc.

Occupation
Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 81023.C21387

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)

Sara Priest

Mailing Address 1214 Chickasaw Drive

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 81201.C21537

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) ▶

1250.00

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 46 / 133	
(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)
Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Michael Pucker

Mailing Address

233 S. Wacker Drive, Suite 5800

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Latham & Watkins

Occupation

Attorney

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81201.C21581

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Edwin Raskin

Mailing Address 419 Ellendale

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raskin Holdings

Occupation

CEO

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 81023.C21399

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)

Walter Record

Mailing Address 1707 Hobbits Glen Drive

City

Germanatown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 81023.C21400

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

3400.00

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 47 / 133
(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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Christian Rice</p> <p>Mailing Address 551 Midway Circle</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Touchstone Companies</p> <p>Occupation Executive</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="850.00"/></p>	<p>Date of Receipt MM / DD / YYYY 10 / 28 / 2008</p> <p>Transaction ID: 81201.C21494</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wayne Riley</p> <p>Mailing Address 336 White Swans Crossing</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Meharry Medical College</p> <p>Occupation CEO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="1000.00"/></p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2008</p> <p>Transaction ID: 81201.C21545</p> <p>Amount of Each Receipt this Period <input type="text" value="1000.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Thomas Sternberg</p> <p>Mailing Address 6 Alwyngton Road</p> <p>City State Zip Code Brookline MA 02467</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Highland Capital Partners</p> <p>Occupation Executive</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="2300.00"/></p>	<p>Date of Receipt MM / DD / YYYY 10 / 23 / 2008</p> <p>Transaction ID: 81025.C21428</p> <p>Amount of Each Receipt this Period <input type="text" value="2300.00"/></p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
<p>SUBTOTAL of Receipts This Page (optional) <input type="text" value="3550.00"/></p> <p>TOTAL This Period (last page this line number only) <input type="text" value="3550.00"/></p>	

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

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

FOR LINE NUMBER: PAGE 48 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Ray Tanner

Mailing Address 14 Whitsitt Park

City

Jackson

State

TN

Zip Code

38301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2008

Transaction ID: 81201.C21556

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Howard Thrailkill

Mailing Address 2268 Governors Bend Road, SE

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
TVA

Occupation
Board Member

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2008

Transaction ID: 81201.C21559

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Joyce Vise

Mailing Address 228 Burlington Place

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 81201.C21611

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)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

S. G. Walker

Mailing Address 7300 Westland Dr.

City

Knoxville

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

10 / 24 / 2008

Transaction ID: 81025.C21474

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Frederick Webber

Mailing Address 139 Whites Point Road

City

Standish

State

ME

Zip Code

04084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto Alliance

Occupation
CEO

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2008

Transaction ID: 81201.C21532

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Orgill Wellford

Mailing Address 181 Goodwyn

City

Memphis

State

TN

Zip Code

38111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student

Occupation
Student

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2008

Transaction ID: 81201.C21567

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)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Thomas Yount

Mailing Address 3901 West End Avenue, # 508

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 81201.C21531

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Sydna Zeliff

Mailing Address 910 Casey Cove Drive

City

Nokomis

State

FL

Zip Code

34275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zeliff Enterprises

Occupation
Owner

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2008

Transaction ID: 81025.C21471

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)

1250.00

TOTAL This Period (last page this line number only)

51075.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 133

(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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Pinnacle National Bank

Mailing Address 211 Commerce Street, Suite 300

City

Nashville

State

TN

Zip Code

37201-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29380.74

Date of Receipt

10 / 29 / 2008

Transaction ID: 81201.C21615

Amount of Each Receipt this Period

1180.89

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 National Bank

Mailing Address 211 Commerce Street, Suite 300

City

Nashville

State

TN

Zip Code

37201-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29653.81

Date of Receipt

10 / 31 / 2008

Transaction ID: 81201.C21616

Amount of Each Receipt this Period

273.07

Other Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

1453.96

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

1453.96

**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 52 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Katie Argo

Transaction ID: 81203.E8801

Date of Disbursement

10 / 16 / 2008

Mailing Address 216 Maryland Ave.
306

City Washington State DC Zip Code 20002-

Purpose of Disbursement

Employee Wages

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1268.73

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

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

EMPLOYEE WAGES

B.

Full Name (Last, First, Middle Initial)

Katie Argo

Transaction ID: 81203.E8933

Date of Disbursement

10 / 30 / 2008

Mailing Address 216 Maryland Ave.
306

City Washington State DC Zip Code 20002-

Purpose of Disbursement

Employee Wages

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1268.73

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

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

EMPLOYEE WAGES

C.

Full Name (Last, First, Middle Initial)

Katie Argo

Transaction ID: 81203.E8979

Date of Disbursement

11 / 07 / 2008

Mailing Address 216 Maryland Ave.
306

City Washington State DC Zip Code 20002-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

645.39

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

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

3182.85

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 53 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Katie Argo

Transaction ID: 81203.E8999

Date of Disbursement

11 / 14 / 2008

Mailing Address 216 Maryland Ave.
306

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

284.74

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

EMPLOYEE WAGES

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Sheil Astrid

Transaction ID: 81203.E9026

Date of Disbursement

11 / 17 / 2008

Mailing Address 1925 W. College Ave.
145

City San Bernardino State CA Zip Code 92407-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

608.00

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

TRAVEL EXPENSE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Jonathan E. Bryant

Transaction ID: 81203.E8799

Date of Disbursement

10 / 16 / 2008

Mailing Address 6425 Bybee Rd.

City Winchester State KY Zip Code 40391-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

999.37

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

EMPLOYEE WAGES

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1892.11

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Jonathan E. Bryant	Transaction ID: 81203.E8839 Date of Disbursement 10 / 20 / 2008
Mailing Address 6425 Bybee Rd.	
City Winchester State KY Zip Code 40391-	Amount of Each Disbursement this Period 257.40
Purpose of Disbursement Travel 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) ▼ TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) Jonathan E. Bryant	Transaction ID: 81203.E8851 Date of Disbursement 10 / 23 / 2008
Mailing Address 6425 Bybee Rd.	
City Winchester State KY Zip Code 40391-	Amount of Each Disbursement this Period 538.68
Purpose of Disbursement Travel 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) ▼ TRAVEL EXPENSE
C. Full Name (Last, First, Middle Initial) Jonathan E. Bryant	Transaction ID: 81203.E8854 Date of Disbursement 10 / 27 / 2008
Mailing Address 6425 Bybee Rd.	
City Winchester State KY Zip Code 40391-	Amount of Each Disbursement this Period 436.91
Purpose of Disbursement Travel 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) ▼ TRAVEL EXPENSE
SUBTOTAL of Disbursements This Page (optional)	1232.99
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)

PAGE 55 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jonathan E. Bryant</p> <p>Mailing Address 6425 Bybee Rd.</p> <p>City Winchester State KY Zip Code 40391-</p> <p>Purpose of Disbursement Employee 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: 81203.E8930 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 999.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jonathan E. Bryant</p> <p>Mailing Address 6425 Bybee Rd.</p> <p>City Winchester State KY Zip Code 40391-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8961 Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 560.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jonathan E. Bryant</p> <p>Mailing Address 6425 Bybee Rd.</p> <p>City Winchester State KY Zip Code 40391-</p> <p>Purpose of Disbursement Employee 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: 81203.E9003 Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 3997.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 5557.66</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jonathan E. Bryant</p> <p>Mailing Address 6425 Bybee Rd.</p> <p>City Winchester State KY Zip Code 40391-</p> <p>Purpose of Disbursement Employee Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E9037</p> <p>Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 3997.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Adam Comer</p> <p>Mailing Address 1130 Goodman St.</p> <p>City Memphis State TN Zip Code 38111-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8826</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 120.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Adam Comer</p> <p>Mailing Address 1130 Goodman St.</p> <p>City Memphis State TN Zip Code 38111-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8853</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 32.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

<p>A. Full Name (Last, First, Middle Initial) Adam Comer</p> <p>Mailing Address 1130 Goodman St.</p> <p>City Memphis State TN Zip Code 38111-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8983</p> <p>Date of Disbursement 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 161.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Caroline Deberry</p> <p>Mailing Address 1323 White Ave.</p> <p>City Henderson State TN Zip Code 38340-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8827</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 122.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) Caroline Deberry</p> <p>Mailing Address 1323 White Ave.</p> <p>City Henderson State TN Zip Code 38340-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8994</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 182.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Joy M. Hawkins	Transaction ID: 81203.E8800 Date of Disbursement
Mailing Address 920 Woodmont Blvd M-5	<input type="text" value="10"/> <input type="text" value="M"/> / <input type="text" value="16"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="Y"/>
City Nashville State TN Zip Code 37203-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<input type="text" value="1532.57"/>
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
B. Full Name (Last, First, Middle Initial) Joy M. Hawkins	Transaction ID: 81203.E8932 Date of Disbursement
Mailing Address 920 Woodmont Blvd M-5	<input type="text" value="10"/> <input type="text" value="M"/> / <input type="text" value="30"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="Y"/>
City Nashville State TN Zip Code 37203-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<input type="text" value="1532.56"/>
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
C. Full Name (Last, First, Middle Initial) Joy M. Hawkins	Transaction ID: 81203.E9005 Date of Disbursement
Mailing Address 920 Woodmont Blvd M-5	<input type="text" value="11"/> <input type="text" value="M"/> / <input type="text" value="14"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="Y"/>
City Nashville State TN Zip Code 37203-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<input type="text" value="6130.25"/>
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9195.38"/>
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)

PAGE 59 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Emily Hill</p> <p>Mailing Address 238A Maryland Ave. NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement Employee Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8795</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1080.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Emily Hill</p> <p>Mailing Address 238A Maryland Ave. NE</p> <p>City Washington State DC Zip Code 20002-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8863</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 469.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Emily Hill</p> <p>Mailing Address 238A Maryland Ave. NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement Employee Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8926</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1182.76</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

<p>A. Full Name (Last, First, Middle Initial) Emily Hill</p>	<p>Transaction ID: 81203.E8997 Date of Disbursement</p>
<p>Mailing Address 238A Maryland Ave. NE</p>	<p>11 / 14 / 2008</p>
<p>City Washington State DC Zip Code 20002-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Employee Wages Candidate Name</p>	<p>265.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:</p>	<p>EMPLOYEE WAGES</p>
<p>B. Full Name (Last, First, Middle Initial) James W. Hudson</p>	<p>Transaction ID: 81203.E8796 Date of Disbursement</p>
<p>Mailing Address 4385 Paige Dr.</p>	<p>10 / 16 / 2008</p>
<p>City Sumter State SC Zip Code 29154-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Employee Wages Candidate Name</p>	<p>1203.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:</p>	<p>EMPLOYEE WAGES</p>
<p>C. Full Name (Last, First, Middle Initial) James W. Hudson</p>	<p>Transaction ID: 81203.E8927 Date of Disbursement</p>
<p>Mailing Address 4385 Paige Dr.</p>	<p>10 / 30 / 2008</p>
<p>City Sumter State SC Zip Code 29154-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Employee Wages Candidate Name</p>	<p>1203.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:</p>	<p>EMPLOYEE WAGES</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2672.89</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) James W. Hudson	Transaction ID: 81203.E8976 Date of Disbursement
Mailing Address 4385 Paige Dr.	<div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Sumter State SC Zip Code 29154-	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expense	<div>44.44</div>
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:	TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) James W. Hudson	Transaction ID: 81203.E9001 Date of Disbursement
Mailing Address 4385 Paige Dr.	<div> <div>11</div> <div>14</div> <div>2008</div> </div>
City Sumter State SC Zip Code 29154-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<div>4815.07</div>
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:	EMPLOYEE WAGES
C. Full Name (Last, First, Middle Initial) James W. Hudson	Transaction ID: 81203.E9036 Date of Disbursement
Mailing Address 4385 Paige Dr.	<div> <div>11</div> <div>20</div> <div>2008</div> </div>
City Sumter State SC Zip Code 29154-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<div>3797.10</div>
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:	EMPLOYEE WAGES
SUBTOTAL of Disbursements This Page (optional)	<div>8656.61</div>
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 62 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Mr. Tom Ingram	Transaction ID: 81203.E8813 Date of Disbursement 10 / 16 / 2008
Mailing Address 7305 Lorimar Place	
City Knoxville State TN Zip Code 37919-	Amount of Each Disbursement this Period 40000.00
Purpose of Disbursement GOTV Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	GOTV CONSULTING
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) Mr. Tom Ingram	Transaction ID: 81203.E8812 Date of Disbursement 10 / 16 / 2008
Mailing Address 7305 Lorimar Place	
City Knoxville State TN Zip Code 37919-	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement GOTV Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	GOTV CONSULTING
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) Mr. Tom Ingram	Transaction ID: 81203.E8953 Date of Disbursement 11 / 01 / 2008
Mailing Address 7305 Lorimar Place	
City Knoxville State TN Zip Code 37919-	Amount of Each Disbursement this Period 40000.00
Purpose of Disbursement GOTV Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	GOTV CONSULTING
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)	82000.00
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 63 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Mr. Tom Ingram	Transaction ID: 81203.E8968 Date of Disbursement
Mailing Address 7305 Lorimar Place	<div> <div>11</div> <div>05</div> <div>2008</div> </div>
City Knoxville State TN Zip Code 37919-	Amount of Each Disbursement this Period
Purpose of Disbursement GOTV Consulting Candidate Name	<div>150000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	GOTV CONSULTING
B. Full Name (Last, First, Middle Initial) Charles Key	Transaction ID: 81203.E8806 Date of Disbursement
Mailing Address 1020A 15th Ave. S.	<div> <div>10</div> <div>16</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37212-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages Candidate Name	<div>1365.16</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EMPLOYEE WAGES
C. Full Name (Last, First, Middle Initial) Charles Key	Transaction ID: 81203.E8940 Date of Disbursement
Mailing Address 1020A 15th Ave. S.	<div> <div>10</div> <div>30</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37212-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages Candidate Name	<div>1365.18</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EMPLOYEE WAGES
SUBTOTAL of Disbursements This Page (optional)	<div>152730.34</div>
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 64 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Charles Key	Transaction ID: 81203.E9012 Date of Disbursement
Mailing Address 1020A 15th Ave. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 8</div> </div>
City Nashville State TN Zip Code 37212-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<div> <div>5460.68</div> </div>
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:	<div> <div>Category/Type</div> <div>EMPLOYEE WAGES</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Charles Key	Transaction ID: 81203.E9043 Date of Disbursement
Mailing Address 1020A 15th Ave. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 0 / 2 0 0 8</div> </div>
City Nashville State TN Zip Code 37212-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<div> <div>6146.25</div> </div>
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:	<div> <div>Category/Type</div> <div>EMPLOYEE WAGES</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Lindsay F. Moffett	Transaction ID: 81203.E8808 Date of Disbursement
Mailing Address 2330 Candies Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 6 / 2 0 0 8</div> </div>
City Cleveland State TN Zip Code 37312-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<div> <div>1365.16</div> </div>
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:	<div> <div>Category/Type</div> <div>EMPLOYEE WAGES</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

12972.09

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 65 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Lindsay F. Moffett</p> <p>Mailing Address 2330 Candies Lane</p> <p>City Cleveland State TN Zip Code 37312-</p> <p>Purpose of Disbursement Employee 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: 81203.E8934</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1365.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Lindsay F. Moffett</p> <p>Mailing Address 2330 Candies Lane</p> <p>City Cleveland State TN Zip Code 37312-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8970</p> <p>Date of Disbursement 11 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 57.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lindsay F. Moffett</p> <p>Mailing Address 2330 Candies Lane</p> <p>City Cleveland State TN Zip Code 37312-</p> <p>Purpose of Disbursement Employee 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: 81203.E9014</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 5460.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 6883.07</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Lindsay F. Moffett	Transaction ID: 81203.E9040 Date of Disbursement 11 / 20 / 2008
Mailing Address 2330 Candies Lane	
City Cleveland State TN Zip Code 37312-	Amount of Each Disbursement this Period 6146.25
Purpose of Disbursement Employee Wages Candidate Name Category/Type	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
B. Full Name (Last, First, Middle Initial) Mrs. Kim Morton	Transaction ID: 81203.E8809 Date of Disbursement 10 / 16 / 2008
Mailing Address 2929 Connecticut Ave NW # 611	
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 5358.23
Purpose of Disbursement Employee Wages Candidate Name Category/Type	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
C. Full Name (Last, First, Middle Initial) Mrs. Kim Morton	Transaction ID: 81203.E8823 Date of Disbursement 10 / 20 / 2008
Mailing Address 2929 Connecticut Ave NW # 611	
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 797.84
Purpose of Disbursement Travel Expense Candidate Name Category/Type	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	TRAVEL EXPENSE
SUBTOTAL of Disbursements This Page (optional)	12302.32
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 67 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliking 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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mrs. Kim Morton</p> <p>Mailing Address 2929 Connecticut Ave NW # 611</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Employee 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: 81203.E8942</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 7426.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mrs. Kim Morton</p> <p>Mailing Address 2929 Connecticut Ave NW # 611</p> <p>City Washington State DC Zip Code 20003-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8960</p> <p>Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 76.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mrs. Kim Morton</p> <p>Mailing Address 2929 Connecticut Ave NW # 611</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Employee 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: 81203.E9009</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 516.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Adam Nickas</p> <p>Mailing Address 9001 Dogwood Rd.</p> <p>City Germantown State TN Zip Code 38139-</p> <p>Purpose of Disbursement Employee 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: 81203.E8807 Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 999.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Adam Nickas</p> <p>Mailing Address 9001 Dogwood Rd.</p> <p>City Germantown State TN Zip Code 38139-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8824 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 422.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Adam Nickas</p> <p>Mailing Address 9001 Dogwood Rd.</p> <p>City Germantown State TN Zip Code 38139-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8852 Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 860.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 2283.19</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

28020730259

**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 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Adam Nickas

Mailing Address 9001 Dogwood Rd.

City State Zip Code
Germantown TN 38139-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8941

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

999.38

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

EMPLOYEE WAGES

B.

Full Name (Last, First, Middle Initial)

Adam Nickas

Mailing Address 9001 Dogwood Rd.

City State Zip Code
Germantown TN 38139-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8980

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

874.91

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

TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)

Adam Nickas

Mailing Address 9001 Dogwood Rd.

City State Zip Code
Germantown TN 38139-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E9013

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

3997.50

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

EMPLOYEE WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

5871.79

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 70 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Adam Nickas	Transaction ID: 81203.E9041 Date of Disbursement
Mailing Address 9001 Dogwood Rd.	<div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>11</div> <div>20</div> <div>2008</div>
City State Zip Code Germantown TN 38139-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages Candidate Name	<div>3997.50</div> <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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
B. Full Name (Last, First, Middle Initial) Thomas D. Owen	Transaction ID: 81203.E8804 Date of Disbursement
Mailing Address 2614 Crescent Club Dr.	<div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>10</div> <div>16</div> <div>2008</div>
City State Zip Code Hixson TN 37343-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages Candidate Name	<div>1021.37</div> <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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
C. Full Name (Last, First, Middle Initial) Thomas D. Owen	Transaction ID: 81203.E8838 Date of Disbursement
Mailing Address 2614 Crescent Club Dr.	<div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>10</div> <div>20</div> <div>2008</div>
City State Zip Code Hixson TN 37343-	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expense Candidate Name	<div>1112.75</div> <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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	TRAVEL EXPENSE
SUBTOTAL of Disbursements This Page (optional)	<div>6131.62</div>
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 71 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Thomas D. Owen	Transaction ID: 81203.E8861 Date of Disbursement
Mailing Address 2614 Crescent Club Dr.	<div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>10</div> <div>27</div> <div>2008</div>
City Hixson State TN Zip Code 37343-	Amount of Each Disbursement this Period <div>867.37</div>
Purpose of Disbursement Travel Expense Candidate Name	<div> <div>Category/Type</div> </div> <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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	TRAVLE EXPENSE
B. Full Name (Last, First, Middle Initial) Thomas D. Owen	Transaction ID: 81203.E8937 Date of Disbursement
Mailing Address 2614 Crescent Club Dr.	<div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>10</div> <div>30</div> <div>2008</div>
City Hixson State TN Zip Code 37343-	Amount of Each Disbursement this Period <div>1021.38</div>
Purpose of Disbursement Employee Wages Candidate Name	<div> <div>Category/Type</div> </div> <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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
C. Full Name (Last, First, Middle Initial) Thomas D. Owen	Transaction ID: 81203.E8974 Date of Disbursement
Mailing Address 2614 Crescent Club Dr.	<div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>11</div> <div>06</div> <div>2008</div>
City Hixson State TN Zip Code 37343-	Amount of Each Disbursement this Period <div>1180.56</div>
Purpose of Disbursement Travel Expense Candidate Name	<div> <div>Category/Type</div> </div> <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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	TRAVEL EXPENSE
SUBTOTAL of Disbursements This Page (optional)	<div>3069.31</div>
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 72 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Thomas D. Owen

Transaction ID: 81203.E9007

Date of Disbursement

11 / 14 / 2008

Mailing Address 2614 Crescent Club Dr.

City Hixson State TN Zip Code 37343-

Amount of Each Disbursement this Period

4085.50

Purpose of Disbursement

Employee Wages

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

EMPLOYEE WAGES

State: District:

B.

Full Name (Last, First, Middle Initial)

Thomas D. Owen

Transaction ID: 81203.E9039

Date of Disbursement

11 / 20 / 2008

Mailing Address 2614 Crescent Club Dr.

City Hixson State TN Zip Code 37343-

Amount of Each Disbursement this Period

4087.50

Purpose of Disbursement

Employee Wages

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

EMPLOYEE WAGES

State: District:

C.

Full Name (Last, First, Middle Initial)

Eleanor M. Petty

Transaction ID: 81203.E8794

Date of Disbursement

10 / 16 / 2008

Mailing Address 612 Gists Creek Rd.

City Sevierville State TN Zip Code 37876-

Amount of Each Disbursement this Period

1585.49

Purpose of Disbursement

Employee Wages

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

EMPLOYEE WAGES

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

9758.49

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 73 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Eleanor M. Petty	Transaction ID: 81203.E8925 Date of Disbursement
Mailing Address 612 Gists Creek Rd.	<input type="text" value="10"/> <input type="text" value="M"/> / <input type="text" value="30"/> <input type="text" value="D"/> / <input type="text" value="2008"/>
City Sevierville State TN Zip Code 37876-	Amount of Each Disbursement this Period <input type="text" value="1585.49"/>
Purpose of Disbursement Employee Wages 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	EMPLOYEE WAGES
B. Full Name (Last, First, Middle Initial) Eleanor M. Petty	Transaction ID: 81203.E8973 Date of Disbursement
Mailing Address 612 Gists Creek Rd.	<input type="text" value="11"/> <input type="text" value="M"/> / <input type="text" value="06"/> <input type="text" value="D"/> / <input type="text" value="2008"/>
City Sevierville State TN Zip Code 37876-	Amount of Each Disbursement this Period <input type="text" value="115.41"/>
Purpose of Disbursement Travel 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	TRAVEL EXPENSE
C. Full Name (Last, First, Middle Initial) Eleanor M. Petty	Transaction ID: 81203.E8996 Date of Disbursement
Mailing Address 612 Gists Creek Rd.	<input type="text" value="11"/> <input type="text" value="M"/> / <input type="text" value="14"/> <input type="text" value="D"/> / <input type="text" value="2008"/>
City Sevierville State TN Zip Code 37876-	Amount of Each Disbursement this Period <input type="text" value="362.08"/>
Purpose of Disbursement Employee Wages 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	EMPLOYEE WAGES
SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2062.98"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

28020730264

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 74 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)
Mr. Robert H. Rosser

Mailing Address 1339 Redbelt Rd.

City State Zip Code
Chickamauga GA 30707-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E8855
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

450.00

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

TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)
Ashley Smith

Mailing Address 37 Longfellow NW

City State Zip Code
Washington DC 20011-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E8793
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1102.56

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

EMPLOYEE WAGES

C.

Full Name (Last, First, Middle Initial)
Ashley Smith

Mailing Address 37 Longfellow NW

City State Zip Code
Washington DC 20011-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E8924
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

1203.76

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

EMPLOYEE WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

2756.32

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 75 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A. Full Name (Last, First, Middle Initial) Ashley Smith</p> <p>Mailing Address 37 Longfellow NW</p> <p>City Washington State DC Zip Code 20011-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8964</p> <p>Date of Disbursement MM / DD / YYYY 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 403.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Ashley Smith</p> <p>Mailing Address 37 Longfellow NW</p> <p>City Washington State DC Zip Code 20011-</p> <p>Purpose of Disbursement Employee Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8995</p> <p>Date of Disbursement MM / DD / YYYY 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 269.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>C. Full Name (Last, First, Middle Initial) 116 Inc.</p> <p>Mailing Address 237 Third St. NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8832</p> <p>Date of Disbursement MM / DD / YYYY 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 196.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CATERING</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) 116 Inc.	Transaction ID: 81203.E8817 Date of Disbursement
Mailing Address 237 Third St. NE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002-	Amount of Each Disbursement this Period
Purpose of Disbursement Catering	<div> <div>258.95</div> </div>
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:	CATERING
B. Full Name (Last, First, Middle Initial) Allegra Print	Transaction ID: 81203.E8818 Date of Disbursement
Mailing Address 601 Grassmere Park, Rd., Suite 19	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 8</div> </div>
City Nashville State TN Zip Code 37212-	Amount of Each Disbursement this Period
Purpose of Disbursement Printing Expense	<div> <div>7734.11</div> </div>
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:	PRINTING EXPENSE
C. Full Name (Last, First, Middle Initial) Allegra Print	Transaction ID: 81203.E8963 Date of Disbursement
Mailing Address 601 Grassmere Park, Rd., Suite 19	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 4 / 2 0 0 8</div> </div>
City Nashville State TN Zip Code 37212-	Amount of Each Disbursement this Period
Purpose of Disbursement Printing Expense	<div> <div>2668.84</div> </div>
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:	PRINTING EXPENSE
SUBTOTAL of Disbursements This Page (optional)	<div> <div>10661.90</div> </div>
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 77 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) At & T	Transaction ID: 81203.E8811 Date of Disbursement
Mailing Address PO. Box 9001309	<div> <div>10</div> <div>16</div> <div>2008</div> </div>
City Louisville State KY Zip Code 40290-	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Expense	<div>1838.21</div>
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:	TELEPHONE EXPENSE
B. Full Name (Last, First, Middle Initial) At & T	Transaction ID: 81203.E8834 Date of Disbursement
Mailing Address PO. Box 9001309	<div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Louisville State KY Zip Code 40290-	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Expense	<div>1392.46</div>
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:	TELEPHONE EXPENSE
C. Full Name (Last, First, Middle Initial) At & T	Transaction ID: 81203.E8835 Date of Disbursement
Mailing Address PO. Box 9001309	<div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Louisville State KY Zip Code 40290-	Amount of Each Disbursement this Period
Purpose of Disbursement Blackberry cost	<div>1840.17</div>
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:	BLACKBERRY COST
SUBTOTAL of Disbursements This Page (optional)	<div>5070.84</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 78 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address P.O. Box 9001309

City
Louisville

State
KY

Zip Code
40290-

Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8841

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

1040.00

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

TELEPHONE EXPENSE

B.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address P.O. Box 9001309

City
Louisville

State
KY

Zip Code
40290-

Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E9015

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

178.27

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

TELEPHONE EXPENSE

C.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address P.O. Box 9001309

City
Louisville

State
KY

Zip Code
40290-

Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E9029

Date of Disbursement

11 / 18 / 2008

Amount of Each Disbursement this Period

1028.80

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

TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional)

2247.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 81203.E9032 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2008</div> </div>
Mailing Address P.O. Box 9001309	
City Louisville State KY Zip Code 40290-	Amount of Each Disbursement this Period <div>3030.35</div>
Purpose of Disbursement Blackberry cost	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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) ▼ BLACKBERRY COST
B. Full Name (Last, First, Middle Initial) Ayres, McHenry, & Associates, Inc.	Transaction ID: 81203.E8829 Date of Disbursement <div> <div>10</div> <div>20</div> <div>2008</div> </div>
Mailing Address Mr. Whit Ayers 875 Old Roswell Road	
City Roswell State GA Zip Code 30076-	Amount of Each Disbursement this Period <div>19800.00</div>
Purpose of Disbursement Polling	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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) ▼ POLLING
C. Full Name (Last, First, Middle Initial) Ayres, McHenry, & Associates, Inc.	Transaction ID: 81203.E8985 Date of Disbursement <div> <div>11</div> <div>11</div> <div>2008</div> </div>
Mailing Address Mr. Whit Ayers 875 Old Roswell Road	
City Roswell State GA Zip Code 30076-	Amount of Each Disbursement this Period <div>30000.00</div>
Purpose of Disbursement Polling	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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) ▼ POLLING
SUBTOTAL of Disbursements This Page (optional)	<div>52830.35</div>
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Mr. Bryan Kaegi

Transaction ID: 81203.E8814

Date of Disbursement

10 / 16 / 2008

Mailing Address 222 Wilsonia Ave.

City
Nashville

State
TN

Zip Code
37205-

Amount of Each Disbursement this Period

46387.00

Purpose of Disbursement
Finance/Consulting

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

FINANCE/CONSULTING

State: District:

B.

Full Name (Last, First, Middle Initial)

Mr. Bryan Kaegi

Transaction ID: 81203.E8858

Date of Disbursement

10 / 27 / 2008

Mailing Address 222 Wilsonia Ave.

City
Nashville

State
TN

Zip Code
37205-

Amount of Each Disbursement this Period

410.07

Purpose of Disbursement
Reimbursement: See below

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

REIMBURSEMENT: SEE BELOW

State: District:

C.

Full Name (Last, First, Middle Initial)

Mr. Bryan Kaegi

Transaction ID: 81203.E8859

Date of Disbursement

10 / 27 / 2008

Mailing Address 222 Wilsonia Ave.

City
Nashville

State
TN

Zip Code
37205-

Amount of Each Disbursement this Period

175.25

Purpose of Disbursement
Travel Expense - mileage

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional)

46797.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 81 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P. O. Box 105378

City Atlanta State GA Zip Code 30348-

Purpose of Disbursement

Telephone Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8860

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

234.82

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

[MEMO ITEM]

MEMO: TELEPHONE EXPENSE

B.

Full Name (Last, First, Middle Initial)

Mr. Bryan Kaegi

Mailing Address 222 Wilsonia Ave.

City Nashville State TN Zip Code 37205-

Purpose of Disbursement

Finance/Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8939

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

7000.00

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

FINANCE/CONSULTING

C.

Full Name (Last, First, Middle Initial)

Mr. Bryan Kaegi

Mailing Address 222 Wilsonia Ave.

City Nashville State TN Zip Code 37205-

Purpose of Disbursement

Reimbursement: See below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8965

Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

470.13

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

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

7470.13

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 82 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)
Alexander for Senate 2008, Inc.

<p>A. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P. O. Box 105378</p> <p>City Atlanta State GA Zip Code 30348-</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8966</p> <p>Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 470.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TELEPHONE EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Bryan Kaegi</p> <p>Mailing Address 222 Wilsonia Ave.</p> <p>City Nashville State TN Zip Code 37205-</p> <p>Purpose of Disbursement Finance/Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8978</p> <p>Date of Disbursement 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 10994.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FINANCE/CONSULTING</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Bryan Kaegi</p> <p>Mailing Address 222 Wilsonia Ave.</p> <p>City Nashville State TN Zip Code 37205-</p> <p>Purpose of Disbursement Finance/Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E9008</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 14000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 24994.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Mr. Bryan Kaegi	Transaction ID: 81203.E9023 Date of Disbursement
Mailing Address 222 Wilsonia Ave.	<div> <div>11</div> <div>14</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37205-	Amount of Each Disbursement this Period 4221.00
Purpose of Disbursement Finance/Consulting Candidate Name Category/Type	<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) ▼	FINANCE/CONSULTING
B. Full Name (Last, First, Middle Initial) Mr. Bryan Kaegi	Transaction ID: 81203.E9042 Date of Disbursement
Mailing Address 222 Wilsonia Ave.	<div> <div>11</div> <div>20</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37205-	Amount of Each Disbursement this Period 25000.00
Purpose of Disbursement Finance/Consulting Candidate Name Category/Type	<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) ▼	FINANCE/CONSULTING
C. Full Name (Last, First, Middle Initial) Carlyle Aviation	Transaction ID: 81203.E8845 Date of Disbursement
Mailing Address 3060 Peachtree Rd.	<div> <div>10</div> <div>23</div> <div>2008</div> </div>
City Atlanta State GA Zip Code 30305-	Amount of Each Disbursement this Period 6630.00
Purpose of Disbursement Travel Expense Candidate Name Category/Type	<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) ▼	TRAVEL EXPENSE
SUBTOTAL of Disbursements This Page (optional)	35851.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) College Foundation Inc.</p> <p>Mailing Address PO. Box 41960</p> <p>City Raleigh State NC Zip Code 27629-</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8962</p> <p>Date of Disbursement 11 / 04 / 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>INSURANCE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) College Foundation Inc.</p> <p>Mailing Address PO. Box 41960</p> <p>City Raleigh State NC Zip Code 27629-</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8992</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>INSURANCE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address PO. Box 105184</p> <p>City Atlanta State GA Zip Code 30348-5184</p> <p>Purpose of Disbursement Office Cable</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: 81203.E8833</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 417.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE CABLE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 2167.92</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)
Comcast

Mailing Address PO. Box 105184

City Atlanta State GA Zip Code 30348-5184

Purpose of Disbursement
Office Cable

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E9016

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

613.93

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

OFFICE CABLE

B.

Full Name (Last, First, Middle Initial)
Corporate Flight Management

Mailing Address 625 Fitzhugh Blvd.

City Smyrna State TN Zip Code 37167-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8846

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

4442.00

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

TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Corporate Flight Management

Mailing Address 625 Fitzhugh Blvd.

City Smyrna State TN Zip Code 37167-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E9028

Date of Disbursement

11 / 17 / 2008

Amount of Each Disbursement this Period

7190.90

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

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

12246.83

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 86 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Creative Direct

Mailing Address 25 E. Main St.

City Richmond State VA Zip Code 23219-

Purpose of Disbursement

Direct Mail Exxpense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E8847

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

32600.00

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

DIRECT MAIL EXXPENSE

B. Full Name (Last, First, Middle Initial)
Dennis Fernald

Mailing Address 6922 Mahlon Dr.

City Harrison State TN Zip Code 37341-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E8849

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1382.26

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

TRAVEL EXPENSE

C. Full Name (Last, First, Middle Initial)
Dennis Fernald

Mailing Address 6922 Mahlon Dr.

City Harrison State TN Zip Code 37341-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E8857

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

450.00

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

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

34432.26

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Elite Corporate Suites	Transaction ID: 81203.E8955 Date of Disbursement
Mailing Address 702 Rundle Ave.	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>11 / 03 / 2008</div>
City Nashville State TN Zip Code 37210-	Amount of Each Disbursement this Period
Purpose of Disbursement Rent	<div> <div>Amount</div> <div>1376.55</div> </div>
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:	Category/Type RENT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Fall School Business Center	Transaction ID: 81201.E8765 Date of Disbursement
Mailing Address Mr. Gary Haynes 1130 8th Avenue, South	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>11 / 01 / 2008</div>
City Nashville State TN Zip Code 37203-	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Rent Expense	<div> <div>Amount</div> <div>-2857.57</div> </div>
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:	Category/Type REFUND OF RENT EXPENSE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: 81203.E9017 Date of Disbursement
Mailing Address P. O. Box 94515	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>11 / 14 / 2008</div>
City Palatine State IL Zip Code 60094-	Amount of Each Disbursement this Period
Purpose of Disbursement Shipping	<div> <div>Amount</div> <div>480.52</div> </div>
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:	Category/Type SHIPPING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	<div> <div>Amount</div> <div>-1000.50</div> </div>
TOTAL This Period (last page this line number only)	<div> <div>Amount</div> <div></div> </div>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Flatcreek Management</p> <p>Mailing Address 211 7th Ave. N. # LL-15</p> <p>City Nashville State TN Zip Code 37219-</p> <p>Purpose of Disbursement Direct Mail Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81201.E8782</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 12456.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Flatcreek Management</p> <p>Mailing Address 211 7th Ave. N. # LL-15</p> <p>City Nashville State TN Zip Code 37219-</p> <p>Purpose of Disbursement Direct Mail Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81201.E8783</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 7397.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Flather & Perkins</p> <p>Mailing Address 888 17th Street NW</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8952</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>INSURANCE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 21353.79</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 89 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)
Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)
GSL Solutions Inc.

Transaction ID: 81203.E8819
Date of Disbursement

Mailing Address 1411 N. Westshore Blvd.
Suite 102

10 / 20 / 2008

City Tampa State FL Zip Code 33607-

Amount of Each Disbursement this Period

Purpose of Disbursement
Computer/Email hosting

1519.95

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

COMPUTER/EMAIL HOSTING

B.

Full Name (Last, First, Middle Initial)
Huckaby Davis Lisker

Transaction ID: 81203.E8820
Date of Disbursement

Mailing Address 228 South Washington Street, Suite

10 / 20 / 2008

City Alexandria State VA Zip Code 22314-

Amount of Each Disbursement this Period

Purpose of Disbursement
Compliance/Accounting

4993.04

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

COMPLIANCE/ACCOUNTING

C.

Full Name (Last, First, Middle Initial)
Huckaby Davis Lisker

Transaction ID: 81203.E9018
Date of Disbursement

Mailing Address 228 South Washington Street, Suite

11 / 14 / 2008

City Alexandria State VA Zip Code 22314-

Amount of Each Disbursement this Period

Purpose of Disbursement
Compliance/Accounting

7398.65

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

COMPLIANCE/ACCOUNTING

SUBTOTAL of Disbursements This Page (optional)

13911.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Hudson Group LP</p> <p>Mailing Address 1701 West End Ave.</p> <p>City Nashville State TN Zip Code 37203-</p> <p>Purpose of Disbursement Office Rent</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: 81203.E8956 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 6666.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE RENT</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Humana Inc.</p> <p>Mailing Address PO. Box 14209</p> <p>City Lexington State KY Zip Code 40512-4209</p> <p>Purpose of Disbursement Insurance-Health</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: 81203.E9019 Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2991.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>INSURANCE-HEALTH</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address PO. Box 105083</p> <p>City Atlanta State GA Zip Code 30348-5083</p> <p>Purpose of Disbursement Employee payroll tax</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: 81203.E8988 Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 22224.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE PAYROLL TAX</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 31882.15</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

<p>A. Full Name (Last, First, Middle Initial) Internal Revenue Service</p>	<p>Transaction ID: 81203.E8989 Date of Disbursement</p>
<p>Mailing Address PO. Box 105083</p>	<p><input type="text" value="11"/> <input type="text" value="13"/> <input type="text" value="2008"/></p>
<p>City Atlanta State GA Zip Code 30348-5083</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Employee payroll tax Candidate Name</p>	<p><input type="text" value="31012.18"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>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) ▼</p>	<p>EMPLOYEE PAYROLL TAX</p>
<p>B. Full Name (Last, First, Middle Initial) Internal Revenue Service</p>	<p>Transaction ID: 81203.E9033 Date of Disbursement</p>
<p>Mailing Address PO. Box 105083</p>	<p><input type="text" value="11"/> <input type="text" value="20"/> <input type="text" value="2008"/></p>
<p>City Atlanta State GA Zip Code 30348-5083</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Employee payroll tax Candidate Name</p>	<p><input type="text" value="13656.30"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>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) ▼</p>	<p>EMPLOYEE PAYROLL TAX</p>
<p>C. Full Name (Last, First, Middle Initial) Jeremy Harrell</p>	<p>Transaction ID: 81203.E8797 Date of Disbursement</p>
<p>Mailing Address 3800 Elkins Ave.</p>	<p><input type="text" value="10"/> <input type="text" value="16"/> <input type="text" value="2008"/></p>
<p>City Nashville State TN Zip Code 37209-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Employee Wages Candidate Name</p>	<p><input type="text" value="2954.92"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>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) ▼</p>	<p>EMPLOYEE WAGES</p>

SUBTOTAL of Disbursements This Page (optional)

47623.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 92 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Jeremy Harrell

Mailing Address 3800 Elkins Ave.

City
Nashville

State
TN

Zip Code
37209-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8946

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

1030.57

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

TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)

Jeremy Harrell

Mailing Address 3800 Elkins Ave.

City
Nashville

State
TN

Zip Code
37209-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8928

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

2954.92

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

EMPLOYEE WAGES

C.

Full Name (Last, First, Middle Initial)

Jeremy Harrell

Mailing Address 3800 Elkins Ave.

City
Nashville

State
TN

Zip Code
37209-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8987

Date of Disbursement

11 / 12 / 2008

Amount of Each Disbursement this Period

257.55

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

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

4243.04

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

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

28020730283

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

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

FOR LINE NUMBER:
(check only one)

PAGE 93 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A. Full Name (Last, First, Middle Initial) Jeremy Harrell</p> <p>Mailing Address 3800 Elkins Ave.</p> <p>City Nashville State TN Zip Code 37209-</p> <p>Purpose of Disbursement Employee 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: 81203.E9002 Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 11819.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>B. Full Name (Last, First, Middle Initial) Jeremy Harrell</p> <p>Mailing Address 3800 Elkins Ave.</p> <p>City Nashville State TN Zip Code 37209-</p> <p>Purpose of Disbursement Employee 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: 81203.E9034 Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 6740.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>C. Full Name (Last, First, Middle Initial) Jill Bader</p> <p>Mailing Address 6925 Sunderland Circle</p> <p>City Nashville State TN Zip Code 37221-</p> <p>Purpose of Disbursement Employee 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: 81203.E8798 Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1915.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Jill Bader

Mailing Address 6925 Sunderland Circle

City Nashville State TN Zip Code 37221-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8837

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

937.88

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

TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)

Jill Bader

Mailing Address 6925 Sunderland Circle

City Nashville State TN Zip Code 37221-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8862

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2069.92

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

TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)

Jill Bader

Mailing Address 6925 Sunderland Circle

City Nashville State TN Zip Code 37221-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8929

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

1998.14

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

EMPLOYEE WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

5005.94

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Jill Bader	Transaction ID: 81203.E8975 Date of Disbursement
Mailing Address 6925 Sunderland Circle	<div> <div>MM/DD/YYYY</div> <div>11/06/2008</div> </div>
City Nashville State TN Zip Code 37221-	Amount of Each Disbursement this Period <div>314.07</div>
Purpose of Disbursement Travel Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) Jill Bader	Transaction ID: 81203.E8998 Date of Disbursement
Mailing Address 6925 Sunderland Circle	<div> <div>MM/DD/YYYY</div> <div>11/14/2008</div> </div>
City Nashville State TN Zip Code 37221-	Amount of Each Disbursement this Period <div>451.24</div>
Purpose of Disbursement Employee Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
C. Full Name (Last, First, Middle Initial) Jimmy Kellys Restaurant	Transaction ID: 81203.E8947 Date of Disbursement
Mailing Address 217 Louise Avenue	<div> <div>MM/DD/YYYY</div> <div>10/31/2008</div> </div>
City Nashville State TN Zip Code 37203-	Amount of Each Disbursement this Period <div>2412.72</div>
Purpose of Disbursement Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	CATERING
SUBTOTAL of Disbursements This Page (optional)	<div>3178.03</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 96 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)
Joshua Zell

Mailing Address 510 Old Hickory Blvd
#212

City Nashville State TN Zip Code 37209-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E8792
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1071.37

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

EMPLOYEE WAGES

B.

Full Name (Last, First, Middle Initial)
Joshua Zell

Mailing Address 510 Old Hickory Blvd
#212

City Nashville State TN Zip Code 37209-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E8840
Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

864.61

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

TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Joshua Zell

Mailing Address 510 Old Hickory Blvd
#212

City Nashville State TN Zip Code 37209-

Purpose of Disbursement
Employee Wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E8931
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

1071.38

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

EMPLOYEE WAGES

SUBTOTAL of Disbursements This Page (optional)

3007.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 97 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Joshua Zell</p> <p>Mailing Address 510 Old Hickory Blvd #212</p> <p>City Nashville State TN Zip Code 37209-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>	<p>Transaction ID: 81203.E8967</p> <p>Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 320.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Joshua Zell</p> <p>Mailing Address 510 Old Hickory Blvd #212</p> <p>City Nashville State TN Zip Code 37209-</p> <p>Purpose of Disbursement Employee 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>Category/Type</p>	<p>Transaction ID: 81203.E9004</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 4285.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Joshua Zell</p> <p>Mailing Address 510 Old Hickory Blvd #212</p> <p>City Nashville State TN Zip Code 37209-</p> <p>Purpose of Disbursement Employee 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>Category/Type</p>	<p>Transaction ID: 81203.E9038</p> <p>Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 4287.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8893.58

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Ms. Lana Moore	Transaction ID: 81203.E8948 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2008</div> </div>
Mailing Address 2808 Big Ridge Road	
City Johnson City State TN Zip Code 37601-	Amount of Each Disbursement this Period <div>102.52</div>
Purpose of Disbursement Travel Expense Candidate Name <div>Category/Type</div>	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) Laser 1	Transaction ID: 81203.E8830 Date of Disbursement <div> <div>10</div> <div>20</div> <div>2008</div> </div>
Mailing Address 712 4th Ave.	
City Nashville State TN Zip Code 37210-	Amount of Each Disbursement this Period <div>434.74</div>
Purpose of Disbursement Office Supplies Candidate Name <div>Category/Type</div>	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	OFFICE SUPPLIES
C. Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: 81203.E8821 Date of Disbursement <div> <div>10</div> <div>20</div> <div>2008</div> </div>
Mailing Address 3408 Benham Ave.	
City Nashville State TN Zip Code 37215-	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement Internet-Online/marketing Candidate Name <div>Category/Type</div>	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	INTERNET-ONLINE/MARKETING
SUBTOTAL of Disbursements This Page (optional)	<div>5537.26</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 99 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: 81203.E8969 Date of Disbursement
Mailing Address 3408 Benham Ave.	<div> <div>11</div> <div>05</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37215-	Amount of Each Disbursement this Period 42000.00
Purpose of Disbursement Internet-Online marketing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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) ▼
	INTERNET-ONLINE MARKETING
B. Full Name (Last, First, Middle Initial) Mr. Linus Catignani	Transaction ID: 81203.E8816 Date of Disbursement
Mailing Address 3408 Benham Ave.	<div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37215-	Amount of Each Disbursement this Period 21210.00
Purpose of Disbursement Finance/Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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) ▼
	FINANCE/CONSULTING
C. Full Name (Last, First, Middle Initial) Mr. Linus Catignani	Transaction ID: 81203.E8990 Date of Disbursement
Mailing Address 3408 Benham Ave.	<div> <div>11</div> <div>13</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37215-	Amount of Each Disbursement this Period 2810.00
Purpose of Disbursement Finance/Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
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) ▼
	FINANCE/CONSULTING
SUBTOTAL of Disbursements This Page (optional)	66020.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) LogiCom Project Management LLC	Transaction ID: 81203.E8831 Date of Disbursement
Mailing Address P. O. Box 111697	<div> <div>MM</div> <div>DD</div> <div>YY</div> <div>YY</div> </div> <div>10 / 20 / 2008</div>
City Nashville State TN Zip Code 37222-	Amount of Each Disbursement this Period
Purpose of Disbursement Event-Equipment Rental	<div> <div>Amount</div> <div>3180.00</div> </div>
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	EVENT-EQUIPMENT RENTAL
B. Full Name (Last, First, Middle Initial) LogiCom Project Management LLC	Transaction ID: 81203.E9030 Date of Disbursement
Mailing Address P. O. Box 111697	<div> <div>MM</div> <div>DD</div> <div>YY</div> <div>YY</div> </div> <div>11 / 18 / 2008</div>
City Nashville State TN Zip Code 37222-	Amount of Each Disbursement this Period
Purpose of Disbursement Equipment-Rental	<div> <div>Amount</div> <div>9295.00</div> </div>
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	EQUIPMENT-RENTAL
C. Full Name (Last, First, Middle Initial) Nashville Tent & Awning Co.	Transaction ID: 81203.E8950 Date of Disbursement
Mailing Address 1301 Herman Street	<div> <div>MM</div> <div>DD</div> <div>YY</div> <div>YY</div> </div> <div>10 / 31 / 2008</div>
City Nashville State TN Zip Code 37206-	Amount of Each Disbursement this Period
Purpose of Disbursement Equipment Lease	<div> <div>Amount</div> <div>1371.09</div> </div>
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	EQUIPMENT LEASE
SUBTOTAL of Disbursements This Page (optional) ▶	<div> <div>Amount</div> <div>13846.09</div> </div>
TOTAL This Period (last page this line number only) ▶	<div> <div>Amount</div> <div></div> </div>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) National Finance Center	Transaction ID: 81203.E9022 Date of Disbursement
Mailing Address PO. Box 790341	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>14</div> <div>2008</div> </div>
City State Zip Code Saint Louis MO 63179-0341	Amount of Each Disbursement this Period <div>680.74</div>
Purpose of Disbursement Insurance Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	INSURANCE
B. Full Name (Last, First, Middle Initial) Mr. Patrick Jaynes	Transaction ID: 81203.E8943 Date of Disbursement
Mailing Address 2963 Hodges Landing Drive	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>10</div> <div>30</div> <div>2008</div> </div>
City State Zip Code Knoxville TN 37920-	Amount of Each Disbursement this Period <div>644.16</div>
Purpose of Disbursement Employee Wages Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	EMPLOYEE WAGES
C. Full Name (Last, First, Middle Initial) Mr. Patrick Jaynes	Transaction ID: 81203.E8971 Date of Disbursement
Mailing Address 2963 Hodges Landing Drive	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City State Zip Code Knoxville TN 37920-	Amount of Each Disbursement this Period <div>3623.67</div>
Purpose of Disbursement Travel Expense Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	TRAVEL EXPENSE
SUBTOTAL of Disbursements This Page (optional)	<div>4948.57</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Mr. Patrick Jaynes	Transaction ID: 81203.E9010 Date of Disbursement
Mailing Address 2963 Hodges Landing Drive	<input type="text" value="11"/> <input type="text" value="M"/> / <input type="text" value="14"/> <input type="text" value="D"/> / <input type="text" value="2008"/> <input type="text" value="Y"/>
City Knoxville State TN Zip Code 37920-	Amount of Each Disbursement this Period <input type="text" value="140.84"/>
Purpose of Disbursement Employee Wages 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	EMPLOYEE WAGES
B. Full Name (Last, First, Middle Initial) Pinnacle National Bank	Transaction ID: 81203.E8865 Date of Disbursement
Mailing Address 211 Commerce Street, Suite 300	<input type="text" value="10"/> <input type="text" value="M"/> / <input type="text" value="16"/> <input type="text" value="D"/> / <input type="text" value="2008"/> <input type="text" value="Y"/>
City Nashville State TN Zip Code 37201-	Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Purpose of Disbursement Credit Card: See below 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	CREDIT CARD: SEE BELOW
C. Full Name (Last, First, Middle Initial) Accessline	Transaction ID: 81203.E8875 Date of Disbursement
Mailing Address 11201 SE 8th St.	<input type="text" value="10"/> <input type="text" value="M"/> / <input type="text" value="16"/> <input type="text" value="D"/> / <input type="text" value="2008"/> <input type="text" value="Y"/>
City Bellevue State WA Zip Code 98004-	Amount of Each Disbursement this Period <input type="text" value="88.11"/>
Purpose of Disbursement Conference Calls 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	[MEMO ITEM] MEMO: CONFERENCE CALLS

SUBTOTAL of Disbursements This Page (optional)

10140.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

At & T

Mailing Address PO. Box 9001309

City
Louisville

State
KY

Zip Code
40290-

Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8881

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

600.85

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

[MEMO ITEM]

MEMO: TELEPHONE EXPENSE

B.

Full Name (Last, First, Middle Initial)

Big River Grille

Mailing Address 222 Broad St.

City
Chattanooga

State
TN

Zip Code
37402-

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8883

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

153.70

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

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)

Corporate Flight Management

Mailing Address 625 Fitzhugh Blvd.

City
Smyrna

State
TN

Zip Code
37167-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8869

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

238.72

☐ 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) ▶

**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 104 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Exxon</p> <p>Mailing Address 15007 Old Hickory Boulevard</p> <p>City Nashville State TN Zip Code 37211-</p> <p>Purpose of Disbursement Car Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8864</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 21.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CAR EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Flower Express, Inc.</p> <p>Mailing Address 5402 Harding Pike</p> <p>City Nashville State TN Zip Code 37205-</p> <p>Purpose of Disbursement Flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8871</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 90.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FLOWERS</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maggianos</p> <p>Mailing Address 3106 West End Ave,</p> <p>City Nashville State TN Zip Code 37203-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8892</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 264.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 0.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

28020730295

**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 105 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

Monocle on Capital Hill

Mailing Address 107 D Street NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8870

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

672.50

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

[MEMO ITEM]

MEMO: CATERING

B.

Full Name (Last, First, Middle Initial)

Northwest Airlines

Mailing Address 2700 Loan Oak Parkway

City Saint Paul State MN Zip Code 55121-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8880

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

492.00

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 2312 West End Ave

City Nashville State TN Zip Code 37203-

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8867

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1242.62

☐ 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) ▶

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 106 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) PF Changs	Transaction ID: 81203.E8877 Date of Disbursement
Mailing Address 6741 Kingston Pike	<div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>10</div> <div>16</div> <div>2008</div>
City Knoxville State TN Zip Code 37919-	Amount of Each Disbursement this Period
Purpose of Disbursement Meals	<div>148.08</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type [MEMO ITEM] MEMO: MEALS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Pro Photo	Transaction ID: 81203.E8868 Date of Disbursement
Mailing Address 513 8th Ave. South	<div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>10</div> <div>16</div> <div>2008</div>
City Nashville State TN Zip Code 37203-	Amount of Each Disbursement this Period
Purpose of Disbursement Event-Photography	<div>192.28</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type [MEMO ITEM] MEMO: EVENT-PHOTOGRAPHY
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Shell	Transaction ID: 81203.E8886 Date of Disbursement
Mailing Address 331 Hillsboro Road	<div> <div>M</div><div>M</div> </div> <div> <div>D</div><div>D</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>10</div> <div>16</div> <div>2008</div>
City Franklin State TN Zip Code 37064-	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expense	<div>171.84</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type [MEMO ITEM] MEMO: TRAVEL EXPENSE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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 107 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunset Grill</p> <p>Mailing Address 2001 Belcourt Ave.</p> <p>City Nashville State TN Zip Code 37212-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8894</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 94.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) The Madison Hotel</p> <p>Mailing Address 79 Madison Ave</p> <p>City Memphis State TN Zip Code 38103-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8885</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 368.99</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.</p> <p>Full Name (Last, First, Middle Initial) The Majestic Grille</p> <p>Mailing Address 145 S. Main St.</p> <p>City Memphis State TN Zip Code 38103-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8882</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 0.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A.

Full Name (Last, First, Middle Initial)

The Majestic Grille

Transaction ID: 81203.E8888

Date of Disbursement

10 / 16 / 2008

Mailing Address 145 S. Main St.

City State Zip Code
Memphis TN 38103-

Amount of Each Disbursement this Period

1759.70

Purpose of Disbursement
Catering

Category/
Type

Candidate Name

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

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

[MEMO ITEM]
MEMO: CATERING

B.

Full Name (Last, First, Middle Initial)

United States Post Office

Transaction ID: 81203.E8874

Date of Disbursement

10 / 16 / 2008

Mailing Address 901 Broadway

City State Zip Code
Nashville TN 37202-

Amount of Each Disbursement this Period

96.78

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

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

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

[MEMO ITEM]
MEMO: POSTAGE

C.

Full Name (Last, First, Middle Initial)

United States Post Office

Transaction ID: 81203.E8895

Date of Disbursement

10 / 16 / 2008

Mailing Address 901 Broadway

City State Zip Code
Nashville TN 37202-

Amount of Each Disbursement this Period

2459.07

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

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

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

[MEMO ITEM]
MEMO: POSTAGE

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 109 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: 81203.E8887 Date of Disbursement <div> <div>10</div> <div>16</div> <div>2008</div> </div>
Mailing Address 19740 Alberta Street	
City Oneida State TN Zip Code 37841-	Amount of Each Disbursement this Period <div>163.96</div>
Purpose of Disbursement Office Supplies Candidate Name <div> <div>Category/Type</div> </div>	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM] MEMO: OFFICE SUPPLIES
B. Full Name (Last, First, Middle Initial) Pinnacle National Bank	Transaction ID: 81203.E8785 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2008</div> </div>
Mailing Address 211 Commerce Street, Suite 300	
City Nashville State TN Zip Code 37201-	Amount of Each Disbursement this Period <div>10000.00</div>
Purpose of Disbursement Credit Card: See below Candidate Name <div> <div>Category/Type</div> </div>	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	CREDIT CARD: SEE BELOW
C. Full Name (Last, First, Middle Initial) Bistro Bis	Transaction ID: 81203.E8789 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2008</div> </div>
Mailing Address 15 E St. NW	
City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period <div>3290.40</div>
Purpose of Disbursement Catering Candidate Name <div> <div>Category/Type</div> </div>	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM] MEMO: CATERING
SUBTOTAL of Disbursements This Page (optional) ▶	<div>10000.00</div>
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 110 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Corporate Flight Management</p> <p>Mailing Address 625 Fitzhugh Blvd.</p> <p>City Smyrna State TN Zip Code 37167-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8790</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3222.88</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.</p> <p>Full Name (Last, First, Middle Initial) Flower Express, Inc.</p> <p>Mailing Address 5402 Harding Pike</p> <p>City Nashville State TN Zip Code 37205-</p> <p>Purpose of Disbursement Flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8786</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 63.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FLOWERS</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Pro Photo</p> <p>Mailing Address 513 8th Ave. South</p> <p>City Nashville State TN Zip Code 37203-</p> <p>Purpose of Disbursement Event-Photography</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8787</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 273.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT-PHOTOGRAPHY</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) United States Post Office	Transaction ID: 81203.E8788 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2008</div> </div>
Mailing Address 901 Broadway	
City Nashville State TN Zip Code 37202-	Amount of Each Disbursement this Period <div>2100.00</div>
Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<input type="checkbox"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: POSTAGE
B. Full Name (Last, First, Middle Initial) United States Post Office	Transaction ID: 81203.E8791 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2008</div> </div>
Mailing Address 901 Broadway	
City Nashville State TN Zip Code 37202-	Amount of Each Disbursement this Period <div>1050.00</div>
Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<input type="checkbox"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: POSTAGE
C. Full Name (Last, First, Middle Initial) Progressive Insurance	Transaction ID: 81203.E8836 Date of Disbursement <div> <div>10</div> <div>20</div> <div>2008</div> </div>
Mailing Address Department 0594	
City Carol Stream State IL Zip Code 60132-	Amount of Each Disbursement this Period <div>1601.00</div>
Purpose of Disbursement Auto Insurance-Rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<input type="checkbox"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	AUTO INSURANCE-RENTAL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	<div>1601.00</div>
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 112 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

<p>A. Full Name (Last, First, Middle Initial) Richards & Richards</p> <p>Mailing Address Office Records Management, Inc. P.O. Box 17070</p> <p>City Nashville State TN Zip Code 37217-</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E9020</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 3216.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>STORAGE</p>
<p>B. Full Name (Last, First, Middle Initial) RJ Young Company</p> <p>Mailing Address 809 Division Street P.O. Box 40623</p> <p>City Nashville State TN Zip Code 37204-</p> <p>Purpose of Disbursement Copier Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E9021</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 114.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>COPIER EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) Sargents Fine Catering</p> <p>Mailing Address 2342 Old Natchez Rd</p> <p>City Franklin State TN Zip Code 37069-9304</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E9024</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 5630.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CATERING</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 8960.61</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Scott Ellis Photography	Transaction ID: 81203.E8828 Date of Disbursement
Mailing Address 4321 Lealand Lane	<div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37204-	Amount of Each Disbursement this Period
Purpose of Disbursement Event-Photography	<div>437.00</div>
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) ▼
	EVENT-PHOTOGRAPHY
B. Full Name (Last, First, Middle Initial) Smart Media Group	Transaction ID: 81201.E8779 Date of Disbursement
Mailing Address 814 King St.	<div> <div>10</div> <div>16</div> <div>2008</div> </div>
City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
Purpose of Disbursement Media Buys & Commissions	<div>158798.44</div>
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) ▼
	MEDIA BUYS & COMMISSIONS
C. Full Name (Last, First, Middle Initial) Smart Media Group	Transaction ID: 81203.E8844 Date of Disbursement
Mailing Address 814 King St.	<div> <div>10</div> <div>22</div> <div>2008</div> </div>
City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
Purpose of Disbursement Media buys & Commissions	<div>216371.12</div>
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) ▼
	MEDIA BUYS & COMMISSIONS
SUBTOTAL of Disbursements This Page (optional)	<div>375606.56</div>
TOTAL This Period (last page this line number only)	

28020730304

**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 114 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Spotset Mailing Address 44 N. 2nd Street # 701 City Memphis State TN Zip Code 38103- Purpose of Disbursement Media Buys Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 81201.E8780 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 48187.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUYS
B. Full Name (Last, First, Middle Initial) Spotset Mailing Address 44 N. 2nd Street # 701 City Memphis State TN Zip Code 38103- Purpose of Disbursement Media Buys Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 81201.E8781 Date of Disbursement 10 / 23 / 2008 Amount of Each Disbursement this Period 8430.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUYS
C. Full Name (Last, First, Middle Initial) Mr. Stephen B. Smith Mailing Address 1499 Massachusetts Ave. NW City Washington State DC Zip Code 20005- Purpose of Disbursement Employee Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 81203.E8803 Date of Disbursement 10 / 16 / 2008 Amount of Each Disbursement this Period 2174.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EMPLOYEE WAGES

SUBTOTAL of Disbursements This Page (optional)

58791.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 115 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Mr. Stephen B. Smith	Transaction ID: 81203.E8936 Date of Disbursement
Mailing Address 1499 Massachusetts Ave. NW	<div> <div>10</div> <div>30</div> <div>2008</div> </div>
City Washington State DC Zip Code 20005-	Amount of Each Disbursement this Period 2174.54
Purpose of Disbursement Employee Wages 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) ▼	<div> <input type="checkbox"/> Category/ Type EMPLOYEE WAGES </div>
B. Full Name (Last, First, Middle Initial) Mr. Stephen B. Smith	Transaction ID: 81203.E9006 Date of Disbursement
Mailing Address 1499 Massachusetts Ave. NW	<div> <div>11</div> <div>14</div> <div>2008</div> </div>
City Washington State DC Zip Code 20005-	Amount of Each Disbursement this Period 6038.50
Purpose of Disbursement Employee Wages 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) ▼	<div> <input type="checkbox"/> Category/ Type EMPLOYEE WAGES </div>
C. Full Name (Last, First, Middle Initial) Strategic Perception Inc.	Transaction ID: 81203.E8815 Date of Disbursement
Mailing Address 2185 Broadview Terrace	<div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Los Angeles State CA Zip Code 90068-	Amount of Each Disbursement this Period 32970.79
Purpose of Disbursement Media Buys-TV 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) ▼	<div> <input type="checkbox"/> Category/ Type MEDIA BUYS-TV </div>
SUBTOTAL of Disbursements This Page (optional)	41183.83
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Strategic Perception Inc.	Transaction ID: 81203.E8951 Date of Disbursement
Mailing Address 2185 Broadview Terrace	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Los Angeles State CA Zip Code 90068-	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expense	<div> <div>74.20</div> </div>
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:	TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) Strategic Perception Inc.	Transaction ID: 81203.E8972 Date of Disbursement
Mailing Address 2185 Broadview Terrace	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Los Angeles State CA Zip Code 90068-	Amount of Each Disbursement this Period
Purpose of Disbursement Media Buys	<div> <div>100000.00</div> </div>
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:	MEDIA BUYS
C. Full Name (Last, First, Middle Initial) Sunset Grill	Transaction ID: 81203.E8981 Date of Disbursement
Mailing Address 2001 Belcourt Ave.	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>07</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37212-	Amount of Each Disbursement this Period
Purpose of Disbursement Event-Equipment rent meals parkin	<div> <div>20071.52</div> </div>
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:	EVENT-EQUIPMENT RENT MEALS PARKIN
SUBTOTAL of Disbursements This Page (optional)	<div> <div>120145.72</div> </div>
TOTAL This Period (last page this line number only)	<div> <div></div> </div>

28020730307

**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 117 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SunTrust Bankcard, N.A.</p> <p>Mailing Address P. O. Box 791250</p> <p>City Baltimore State MD Zip Code 21279-1250</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8896 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 8719.74</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>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Alis Pizza</p> <p>Mailing Address 1382 E. Capital St. NE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Catering</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: 81203.E8906 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 332.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CATERING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P. O. Box 619616</p> <p>City Dallas State TX Zip Code 75261-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8916 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 859.50</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>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bates Florist</p> <p>Mailing Address 7235 E. Brainard Rd.</p> <p>City Chattanooga State TN Zip Code 37421-</p> <p>Purpose of Disbursement Flowers</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: 81203.E8901</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 99.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FLOWERS</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bistro Bis</p> <p>Mailing Address 15 E St. NW</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement Meals</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: 81203.E8905</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st St., SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Meals</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: 81203.E8923</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 233.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 0.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A. Full Name (Last, First, Middle Initial) Charlie Palmer Steak</p> <p>Mailing Address 101 Constitution Ave., NW</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement 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: 81203.E8919</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 56.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>B. Full Name (Last, First, Middle Initial) Cracker Barrel Restaurant</p> <p>Mailing Address P.O. Box 787</p> <p>City Lebanon State TN Zip Code 37088</p> <p>Purpose of Disbursement 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: 81203.E8903</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 292.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>C. Full Name (Last, First, Middle Initial) DAcqua Restaurant</p> <p>Mailing Address 801 Pennsylvania Ave.</p> <p>City Washington State DC Zip Code 20004-</p> <p>Purpose of Disbursement 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: 81203.E8920</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 62.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 0.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 120 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Doubletree Hotel-Memphis Mailing Address 5069 Sanderlin Ave. City Memphis State TN Zip Code 38117- Purpose of Disbursement Travel 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: 81203.E8898 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 341.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) Evans-Novak Political Report Mailing Address P.O. Box 668600 City Charlotte State NC Zip Code 28266- Purpose of Disbursement Subscriptions 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: 81203.E8909 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 497.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUBSCRIPTIONS
C. Full Name (Last, First, Middle Initial) F. Scott Restaurant Mailing Address Crestmoor City Nashville State TN Zip Code 37215- Purpose of Disbursement Catering 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: 81203.E8900 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 722.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING
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 121 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jimmy Kellys Restaurant</p> <p>Mailing Address 217 Louise Avenue</p> <p>City Nashville State TN Zip Code 37203-</p> <p>Purpose of Disbursement Catering</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: 81203.E8911</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2274.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CATERING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jordans Grille</p> <p>Mailing Address 523 E. Street SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Meals</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: 81203.E8907</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 278.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Loews Vanderbilt Plaza</p> <p>Mailing Address 2100 West End Avenue</p> <p>City Nashville State TN Zip Code 37203-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8914</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 566.76</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>SUBTOTAL of Disbursements This Page (optional) ▶ 0.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Monocle on Capital Hill</p> <p>Mailing Address 107 D Street NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8904</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 482.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CATERING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Nashville Airport</p> <p>Mailing Address One Terminal Dr.</p> <p>City Nashville State TN Zip Code 37214-</p> <p>Purpose of Disbursement Parking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8921</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 111.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: PARKING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 2700 Loan Oak Parkway</p> <p>City Saint Paul State MN Zip Code 55121-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8902</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 246.00</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>SUBTOTAL of Disbursements This Page (optional) ▶ 0.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Panera Bread	Transaction ID: 81203.E8922 Date of Disbursement
Mailing Address 375 Paul Huff Highway	<div> <div>10</div> <div>30</div> <div>2008</div> </div>
City Cleveland State TN Zip Code 37312-	Amount of Each Disbursement this Period
Purpose of Disbursement Meals	<div>17.44</div>
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) ▼
Category/Type	[MEMO ITEM] MEMO: MEALS
B. Full Name (Last, First, Middle Initial) Pilot Corporation	Transaction ID: 81203.E8912 Date of Disbursement
Mailing Address 5508 Lonas Drive	<div> <div>10</div> <div>30</div> <div>2008</div> </div>
City Knoxville State TN Zip Code 37909-	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expense	<div>244.76</div>
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) ▼
Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE
C. Full Name (Last, First, Middle Initial) Senators Dining Room	Transaction ID: 81203.E8908 Date of Disbursement
Mailing Address First St. Capital Hill	<div> <div>10</div> <div>30</div> <div>2008</div> </div>
City Washington State DC Zip Code 20002-	Amount of Each Disbursement this Period
Purpose of Disbursement Meals	<div>74.00</div>
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) ▼
Category/Type	[MEMO ITEM] MEMO: MEALS
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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 124 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Shell Mailing Address 331 Hillsboro Road City Franklin State TN Zip Code 37064- Purpose of Disbursement Travel 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) ▼ Category/Type		Transaction ID: 81203.E8915 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 79.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) The Prime Rib Mailing Address 2020 K Street, NW City Washington State DC Zip Code 20006- Purpose of Disbursement 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) ▼ Category/Type		Transaction ID: 81203.E8897 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 410.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
C. Full Name (Last, First, Middle Initial) US Senate Gift Shop Mailing Address Dirksen Office Bldg. First & C Streets NE City Washington State DC Zip Code 20510- Purpose of Disbursement Gifts/Promotions 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) ▼ Category/Type		Transaction ID: 81203.E8910 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 72.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS/PROMOTIONS
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)

Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tech Options, LLC</p> <p>Mailing Address 209 10th Avenue South Suite 307</p> <p>City Nashville State TN Zip Code 37203-</p> <p>Purpose of Disbursement Computer Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8954</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 3493.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>COMPUTER EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tech Options, LLC</p> <p>Mailing Address 209 10th Avenue South Suite 307</p> <p>City Nashville State TN Zip Code 37203-</p> <p>Purpose of Disbursement Computer Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E9031</p> <p>Date of Disbursement 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 848.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>COMPUTER EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tennessee Dept. of Labor & Workforce</p> <p>Mailing Address PO. Box 101</p> <p>City Nashville State TN Zip Code 37202-</p> <p>Purpose of Disbursement Employee unemployment tax</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: 81203.E8944</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 511.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE UNEMPLOYMENT TAX</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Troy Brewer CPA Inc.</p> <p>Mailing Address 6213 Charlotte Ave. Suite 112</p> <p>City Nashville State TN Zip Code 37209-</p> <p>Purpose of Disbursement Professional/Fees Accounting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8810</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PROFESSIONAL/FEES ACCOUNT- ING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Troy Brewer CPA Inc.</p> <p>Mailing Address 6213 Charlotte Ave. Suite 112</p> <p>City Nashville State TN Zip Code 37209-</p> <p>Purpose of Disbursement Employee Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8938</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EMPLOYEE WAGES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Troy Brewer CPA Inc.</p> <p>Mailing Address 6213 Charlotte Ave. Suite 112</p> <p>City Nashville State TN Zip Code 37209-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 81203.E8977</p> <p>Date of Disbursement 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 70.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 2570.70</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 127 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Troy Brewer CPA Inc.</p> <p>Mailing Address 6213 Charlotte Ave. Suite 112</p> <p>City Nashville State TN Zip Code 37209-</p> <p>Purpose of Disbursement Professional Fees/Accounting</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: 81203.E9011</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PROFESSIONAL FEES/ACCOUNT- ING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Trust Marketing & Communications</p> <p>Mailing Address 18 N. 2nd. Street</p> <p>City Memphis State TN Zip Code 38103-</p> <p>Purpose of Disbursement Direct Mail Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8843</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 13950.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Trust Marketing & Communications</p> <p>Mailing Address 18 N. 2nd. Street</p> <p>City Memphis State TN Zip Code 38103-</p> <p>Purpose of Disbursement Direct Mail Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81201.E8784</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 16515.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL EXPENSE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 35465.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 128 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: 81203.E8945 Date of Disbursement
Mailing Address	<div> <div>10</div> <div>30</div> <div>2008</div> </div>
City Ogden	Amount of Each Disbursement this Period <div>170.63</div>
State UT	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Zip Code 84201-	EMPLOYEE FED. UNEMPLOYMENT TAX
Purpose of Disbursement Employee Fed. unemployment tax 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) US Senate Restaurant	Transaction ID: 81203.E8949 Date of Disbursement
Mailing Address Dirksen Office Bldg. SDG-55	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Washington	Amount of Each Disbursement this Period <div>198.61</div>
State DC	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Zip Code 20510-	CATERING
Purpose of Disbursement Catering 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) US Senate Restaurant	Transaction ID: 81203.E9027 Date of Disbursement
Mailing Address Dirksen Office Bldg. SDG-55	<div> <div>11</div> <div>17</div> <div>2008</div> </div>
City Washington	Amount of Each Disbursement this Period <div>220.38</div>
State DC	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Zip Code 20510-	CATERING
Purpose of Disbursement Catering 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)	<div>589.62</div>
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 129 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P. O. Box 105378</p> <p>City Atlanta State GA Zip Code 30348-</p> <p>Purpose of Disbursement Blackberry cost</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: 81203.E8958</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 284.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BLACKBERRY COST</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Video Monitoring Services of America</p> <p>Mailing Address PO. Box 34618</p> <p>City Newark State NJ Zip Code 07189-4618</p> <p>Purpose of Disbursement Video Equipment and monitoring</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: 81203.E8822</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5386.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>VIDEO EQUIPMENT AND MONIT- ORING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Will Alexander</p> <p>Mailing Address 3601 Brighton</p> <p>City Nashville State TN Zip Code 37205-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81203.E8850</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 825.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 6496.87</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Will Alexander	Transaction ID: 81203.E8959 Date of Disbursement
Mailing Address 3601 Brighton	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>04</div> <div>2008</div> </div>
City Nashville State TN Zip Code 37205-	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expense	<div> <div>Amount</div> <div>329.84</div> </div>
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:	TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) Lindsey Ward	Transaction ID: 81203.E8802 Date of Disbursement
Mailing Address 122 4th Street #1	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>10</div> <div>16</div> <div>2008</div> </div>
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<div> <div>Amount</div> <div>2152.75</div> </div>
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:	EMPLOYEE WAGES
C. Full Name (Last, First, Middle Initial) Lindsey Ward	Transaction ID: 81203.E8935 Date of Disbursement
Mailing Address 122 4th Street #1	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>10</div> <div>30</div> <div>2008</div> </div>
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
Purpose of Disbursement Employee Wages	<div> <div>Amount</div> <div>2455.34</div> </div>
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:	EMPLOYEE WAGES
SUBTOTAL of Disbursements This Page (optional)	<div> <div>Amount</div> <div>4937.93</div> </div>
TOTAL This Period (last page this line number only)	<div> <div>Amount</div> <div></div> </div>

28020730321

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 131 / 133

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial) Lindsey Ward	Transaction ID: 81203.E9000 Date of Disbursement
Mailing Address 122 4th Street #1	<input type="text" value="11"/> <input type="text" value="11"/> / <input type="text" value="14"/> <input type="text" value="14"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period <input type="text" value="569.66"/>
Purpose of Disbursement Employee Wages 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) ▼	EMPLOYEE WAGES
B. Full Name (Last, First, Middle Initial) Tad Wintermeyer	Transaction ID: 81203.E8856 Date of Disbursement
Mailing Address 3617 Bentwood Cove Dr.	<input type="text" value="10"/> <input type="text" value="10"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
City Apison State TN Zip Code 37302-	Amount of Each Disbursement this Period <input type="text" value="957.50"/>
Purpose of Disbursement Travel 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) ▼	TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1527.16

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

1522736.22

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

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

FOR LINE NUMBER:
(check only one)

PAGE 132 / 133

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 Second Street, NE

City Washington State DC Zip Code 20013-

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8842
Date of Disbursement

MM / DD / YYYY
10 / 21 / 2008

Amount of Each Disbursement this Period

50000.00

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

B. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 Second Street, NE

City Washington State DC Zip Code 20013-

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8805
Date of Disbursement

MM / DD / YYYY
10 / 16 / 2008

Amount of Each Disbursement this Period

100000.00

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

C. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 Second Street, NE

City Washington State DC Zip Code 20013-

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81203.E8984
Date of Disbursement

MM / DD / YYYY
11 / 10 / 2008

Amount of Each Disbursement this Period

50000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

200000.00

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

200000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 133 OF 133

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☒ 20b ☐ 20c ☐ 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)

Alexander for Senate 2008

Full Name (Last, First, Middle Initial)

A. Pharmaceutical Care Management Association PAC

Mailing Address

601 Pennsylvania Ave. NW, Suite 740

City

Washington

State

DC

Zip Code

20004

Purpose of Disbursement

contribution refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

11 03 2008

Amount of Each Disbursement this Period

200.00

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

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

200.00

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

12-04-08

Date of Receipt

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

☐

UPS

☐

DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

12-04-08

28020730325

28020730326

