

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Richard F. LaRoche, Jr.

Signature of Treasurer Electronically Filed by Richard F. LaRoche, Jr. Date 09 09 2010

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Congressman Bart Gordon Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	529668.70
(b) Total Contribution Refunds (from Line 20(d)).....	31057.00	32557.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-31057.00	497111.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	40654.23	405962.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	110.06
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40654.23	405852.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	899515.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Congressman Bart Gordon Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	92568.70
(i) Itemized (use Schedule A).....	0.00	2790.00
(ii) Unitemized.....	0.00	95358.70
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	434310.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	529668.70
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	1000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6229.88	580864.78

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40654.23	405962.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	11057.00	12557.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	20000.00	20000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	31057.00	32557.00
21. OTHER DISBURSEMENTS.....	138558.00	303588.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	210269.23	742107.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1103554.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	6229.88
25. SUBTOTAL (add Line 23 and Line 24).....	1109784.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	210269.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	899515.21

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

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

Mailing Address 1386 North Main Street

City State Zip Code
Crossville TN 38555-4082

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6735.78

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

Transaction ID: 00611.C123682

Amount of Each Receipt this Period
157.91

Other Receipt

B.

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

Mailing Address 1386 North Main Street

City State Zip Code
Crossville TN 38555-4082

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6888.60

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

Transaction ID: 00611.C123689

Amount of Each Receipt this Period
152.82

Other Receipt

C.

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

Mailing Address 1386 North Main Street

City State Zip Code
Crossville TN 38555-4082

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7046.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 1 0

Transaction ID: 00713.C123708

Amount of Each Receipt this Period
157.90

Other Receipt

SUBTOTAL of Receipts This Page (optional) ► **468.63**

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 6 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 305 West Northfield Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3171.28

Date of Receipt

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

Transaction ID: 00611.C123678

Amount of Each Receipt this Period
59.45

Other Receipt

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

Mailing Address 305 West Northfield Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3228.82

Date of Receipt

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

Transaction ID: 00611.C123696

Amount of Each Receipt this Period
57.54

Other Receipt

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

Mailing Address 305 West Northfield Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3288.27

Date of Receipt

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

Transaction ID: 00713.C123707

Amount of Each Receipt this Period
59.45

Other Receipt

SUBTOTAL of Receipts This Page (optional) ► **176.44**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Pinnacle Bank
Mailing Address 114 West College Street
City Murfreesboro State TN Zip Code 37130-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5179.02
Date of Receipt 04 / 07 / 2010
Transaction ID: 00412.C123670
Amount of Each Receipt this Period 106.16
Other Receipt

B. Full Name (Last, First, Middle Initial)
Pinnacle Bank
Mailing Address 114 West College Street
City Murfreesboro State TN Zip Code 37130-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5357.38
Date of Receipt 04 / 23 / 2010
Transaction ID: 00611.C123684
Amount of Each Receipt this Period 178.36
Other Receipt

C. Full Name (Last, First, Middle Initial)
Pinnacle Bank
Mailing Address 114 West College Street
City Murfreesboro State TN Zip Code 37130-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5460.12
Date of Receipt 05 / 24 / 2010
Transaction ID: 00611.C123691
Amount of Each Receipt this Period 102.74
Other Receipt

SUBTOTAL of Receipts This Page (optional) ► 387.26
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 114 West College Street

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5566.28

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

Transaction ID: 00611.C123697

Amount of Each Receipt this Period
106.16

Other Receipt

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

Mailing Address 100 E Vine Street

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2230.79

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

Transaction ID: 00611.C123695

Amount of Each Receipt this Period
30.30

Other Receipt

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

Mailing Address 100 E Vine Street

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2254.47

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

Transaction ID: 00709.C123705

Amount of Each Receipt this Period
23.68

Other Receipt

SUBTOTAL of Receipts This Page (optional) ► **160.14**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Regions Bank
Mailing Address 100 E Vine Street
City Murfreesboro State TN Zip Code 37130-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2281.26
Date of Receipt 06 / 30 / 2010
Transaction ID: 00709.C123706
Amount of Each Receipt this Period 26.79
Other Receipt

B. Full Name (Last, First, Middle Initial)
Volunteer State Bank
Mailing Address 101 Highway 52 West
City Portland State TN Zip Code 37148-1407
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4092.91
Date of Receipt 04 / 23 / 2010
Transaction ID: 00611.C123683
Amount of Each Receipt this Period 181.07
Other Receipt

C. Full Name (Last, First, Middle Initial)
Volunteer State Bank
Mailing Address 101 Highway 52 West
City Portland State TN Zip Code 37148-1407
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4268.14
Date of Receipt 05 / 24 / 2010
Transaction ID: 00611.C123690
Amount of Each Receipt this Period 175.23
Other Receipt

SUBTOTAL of Receipts This Page (optional) ► 383.09
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Volunteer State Bank
Mailing Address 101 Highway 52 West
City Portland State TN Zip Code 37148-1407
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4336.08
Date of Receipt 06 / 30 / 2010
Transaction ID: 00909.C123714
Amount of Each Receipt this Period 67.94
Other Receipt

B. Full Name (Last, First, Middle Initial)
Community First Bank & Trust
Mailing Address 1950 Old Fort Pkwy
City Murfreesboro State TN Zip Code 37129-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4681.50
Date of Receipt 04 / 23 / 2010
Transaction ID: 00611.C123686
Amount of Each Receipt this Period 212.33
Other Receipt

C. Full Name (Last, First, Middle Initial)
Community First Bank & Trust
Mailing Address 1950 Old Fort Pkwy
City Murfreesboro State TN Zip Code 37129-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4886.98
Date of Receipt 05 / 24 / 2010
Transaction ID: 00611.C123693
Amount of Each Receipt this Period 205.48
Other Receipt

SUBTOTAL of Receipts This Page (optional) ► 485.75
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 3110 Memorial Blvd

City Murfreesboro State TN Zip Code 37129-5117

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

Name of Employer Interest on Occupation Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4496.10

Date of Receipt 04 / 07 / 2010
Transaction ID: 00412.C123675
 Amount of Each Receipt this Period 159.30
 Other Receipt

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

Mailing Address 3110 Memorial Blvd

City Murfreesboro State TN Zip Code 37129-5117

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

Name of Employer Interest on Occupation Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4591.99

Date of Receipt 04 / 07 / 2010
Transaction ID: 00412.C123674
 Amount of Each Receipt this Period 95.89
 Other Receipt

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

Mailing Address 3110 Memorial Blvd

City Murfreesboro State TN Zip Code 37129-5117

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

Name of Employer Interest on Occupation Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4659.93

Date of Receipt 05 / 12 / 2010
Transaction ID: 00611.C123681
 Amount of Each Receipt this Period 67.94
 Other Receipt

SUBTOTAL of Receipts This Page (optional) ► **323.13**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4766.09

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

Transaction ID: 00611.C123680

Amount of Each Receipt this Period
106.16

Other Receipt

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

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4868.83

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

Transaction ID: 00611.C123688

Amount of Each Receipt this Period
102.74

Other Receipt

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

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4934.59

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 1 0

Transaction ID: 00713.C123711

Amount of Each Receipt this Period
65.76

Other Receipt

SUBTOTAL of Receipts This Page (optional) ► **274.66**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5002.53

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 1 0

Transaction ID: 00713.C123712

Amount of Each Receipt this Period
67.94

Other Receipt

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

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5108.70

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 1 0

Transaction ID: 00713.C123710

Amount of Each Receipt this Period
106.17

Other Receipt

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

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

City State Zip Code
Murfreesboro TN 37133-7100

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3824.06

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

Transaction ID: 00611.C123676

Amount of Each Receipt this Period
235.19

Other Receipt

SUBTOTAL of Receipts This Page (optional) ► **409.30**

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 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
MidSouth Bank Money Mkt Acct.
Mailing Address One East College St.
P.O. Box 7100
City Murfreesboro State TN Zip Code 37133-7100
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4392.24
Date of Receipt: 05 / 14 / 2010
Transaction ID: 00707.C123699
Amount of Each Receipt this Period: 568.18
Other Receipt

B. Full Name (Last, First, Middle Initial)
MidSouth Bank Money Mkt Acct.
Mailing Address One East College St.
P.O. Box 7100
City Murfreesboro State TN Zip Code 37133-7100
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5227.83
Date of Receipt: 05 / 27 / 2010
Transaction ID: 00707.C123700
Amount of Each Receipt this Period: 835.59
Other Receipt

C. Full Name (Last, First, Middle Initial)
MidSouth Bank Money Mkt Acct.
Mailing Address One East College St.
P.O. Box 7100
City Murfreesboro State TN Zip Code 37133-7100
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5479.09
Date of Receipt: 06 / 30 / 2010
Transaction ID: 00707.C123701
Amount of Each Receipt this Period: 251.26
Other Receipt

SUBTOTAL of Receipts This Page (optional) ► 1655.03
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 / 61

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Citizens Bank Of Trousdale County

Mailing Address 100 McMurry Blvd.

City State Zip Code
Hartsville TN 37074-

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4911.53

Date of Receipt

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

Transaction ID: 00412.C123673

Amount of Each Receipt this Period

302.25

Other Receipt

B.

Full Name (Last, First, Middle Initial)
Citizens Bank Of Trousdale County

Mailing Address 100 McMurry Blvd.

City State Zip Code
Hartsville TN 37074-

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5246.16

Date of Receipt

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

Transaction ID: 00611.C123687

Amount of Each Receipt this Period

334.63

Other Receipt

C.

Full Name (Last, First, Middle Initial)
Citizens Bank Of Trousdale County

Mailing Address 100 McMurry Blvd.

City State Zip Code
Hartsville TN 37074-

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5570.00

Date of Receipt

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

Transaction ID: 00709.C123703

Amount of Each Receipt this Period

323.84

Other Receipt

SUBTOTAL of Receipts This Page (optional)

960.72

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 / 61
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Citizens Bank Of Trousdale County
Mailing Address 100 McMurry Blvd.
City Hartsville State TN Zip Code 37074-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5904.63
Date of Receipt 06 / 29 / 2010
Transaction ID: 00713.C123709
Amount of Each Receipt this Period 334.63
Other Receipt

B. Full Name (Last, First, Middle Initial)
Bank of Putnam County
Mailing Address P.O. Box 2809
City Cookeville State TN Zip Code 38501-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4004.33
Date of Receipt 04 / 23 / 2010
Transaction ID: 00611.C123685
Amount of Each Receipt this Period 99.79
Other Receipt

C. Full Name (Last, First, Middle Initial)
Bank of Putnam County
Mailing Address P.O. Box 2809
City Cookeville State TN Zip Code 38501-
FEC ID number of contributing federal political committee. **C**
Name of Employer Interest on Occupation Certificate of Deposit
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4100.91
Date of Receipt 05 / 24 / 2010
Transaction ID: 00611.C123692
Amount of Each Receipt this Period 96.58
Other Receipt

SUBTOTAL of Receipts This Page (optional) ► 531.00
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 / 61
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Bank of Putnam County	Date of Receipt
	Mailing Address P.O. Box 2809	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City State Zip Code Cookeville TN 38501-	Transaction ID: 00707.C123698
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="14.73"/>
	Name of Employer Interest on Occupation Certificate of Deposit	Other Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="4115.64"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="14.73"/>
TOTAL This Period (last page this line number only)	<input type="text" value="6229.88"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Comcast Cable TV Mailing Address 2950 Kraft Drive, Ste. 100 City Nashville State TN Zip Code 37204- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00412.E21999 Date of Disbursement 04 / 12 / 2010	Amount of Each Disbursement this Period 92.68 CABLE SERVICE
B.	Full Name (Last, First, Middle Initial) Comcast Cable TV Mailing Address 2950 Kraft Drive, Ste. 100 City Nashville State TN Zip Code 37204- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22040 Date of Disbursement 05 / 24 / 2010	Amount of Each Disbursement this Period 86.13 CABLE SERVICE
C.	Full Name (Last, First, Middle Initial) Comcast Cable TV Mailing Address 2950 Kraft Drive, Ste. 100 City Nashville State TN Zip Code 37204- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22099 Date of Disbursement 06 / 21 / 2010	Amount of Each Disbursement this Period 86.14 CABLE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	264.95
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Chase Credit Card Services Mailing Address P.O. Box 940414 City Palatine State IL Zip Code 60094- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Category/ Type Office Sought: <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: 00611.E22056 Date of Disbursement 04 / 27 / 2010 Amount of Each Disbursement this Period 299.58 CREDIT CARD: SEE BELOW
B.	Full Name (Last, First, Middle Initial) Nashville Post Mailing Address 3401 West End Ave. Suite 685 City Nashville State TN Zip Code 37203- Purpose of Disbursement subscription Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00611.E22017 Date of Disbursement 03 / 18 / 2010 Amount of Each Disbursement this Period 117.00 [MEMO ITEM] MEMO: SUBSCRIPTION
C.	Full Name (Last, First, Middle Initial) Kroger Grocery Store Mailing Address 1776 East Northfield Boulevard City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement office supplies Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00611.E22018 Date of Disbursement 03 / 26 / 2010 Amount of Each Disbursement this Period 81.58 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	299.58
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)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Central Parking Mailing Address 937 Church St. City Nashville State TN Zip Code 37203- Purpose of Disbursement parking 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: 00611.E22031 Date of Disbursement 04 / 06 / 2010	Amount of Each Disbursement this Period 6.00 [MEMO ITEM] MEMO: PARKING
B.	Full Name (Last, First, Middle Initial) Chase Credit Card Services Mailing Address P.O. Box 940414 City Palatine State IL Zip Code 60094- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22057 Date of Disbursement 05 / 12 / 2010	Amount of Each Disbursement this Period 2432.70 CREDIT CARD: SEE BELOW
C.	Full Name (Last, First, Middle Initial) Copy Express Mailing Address 320 North Maple Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22023 Date of Disbursement 04 / 21 / 2010	Amount of Each Disbursement this Period 11.98 [MEMO ITEM] MEMO: PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	2432.70
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Kroger Grocery Store Mailing Address 1776 East Northfield Boulevard City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22029 Date of Disbursement 04 / 03 / 2010 Amount of Each Disbursement this Period 15.55 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Central Parking Mailing Address 937 Church St. City Nashville State TN Zip Code 37203- Purpose of Disbursement parking 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: 00611.E22030 Date of Disbursement 04 / 06 / 2010 Amount of Each Disbursement this Period 6.00 [MEMO ITEM] MEMO: PARKING
C.	Full Name (Last, First, Middle Initial) The Chop House Mailing Address 541 North Thompson Lane City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22032 Date of Disbursement 04 / 07 / 2010 Amount of Each Disbursement this Period 28.15 [MEMO ITEM] MEMO: STAFF MEALS

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Logans Roadhouse <hr/> Mailing Address 740 NW Broad St. <hr/> City Murfreesboro State TN Zip Code 37129- <hr/> Purpose of Disbursement staff meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22037 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">81.13</td> </tr> </table> <hr/> [MEMO ITEM] MEMO: STAFF MEALS	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	1	0	81.13
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	6		2	0	1	0														
81.13																							
B.	Full Name (Last, First, Middle Initial) Giant Food <hr/> Mailing Address 3460 14th St. NE <hr/> City Washington State DC Zip Code 20017- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22038 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">26.55</td> </tr> </table> <hr/> [MEMO ITEM] MEMO: OFFICE SUPPLIES	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	0	26.55
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	0		2	0	1	0														
26.55																							
C.	Full Name (Last, First, Middle Initial) W Hotel <hr/> Mailing Address 515 15th Street Northwest <hr/> City Washington State DC Zip Code 20004- <hr/> Purpose of Disbursement travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22133 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">776.31</td> </tr> </table> <hr/> [MEMO ITEM] MEMO: TRAVEL EXPENSE	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	0	776.31
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	2		2	0	1	0														
776.31																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="font-size: 1.2em;">0.00</td> </tr> </table>	0.00
0.00		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 61

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) The Italian Store</p> <p>Mailing Address 3123 Lee Highway</p> <p>City Arlington State VA Zip Code 22201-4207</p> <p>Purpose of Disbursement staff meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22137 Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 567.79</p> <p>[MEMO ITEM] MEMO: STAFF MEALS</p>
<p>B. Full Name (Last, First, Middle Initial) U.S. House Members Dining</p> <p>Mailing Address HC 124</p> <p>City Washington State DC Zip Code 20515-</p> <p>Purpose of Disbursement staff meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22138 Date of Disbursement 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 20.25</p> <p>[MEMO ITEM] MEMO: STAFF MEALS</p>
<p>C. Full Name (Last, First, Middle Initial) U.S. House Members Dining</p> <p>Mailing Address HC 124</p> <p>City Washington State DC Zip Code 20515-</p> <p>Purpose of Disbursement staff meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22139 Date of Disbursement 04 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 34.90</p> <p>[MEMO ITEM] MEMO: STAFF MEALS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Chase Credit Card Services</p> <p>Mailing Address P.O. Box 940414</p> <p>City Palatine State IL Zip Code 60094-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00611.E22091 Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1175.61</p> <p>CREDIT CARD: SEE BELOW</p>
<p>B. Full Name (Last, First, Middle Initial) Charlie Palmer Steak House</p> <p>Mailing Address 101 Constitution Ave. NW</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement staff meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22105 Date of Disbursement 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 33.60</p> <p>[MEMO ITEM] MEMO: STAFF MEALS</p>
<p>C. Full Name (Last, First, Middle Initial) Charlie Palmer Steak House</p> <p>Mailing Address 101 Constitution Ave. NW</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement staff meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22106 Date of Disbursement 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 217.60</p> <p>[MEMO ITEM] MEMO: STAFF MEALS</p>

SUBTOTAL of Disbursements This Page (optional)	1175.61
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Central Parking</p> <p>Mailing Address 937 Church St.</p> <p>City Nashville State TN Zip Code 37203-</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>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22110</p> <p>Date of Disbursement 04 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 6.00</p> <p>[MEMO ITEM] MEMO: PARKING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Central Parking</p> <p>Mailing Address 937 Church St.</p> <p>City Nashville State TN Zip Code 37203-</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>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22111</p> <p>Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 6.00</p> <p>[MEMO ITEM] MEMO: PARKING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 620 Ridgely Rd.</p> <p>City Murfreesboro State TN Zip Code 37129-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22112</p> <p>Date of Disbursement 04 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 75.69</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Best Buy Mailing Address 2615 Medical Center Parkway City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 00707.E22116 Date of Disbursement 05 / 10 / 2010
	Amount of Each Disbursement this Period 521.29 [MEMO ITEM] MEMO: OFFICE SUPPLIES

B. Full Name (Last, First, Middle Initial) Central Parking Mailing Address 937 Church St. City Nashville State TN Zip Code 37203- Purpose of Disbursement parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 00707.E22117 Date of Disbursement 05 / 10 / 2010
	Amount of Each Disbursement this Period 6.00 [MEMO ITEM] MEMO: PARKING

C. Full Name (Last, First, Middle Initial) Central Parking Mailing Address 937 Church St. City Nashville State TN Zip Code 37203- Purpose of Disbursement parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 00707.E22118 Date of Disbursement 05 / 12 / 2010
	Amount of Each Disbursement this Period 12.00 [MEMO ITEM] MEMO: PARKING

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Papa Johns</p> <p>Mailing Address 1106 Mercury Blvd</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement staff meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22120 Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 643.49</p> <p>[MEMO ITEM] MEMO: STAFF MEALS</p>
<p>B. 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 staff 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: 00707.E22126 Date of Disbursement 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 60.03</p> <p>[MEMO ITEM] MEMO: STAFF MEALS</p>
<p>C. Full Name (Last, First, Middle Initial) T-Mobile Phone Service</p> <p>Mailing Address 1810 Old Fort Parkway Suite D</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement mobile phone service</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: 00707.E22128 Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 64.17</p> <p>[MEMO ITEM] MEMO: MOBILE PHONE SERVICE</p>

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Chase Credit Card Services Mailing Address P.O. Box 940414 City Palatine State IL Zip Code 60094- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00707.E22101 Date of Disbursement 06 / 21 / 2010 Amount of Each Disbursement this Period 869.00 CREDIT CARD: SEE BELOW
B.	Full Name (Last, First, Middle Initial) Central Parking Mailing Address 937 Church St. City Nashville State TN Zip Code 37203- Purpose of Disbursement parking Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00707.E22140 Date of Disbursement 05 / 14 / 2010 Amount of Each Disbursement this Period 6.00 [MEMO ITEM] MEMO: PARKING
C.	Full Name (Last, First, Middle Initial) Central Parking Mailing Address 937 Church St. City Nashville State TN Zip Code 37203- Purpose of Disbursement parking Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00707.E22141 Date of Disbursement 05 / 24 / 2010 Amount of Each Disbursement this Period 6.00 [MEMO ITEM] MEMO: PARKING

SUBTOTAL of Disbursements This Page (optional) ▶

869.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Central Parking Mailing Address 937 Church St. City Nashville State TN Zip Code 37203- Purpose of Disbursement parking 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: 00707.E22142 Date of Disbursement 06 / 08 / 2010
	Amount of Each Disbursement this Period 10.00
	[MEMO ITEM] MEMO: PARKING
	Category/ Type

B. Full Name (Last, First, Middle Initial) Bobby Vans Steakhouse Mailing Address 809 15th Street Northwest City Washington State DC Zip Code 20005- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22143 Date of Disbursement 05 / 17 / 2010
	Amount of Each Disbursement this Period 56.30
	[MEMO ITEM] MEMO: STAFF MEALS
	Category/ Type

C. Full Name (Last, First, Middle Initial) Bobby Vans Steakhouse Mailing Address 809 15th Street Northwest City Washington State DC Zip Code 20005- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22144 Date of Disbursement 05 / 17 / 2010
	Amount of Each Disbursement this Period 284.25
	[MEMO ITEM] MEMO: STAFF MEALS
	Category/ Type

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)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Molly Malones <hr/> Mailing Address 713 8th Street <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement staff meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22151 Date of Disbursement 06 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 98.00 <hr/> [MEMO ITEM] MEMO: STAFF MEALS
B.	Full Name (Last, First, Middle Initial) Chase Credit Card Services <hr/> Mailing Address P.O. Box 940414 <hr/> City Palatine State IL Zip Code 60094- <hr/> Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22173 Date of Disbursement 06 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 1845.46 <hr/> CREDIT CARD: SEE BELOW
C.	Full Name (Last, First, Middle Initial) Stones River Beverage <hr/> Mailing Address 208 N. Thompson Lane <hr/> City Murfreesboro State TN Zip Code 37129- <hr/> Purpose of Disbursement reception expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22152 Date of Disbursement 05 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 50.45 <hr/> [MEMO ITEM] MEMO: RECEPTION EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1845.46

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
U.S. House Members Dining

Mailing Address HC 124

City Washington State DC Zip Code 20515-

Purpose of Disbursement
staff meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00707.E22159
Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

37.25

[MEMO ITEM]
MEMO: STAFF MEALS

B.

Full Name (Last, First, Middle Initial)
Macarthur Beverage

Mailing Address 4877 MacArthur Blvd NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
reception expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00707.E22163
Date of Disbursement

05 / 29 / 2010

Amount of Each Disbursement this Period

163.37

[MEMO ITEM]
MEMO: RECEPTION EXPENSE

C.

Full Name (Last, First, Middle Initial)
T-Mobile Phone Service

Mailing Address 1810 Old Fort Parkway Suite D

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement
mobile phone service

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00707.E22168
Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

64.17

[MEMO ITEM]
MEMO: MOBILE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address 2500 Victory Avenue <hr/> City Dallas State TX Zip Code 75219- <hr/> Purpose of Disbursement travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22170 Date of Disbursement 06 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 425.40 <hr/> [MEMO ITEM] MEMO: TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) Chase Credit Card Services <hr/> Mailing Address P.O. Box 940414 <hr/> City Palatine State IL Zip Code 60094- <hr/> Purpose of Disbursement annual membership fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22172 Date of Disbursement 06 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 59.00 <hr/> [MEMO ITEM] MEMO: ANNUAL MEMBERSHIP FEE
C.	Full Name (Last, First, Middle Initial) Sams Club <hr/> Mailing Address 125 John R. Rice Blvd. <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22011 Date of Disbursement 04 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 72.51 <hr/> OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	72.51
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Sams Club Mailing Address 125 John R. Rice Blvd. City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22015 Date of Disbursement 05 / 12 / 2010	Amount of Each Disbursement this Period 83.51 OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Sams Club Mailing Address 125 John R. Rice Blvd. City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22089 Date of Disbursement 06 / 08 / 2010	Amount of Each Disbursement this Period 72.51 OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Heather Dumont Mailing Address 160 2nd Ave. N Apt. 200 City Nashville State TN Zip Code 37201- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22001 Date of Disbursement 04 / 16 / 2010	Amount of Each Disbursement this Period 752.06 WAGES

SUBTOTAL of Disbursements This Page (optional) ▶	908.08
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Heather Dumont</p> <p>Mailing Address 160 2nd Ave. N Apt. 200</p> <p>City Nashville State TN Zip Code 37201-</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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: 00611.E22009</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="752.06"/></p> <p>WAGES</p>
<p>B. Full Name (Last, First, Middle Initial) Heather Dumont</p> <p>Mailing Address 160 2nd Ave. N Apt. 200</p> <p>City Nashville State TN Zip Code 37201-</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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: 00611.E22048</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="752.06"/></p> <p>WAGES</p>
<p>C. Full Name (Last, First, Middle Initial) Heather Dumont</p> <p>Mailing Address 160 2nd Ave. N Apt. 200</p> <p>City Nashville State TN Zip Code 37201-</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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: 00611.E22086</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="752.06"/></p> <p>WAGES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Heather Dumont	Transaction ID: 00707.E22097 Date of Disbursement 06 / 15 / 2010
	Mailing Address 160 2nd Ave. N Apt. 200	Amount of Each Disbursement this Period 752.06
	City Nashville State TN Zip Code 37201-	
	Purpose of Disbursement wages 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) ▼
		WAGES

B.	Full Name (Last, First, Middle Initial) Heather Dumont	Transaction ID: 00707.E22175 Date of Disbursement 06 / 30 / 2010
	Mailing Address 160 2nd Ave. N Apt. 200	Amount of Each Disbursement this Period 752.06
	City Nashville State TN Zip Code 37201-	
	Purpose of Disbursement wages 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) ▼
		WAGES

C.	Full Name (Last, First, Middle Initial) Heather Dumont	Transaction ID: 00707.E22176 Date of Disbursement 06 / 30 / 2010
	Mailing Address 160 2nd Ave. N Apt. 200	Amount of Each Disbursement this Period 242.50
	City Nashville State TN Zip Code 37201-	
	Purpose of Disbursement office supplies 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) ▼
		OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)	▶	1746.62
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Murfreesboro Electric Department <hr/> Mailing Address 205 N. Walnut St. P.O. Box 9 <hr/> City Murfreesboro State TN Zip Code 37133-0009 Purpose of Disbursement utilites Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22013 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 74.25
	Category/ Type UTILITES
	Full Name (Last, First, Middle Initial) Murfreesboro Electric Department <hr/> Mailing Address 205 N. Walnut St. P.O. Box 9 <hr/> City Murfreesboro State TN Zip Code 37133-0009 Purpose of Disbursement utilites Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 78.89	
Category/ Type UTILITES	
Full Name (Last, First, Middle Initial) Murfreesboro Electric Department <hr/> Mailing Address 205 N. Walnut St. P.O. Box 9 <hr/> City Murfreesboro State TN Zip Code 37133-0009 Purpose of Disbursement utilites Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22103 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0
Amount of Each Disbursement this Period 94.88	
Category/ Type UTILITES	

SUBTOTAL of Disbursements This Page (optional) ▶	248.02
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Tenn. Dept of Employment Security Mailing Address 313 Cordell Hull Bldg. City Nashville State TN Zip Code 37219- Purpose of Disbursement employment insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22054 Date of Disbursement 04 / 30 / 2010 Amount of Each Disbursement this Period 454.83 EMPLOYMENT INSURANCE
B.	Full Name (Last, First, Middle Initial) Atmos Energy Mailing Address P.O. Box 1313 City Murfreesboro State TN Zip Code 37133- Purpose of Disbursement utilites Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22049 Date of Disbursement 05 / 12 / 2010 Amount of Each Disbursement this Period 63.79 UTILITES
C.	Full Name (Last, First, Middle Initial) Atmos Energy Mailing Address P.O. Box 1313 City Murfreesboro State TN Zip Code 37133- Purpose of Disbursement utilites Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22087 Date of Disbursement 06 / 01 / 2010 Amount of Each Disbursement this Period 42.04 UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶	560.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Atmos Energy <hr/> Mailing Address P.O. Box 1313 <hr/> City Murfreesboro State TN Zip Code 37133- <hr/> Purpose of Disbursement utilites Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22102 Date of Disbursement 06 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 35.96 <hr/> UTILITES
B.	Full Name (Last, First, Middle Initial) American Heart Assn. <hr/> Mailing Address 5335 Wisconsin Ave, NW <hr/> City Washington State DC Zip Code 20015- <hr/> Purpose of Disbursement donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22178 Date of Disbursement 05 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 1030.00 <hr/> DONATION
C.	Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society <hr/> Mailing Address 200 Maryland Ave., NE <hr/> City Washington State DC Zip Code 20002- <hr/> Purpose of Disbursement donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22045 Date of Disbursement 05 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 8000.00 <hr/> DONATION

SUBTOTAL of Disbursements This Page (optional) ▶	9065.96
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Aristotle Industries Mailing Address 205 Pennsylvania Ave. SE City Washington State DC Zip Code 20003- Purpose of Disbursement computer software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22012 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 1575.00 COMPUTER SOFTWARE
B.	Full Name (Last, First, Middle Initial) Expert Laser Mailing Address 117 Forest Hills Dr. City Clarksville State TN Zip Code 37040- Purpose of Disbursement office equipment 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: 00611.E22039 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 1363.28 OFFICE EQUIPMENT
C.	Full Name (Last, First, Middle Initial) American Friends Of Blerancourt Mailing Address 20 West 44th St Room 506 City New York State NY Zip Code 10036- Purpose of Disbursement donation 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: 00707.E22179 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00 DONATION

SUBTOTAL of Disbursements This Page (optional) ▶	5438.28
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Lauren Perry</p> <p>Mailing Address 3920 Puckett Creek Crossing Apt. 5</p> <p>City Murfreesboro State TN Zip Code 37128-</p> <p>Purpose of Disbursement mileage reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00611.E22047 Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 55.75</p> <p>MILEAGE REIMBURSEMENT</p>
<p>B. Full Name (Last, First, Middle Initial) AT & T</p> <p>Mailing Address P.O. Box 55000</p> <p>City Detroit State MI Zip Code 48255-</p> <p>Purpose of Disbursement telephone service</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: 00611.E22014 Date of Disbursement 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 398.40</p> <p>TELEPHONE SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) AT & T</p> <p>Mailing Address P.O. Box 55000</p> <p>City Detroit State MI Zip Code 48255-</p> <p>Purpose of Disbursement telephone service</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: 00611.E22058 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 399.64</p> <p>TELEPHONE SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

853.79

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)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Kent Syler			Transaction ID: 00611.E22094	
	Mailing Address 2922 Longford Drive			Date of Disbursement 06 / 08 / 2010	
	City Murfreesboro	State TN	Zip Code 37129-	Amount of Each Disbursement this Period 293.90	
	Purpose of Disbursement travel reimbursement		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:			TRAVEL REIMBURSEMENT		
B.	Full Name (Last, First, Middle Initial) Mike Terry			Transaction ID: 00412.E21997	
	Mailing Address 1485 Bradberry Drive			Date of Disbursement 04 / 12 / 2010	
	City Murfreesboro	State TN	Zip Code 37130-	Amount of Each Disbursement this Period 319.69	
	Purpose of Disbursement mileage reimbursement		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:			MILEAGE REIMBURSEMENT		
C.	Full Name (Last, First, Middle Initial) Mike Terry			Transaction ID: 00611.E22010	
	Mailing Address 1485 Bradberry Drive			Date of Disbursement 04 / 27 / 2010	
	City Murfreesboro	State TN	Zip Code 37130-	Amount of Each Disbursement this Period 2160.75	
	Purpose of Disbursement wages		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:			WAGES		

SUBTOTAL of Disbursements This Page (optional) ▶

2774.34

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Mike Terry</p> <p>Mailing Address 1485 Bradberry Drive</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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: 00611.E22085</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2160.75"/></p> <p>WAGES</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Terry</p> <p>Mailing Address 1485 Bradberry Drive</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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: 00707.E22174</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2160.75"/></p> <p>WAGES</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 33050</p> <p>City Saint Petersburg State FL Zip Code 33733-</p> <p>Purpose of Disbursement mobile phone service</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: 00611.E22050</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="193.49"/></p> <p>MOBILE PHONE SERVICE</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4514.99"/>
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)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address P.O. Box 33050 <hr/> City Saint Petersburg State FL Zip Code 33733- <hr/> Purpose of Disbursement mobile phone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22090 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 203.03 <hr/> MOBILE PHONE SERVICE
B. Full Name (Last, First, Middle Initial) Queenie Woods <hr/> Mailing Address 441 Evergreen Street <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement cleaning service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22042 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 90.00 <hr/> CLEANING SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

293.03

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

40488.42

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm.</p> <p>Mailing Address 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement DONATION OF EXCESS CAMPAIGN FUNDS</p> <p>Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00611.E22053 Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm.</p> <p>Mailing Address 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement DONATION OF EXCESS CAMPAIGN FUNDS</p> <p>Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00709.E22197 Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 90000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm.</p> <p>Mailing Address 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement DONATION OF EXCESS CAMPAIGN FUNDS</p> <p>Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00611.E22003 Date of Disbursement 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

110000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Comm.

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003-

Purpose of Disbursement
DONATION OF EXCESS CAMPAIGN FUNDS

Candidate Name
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

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

State: District:

Transaction ID: 00611.E22095
Date of Disbursement

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

Amount of Each Disbursement this Period

10000.00

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

Mailing Address 223 8th Avenue, North, Suite 200

City Nashville State TN Zip Code 37203-

Purpose of Disbursement
DONATION OF EXCESS CAMPAIGN FUNDS

Candidate Name

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

State: District:

Transaction ID: 00709.E22194
Date of Disbursement

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

Amount of Each Disbursement this Period

1600.00

C. Full Name (Last, First, Middle Initial)
David LaRoche For State Rep.

Mailing Address Tennessee House District 48
1728 Walking Drive

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement
DONATION

Candidate Name

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

State: District:

Transaction ID: 00707.E22184
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

donation

SUBTOTAL of Disbursements This Page (optional) ▶

13600.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Doug Young For City Council</p> <p>Mailing Address 1746 Somerset Drive</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00611.E22002</p> <p>Date of Disbursement MM / DD / YYYY 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Alan Mollohan For Congress</p> <p>Mailing Address West Virginia District 1 P.O. Box 1343</p> <p>City Fairmont State WV Zip Code 26555-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name ALAN B. MOLLOHAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00611.E22043</p> <p>Date of Disbursement MM / DD / YYYY 05 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>donation</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Baron Hill for Congress</p> <p>Mailing Address Indiana, 9th District P.O. Box 1071</p> <p>City Seymour State IN Zip Code 47274-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name BARON PAUL HILL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22186</p> <p>Date of Disbursement MM / DD / YYYY 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>donation</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W. Market Street, #155</p> <p>City Akron State OH Zip Code 44313-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name BETTY S. SUTTON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22188</p> <p>Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type donation</p>
<p>B. Full Name (Last, First, Middle Initial) Jim Marshall For Congress</p> <p>Mailing Address Georgia District 8 PO Box 125</p> <p>City Macon State GA Zip Code 31202-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name JIM MARSHALL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22190</p> <p>Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type donation</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Matheson For Congress</p> <p>Mailing Address Utah District 2 677 South 200 West</p> <p>City Salt Lake City State UT Zip Code 84101-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name JAMES D MATHESON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00707.E22180</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type donation</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) John Barrow For Congress <hr/> Mailing Address Georgia District 12 2141 B W. Broad St. <hr/> City Athens State GA Zip Code 30606- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name JOHN J. BARROW <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 12	Transaction ID: 00709.E22198 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) John Spratt For Congress <hr/> Mailing Address South Carolina District 5 P.O. Box 10986 <hr/> City Rock Hill State SC Zip Code 29731- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name JOHN MCKEE SPRATT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 05	Transaction ID: 00707.E22191 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 donation
C.	Full Name (Last, First, Middle Initial) Julie Lassa For Congress <hr/> Mailing Address 7th District Wisconsin PO Box 112 <hr/> City Stevens Point State WI Zip Code 54481- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00707.E22183 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00 donation

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress <hr/> Mailing Address Oregon 5th District 813 7th Street, Suite 200A <hr/> City Oregon City State OR Zip Code 97045- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name KURT SCHRADER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22182 Date of Disbursement 06 / 22 / 2010	Amount of Each Disbursement this Period 1000.00 donation
B.	Full Name (Last, First, Middle Initial) Mike Arcuri For Congress <hr/> Mailing Address New York District 24 P.O. Box 8508 <hr/> City Utica State NY Zip Code 13505- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name MICHAEL A. ARCURI <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22189 Date of Disbursement 06 / 22 / 2010	Amount of Each Disbursement this Period 1000.00 donation
C.	Full Name (Last, First, Middle Initial) Rush Holt for Congress <hr/> Mailing Address P.O. Box 782 <hr/> City Pennington State NJ Zip Code 08534- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name RUSH D. HOLT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00707.E22187 Date of Disbursement 06 / 22 / 2010	Amount of Each Disbursement this Period 1000.00 donation

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Stephanie Sandlin For Congress	Transaction ID: 00707.E22181 Date of Disbursement 06 / 22 / 2010
	Mailing Address South Dakota House of Reps. P.O. Box 884	Amount of Each Disbursement this Period 1000.00
	City Brookings State SD Zip Code 57006-	
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name HERSETH SANDLIN, STEPHANIE M	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SD District: 00	donation

B.	Full Name (Last, First, Middle Initial) Stephene Moore For Congress	Transaction ID: 00709.E22199 Date of Disbursement 06 / 22 / 2010
	Mailing Address Kansas 3rd District	Amount of Each Disbursement this Period 500.00
	City Shawnee Mission State KS Zip Code 66285-	
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Zach Space For Congress	Transaction ID: 00707.E22185 Date of Disbursement 06 / 22 / 2010
	Mailing Address Ohio, 18th District PO Box 266	Amount of Each Disbursement this Period 1000.00
	City Dover State OH Zip Code 44622-	
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name ZACHARY T SPACE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 18	donation

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Kendrick Meek For Senate</p> <p>Mailing Address Florida 111 NW 183rd Street</p> <p>City Miami State FL Zip Code 33169-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name KENDRICK B MEEK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00709.E22200</p> <p>Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Sam Hatcher For State Senate</p> <p>Mailing Address Tennessee State District 17 631 Five Oaks Blvd</p> <p>City Lebanon State TN Zip Code 37087-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00709.E22193</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 808.00</p>
<p>C. Full Name (Last, First, Middle Initial) Chris John For U.S. Senate</p> <p>Mailing Address State of Louisiana P.O. Box 971</p> <p>City Crowley State LA Zip Code 70527-</p> <p>Purpose of Disbursement CAMPAIGN DEBT DONATION FROM 11/04</p> <p>Candidate Name CHRIS JOHN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00611.E22044</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>campaign debt donation from 11/04</p>

SUBTOTAL of Disbursements This Page (optional)	1808.00
TOTAL This Period (last page this line number only)	138408.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Nick Baldick <hr/> Mailing Address 3207 Flushing Meadow Ter <hr/> City Chevy Chase State MD Zip Code 20815- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">010</div> Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00611.E22066 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">05 / 25 / 2010</div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Susan Carver <hr/> Mailing Address 1101 Pennsylvania Ave., NW 6 Floor <hr/> City Washington State DC Zip Code 20004- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">010</div> Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00611.E22063 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">05 / 25 / 2010</div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">500.00</div>
C.	Full Name (Last, First, Middle Initial) Andrew Dodson <hr/> Mailing Address 5605 Pioneer Lane <hr/> City Bethesda State MD Zip Code 20816- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">010</div> Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00611.E22059 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">05 / 25 / 2010</div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">500.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; display: inline-block;">2000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> </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)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Martin Frost <hr/> Mailing Address 417 N Saint Asaph Street <hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22070 Date of Disbursement 05 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Michael Grisso <hr/> Mailing Address 5115 Doyle Lane <hr/> City Centreville State VA Zip Code 22020- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22065 Date of Disbursement 05 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Sheldon Harris <hr/> Mailing Address 500 Independence Ave., SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22064 Date of Disbursement 05 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Robert Herring <hr/> Mailing Address 9657 Stanfield Rd. <hr/> City Brentwood State TN Zip Code 37027- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22060 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 010
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Russell King <hr/> Mailing Address 8525 Georgetown Pike <hr/> City Mc Lean State VA Zip Code 22102- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22067 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 010
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jeff Murray <hr/> Mailing Address 6510 Anna Maria Court <hr/> City Mc Lean State VA Zip Code 22101- <hr/> Purpose of Disbursement Refund of Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00611.E22069 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 010
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) William Oldaker</p> <p>Mailing Address 818 Connecticut Avenue NW Suite 1100</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement Refund of Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00611.E22068 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>010 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Heather Podesta</p> <p>Mailing Address 2651 Woodley Road NW</p> <p>City Washington State DC Zip Code 20008-</p> <p>Purpose of Disbursement Refund of Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00611.E22061 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>010 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Tony Podesta</p> <p>Mailing Address 2651 Woodley Road, NW</p> <p>City Washington State DC Zip Code 20008-</p> <p>Purpose of Disbursement Refund of Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00611.E22062 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>010 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

9000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
National Emergency Medicine PAC

Mailing Address P.O. Box 619911

City Dallas State TX Zip Code 75261-9911

Purpose of Disbursement
Refund of Contribution refund

010
Category/
Type

Candidate Name
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

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

State: District:

Transaction ID: 00611.E22005
Date of Disbursement

04 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

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

Mailing Address 101 Constitution Ave., NW, Ste. 50

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Refund of Contribution refund

010
Category/
Type

Candidate Name
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

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

State: District:

Transaction ID: 00611.E22007
Date of Disbursement

04 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman PAC

Mailing Address 3699 Wilshire Blvd. Suite 1290

City Los Angeles State CA Zip Code 90010-

Purpose of Disbursement
Refund of Contribution refund

010
Category/
Type

Candidate Name
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

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

State: District:

Transaction ID: 00611.E22008
Date of Disbursement

04 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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 61 / 61

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Am. Assoc. of Orthopaedic Surgeons PAC

Transaction ID: 00611.E22006

Date of Disbursement

Mailing Address 317 Massachusetts Ave.

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

City Washington State DC Zip Code 20002-

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund of Contribution refund

010
Category/ Type

Candidate Name
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

2000.00
