

# 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

JIM TRACY FOR CONGRESS

ADDRESS (number and street) PO BOX 331677

Check if different than previously reported. (ACC)

MURFREESBORO TN 37133

2. **FEC IDENTIFICATION NUMBER** C00472373

**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 07 17 2010 through 09 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 Shane Reeves

Signature of Treasurer Electronically Filed by Shane Reeves Date 10 15 2010

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

JIM TRACY FOR CONGRESS

Report Covering the Period: From:     To:

	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)).....	73831.50	842119.14
(b) Total Contribution Refunds (from Line 20(d)).....	74550.00	97750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-718.50	744369.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	202229.97	746000.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	3471.02	3471.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	198758.95	742529.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1224.43	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	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  
JIM TRACY FOR CONGRESS

Report Covering the Period: From: 

M	M
0	7

D	D
1	7

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	66915.50	791331.14
(i) Itemized (use Schedule A).....	3791.00	47663.00
(ii) Unitemized.....	70706.50	838994.14
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	3125.00	3125.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	73831.50	842119.14
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	3471.02	3471.02
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	23.89	343.39
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	77326.41	845933.55

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	202229.97	746000.12
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.....	68450.00	87650.00
(b) Political Party Committees.....	0.00	4000.00
(c) Other Political Committees (such as PACs).....	6100.00	6100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	74550.00	97750.00
21. OTHER DISBURSEMENTS.....	0.00	959.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	276779.97	844709.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	200677.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	77326.41
25. SUBTOTAL (add Line 23 and Line 24).....	278004.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	276779.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1224.43

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

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

FOR LINE NUMBER: PAGE 5 / 64  
(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)  
**JIM TRACY FOR CONGRESS**

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

Mailing Address **P.O. Box 442**

City **Sharpsburg** State **GA** Zip Code **30277**

FEC ID number of contributing federal political committee. **C** C00411579

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 03 / 2010  
**Transaction ID: SA11AI.6895**  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Cindy Adams**

Mailing Address **2347 Bivens Hill Rd.**

City **Readyville** State **TN** Zip Code **37149**

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

Name of Employer **MTSU** Occupation **Distance Learning**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 07 / 26 / 2010  
**Transaction ID: SA11AI.6837**  
 Amount of Each Receipt this Period 2400.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Karen Adams**

Mailing Address **801 Mooreland Lane**

City **Murfreesboro** State **TN** Zip Code **37128**

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

Name of Employer **NH Investors** Occupation **Partner**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 08 / 03 / 2010  
**Transaction ID: SA11AI.6892**  
 Amount of Each Receipt this Period 2400.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 5800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Jo H. Adkison		Date of Receipt
	Mailing Address 820 Peconic Place		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Murfreesboro	TN	37130
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7094
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="600.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) L. D. Agee		Date of Receipt
	Mailing Address PO. Box 755		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Murfreesboro	TN	37133
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7160
Name of Employer Agees Sporting Goods LLC.		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Rajesh Aggarwal		Date of Receipt
	Mailing Address 757 Armstrong Place		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brentwood	TN	37027
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6821
Name of Employer MTSU		Occupation Professor	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="2000.00"/>
		<input type="text" value="2000.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**JIM TRACY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Chuck Bates

Mailing Address PO. Box 382325

City State Zip Code  
**Memphis TN 38183**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Economist

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 0

**Transaction ID: SA11AI.6845**

Amount of Each Receipt this Period  
2400.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Melissa Bates

Mailing Address PO. Box 382325

City State Zip Code  
**Germantown TN 38183**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Homemaker Homemaker

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 0

**Transaction ID: SA11AI.6847**

Amount of Each Receipt this Period  
2400.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Samuel Beall

Mailing Address 150 West Church Ave.

City State Zip Code  
**Maryville TN 37801**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Ruby Tuesday Partner

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 0

**Transaction ID: SA11AI.7101**

Amount of Each Receipt this Period  
500.00

Receipt

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**JIM TRACY FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kelley Beaman</p> <p>Mailing Address 837 Glen Leven Dr.</p> <p>City Nashville State TN Zip Code 37204</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Homemaker Occupation Homemaker</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID:</b> SA11AI.7189</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2200.00</span></p> <p>Receipt for 2010 Primary Debt</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Wendell Bolin</p> <p>Mailing Address 2698 Central Valley Rd.</p> <p>City Murfreesboro State TN Zip Code 37129</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Central Valley Farms Occupation Partner</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">850.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID:</b> SA11AI.7118</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Andrea Brown</p> <p>Mailing Address 801 Mooreland Lane</p> <p>City Murfreesboro State TN Zip Code 37128</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Student Occupation Student</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Transaction ID:</b> SA11AI.7198</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p> <p>Receipt for 2010 Primary Debt</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4700.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
BROWN-FORMAN CORPORATION NON-PARTISAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 850 DIXIE HIGHWAY

City State Zip Code  
LOUISVILLE KY 40210

FEC ID number of contributing federal political committee. C C00059733

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
07 / 23 / 2010

Transaction ID: SA11AI.6833

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Thomas P. Bumpus

Mailing Address 224 Churchill Farms Dr.

City State Zip Code  
Murfreesboro TN 37127

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Harley Davidson Owner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
08 / 04 / 2010

Transaction ID: SA11AI.7173

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Thomas M. Burnette, Sr.

Mailing Address 7248 Wellsley Manor Way

City State Zip Code  
Knoxville TN 37919

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
08 / 02 / 2010

Transaction ID: SA11AI.7177

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 7575.00

**TOTAL** This Period (last page this line number only) ..... 7575.00

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

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

FOR LINE NUMBER: PAGE 10 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
David J. Carpenter

Mailing Address 232 East Old Hickory Blvd.

City Madison State TN Zip Code 37115

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

Name of Employer Carpenter Insurance Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2010  
**Transaction ID:** SA11AI.7162  
Amount of Each Receipt this Period 250.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Anne Carr

Mailing Address 231 Carden Ave.

City Nashville State TN Zip Code 37205

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

Name of Employer Smith, Harris & Carr Occupation Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2010  
**Transaction ID:** SA11AI.7112  
Amount of Each Receipt this Period 500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dr. James Clark

Mailing Address 710 N. Brittain St.

City Shelbyville State TN Zip Code 37160

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2010  
**Transaction ID:** SA11AI.7182  
Amount of Each Receipt this Period 500.00  
Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Barry Cooper		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address PO. Box 693		Transaction ID: SA11AI.6858
	City Shelbyville	State TN	Zip Code 37162
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Cooper Steel	Occupation Owner	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Melodie Daniel		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 750 Joe Daniel Rd.		Transaction ID: SA11AI.7080
	City Bradyville	State TN	Zip Code 37026
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Huff & Puff Trucking	Occupation Owner	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE		Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 801 MAIN AVENUE PO BOX 778		Transaction ID: SA11AI.6873
	City NORWALK	State CT	Zip Code 06851
	FEC ID number of contributing federal political committee. C C00034470		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Juliette Dobbs

Mailing Address 1000 Ridgeway Loop  
# 203

City State Zip Code  
Memphis TN 38120

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2010

Transaction ID: SA11AI.7066

Amount of Each Receipt this Period  
760.50

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lee W. Driver

Mailing Address 22 Stonehaven Dr.

City State Zip Code  
Jackson TN 38305

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2010

Transaction ID: SA11AI.6841

Amount of Each Receipt this Period  
2400.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Todd S. Driver

Mailing Address 22 Stonehaven Dr.

City State Zip Code  
Jackson TN 38305

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

Name of Employer Occupation  
James M Pleasant Sales

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2010

Transaction ID: SA11AI.6839

Amount of Each Receipt this Period  
2400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5560.50**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Nasson Garrison

Mailing Address PO. Box 121

City State Zip Code  
Bruceston TN 38317

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

Name of Employer Occupation  
Retired Retired

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

3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2010

Transaction ID: SA11AI.7121

Amount of Each Receipt this Period  
600.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Christine L. Hagerty

Mailing Address 4362 Chickering Lane

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
Homemaker Homemaker

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2010

Transaction ID: SA11AI.7064

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Loree Hall

Mailing Address 1626 Sulphur Springs Rd.

City State Zip Code  
Murfreesboro TN 37129

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

Name of Employer Occupation  
Jim Tracy for Congress Campaign Support

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 02 / 2010

Transaction ID: SA11AI.7151

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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)  
JIM TRACY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles W. Hand, Jr.		Date of Receipt
	Mailing Address PO. Box 30789		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 26 / 2010
	City	State	Zip Code
	Clarksville	TN	37040
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Hand Family LLC		Occupation Partner	Transaction ID: SA11AI.6843
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 1000.00
		<input type="text"/> 1000.00	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Rodes Hart		Date of Receipt
	Mailing Address 3001 Hillsboro Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 03 / 2010
	City	State	Zip Code
	Brentwood	TN	37027
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Franklin Industries		Occupation President	Transaction ID: SA11AI.6890
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 1000.00
		<input type="text"/> 1000.00	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Thesa Hastings		Date of Receipt
	Mailing Address PO. Box 332525		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 02 / 2010
	City	State	Zip Code
	Murfreesboro	TN	37133
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Homemaker		Occupation Homemaker	Transaction ID: SA11AI.6877
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 1000.00
		<input type="text"/> 2000.00	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Edward C. Huffman, Jr.  
Mailing Address 1519 Hwy 130-E

City State Zip Code  
Shelbyville TN 37160

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 28 / 2010

**Transaction ID:** SA11AI.7142

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Deborah Jacobs  
Mailing Address 9229 Hunterboro Dr.

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 06 / 2010

**Transaction ID:** SA11AI.7027

Amount of Each Receipt this Period  
2400.00

Receipt for Primary 2010 Debt

**C.** Full Name (Last, First, Middle Initial)  
Brooks Jarrell  
Mailing Address 3240 Memorial Blvd.

City State Zip Code  
Murfreesboro TN 37129

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 02 / 2010

**Transaction ID:** SA11AI.7152

Amount of Each Receipt this Period  
400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2900.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dennis Johnson

Mailing Address 1828 Black Fox Crossing

City Murfreesboro State TN Zip Code 37127

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 07 / 28 / 2010  
**Transaction ID:** SA11AI.7141  
 Amount of Each Receipt this Period 100.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Barbara Jones

Mailing Address 1001 Robin Lane

City Cookeville State TN Zip Code 38501

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2010  
**Transaction ID:** SA11AI.7086  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Palyce Jones

Mailing Address 13219 Hwy 99

City Eagleville State TN Zip Code 37060

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 07 / 28 / 2010  
**Transaction ID:** SA11AI.6861  
 Amount of Each Receipt this Period 2400.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ann W. Langford  
Mailing Address 141 Lake Valley Rd.  
City Hendersonville State TN Zip Code 37075  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010  
Transaction ID: SA11AI.7174  
Amount of Each Receipt this Period  
500.00  
Receipt

Name of Employer  
Dynamic Hospitality  
Occupation  
Owner  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Randall Matlock  
Mailing Address 151 Heritage Park Dr.  
City Murfreesboro State TN Zip Code 37129  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010  
Transaction ID: SA11AI.7047  
Amount of Each Receipt this Period  
500.00  
Receipt

Name of Employer  
Self Employed  
Occupation  
Public Accountant  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Allan Maynard  
Mailing Address 2411 Taylor Close Rd.  
City Murfreesboro State TN Zip Code 37130  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010  
Transaction ID: SA11AI.7039  
Amount of Each Receipt this Period  
250.00  
Receipt

Name of Employer  
EM Service  
Occupation  
Manager  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 64

(check only one)

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

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Allan Maynard

Mailing Address 2411 Taylor Close Rd.

City State Zip Code  
Murfreesboro TN 37130

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

Name of Employer Occupation  
EM Service Manager

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2010

Transaction ID: SA11AI.7068

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address One Nationwide Plaza  
1-27-10

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 02 2010

Transaction ID: SA11AI.6878

Amount of Each Receipt this Period

1500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
William W. Nelms

Mailing Address PO. Box 8102

City State Zip Code  
Lynchburg TN 37352

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y Y  
08 06 2010

Transaction ID: SA11AI.7030

Amount of Each Receipt this Period

500.00

Receipt for Primary 2010  
Debt

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

2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 51 Madison Avenue Room 1109		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New York	NY	10010
	FEC ID number of contributing federal political committee.		<input type="text" value="C00158881"/>
Name of Employer		Occupation	Transaction ID: SA11AI.6859
Receipt For: 2010		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>	
		Receipt	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Odom		Date of Receipt
	Mailing Address 2313 Hidden Cove Rd.		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cookeville	TN	38506
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Highways Inc.		Occupation Engineer	Transaction ID: SA11AI.7138
Receipt For: 2010		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="600.00"/>	
		Receipt	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tracy L. Pack		Date of Receipt
	Mailing Address 147 E. Clark Blvd.		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Murfreesboro	TN	37130
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Orthodontist	Transaction ID: SA11AI.7052
Receipt For: 2010		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="500.00"/>	
		Receipt	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 20 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Richard Peppers  
Mailing Address 1466 Avellino Circle  
City Murfreesboro State TN Zip Code 37130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Teleplexus Occupation Partner  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 07 / 27 / 2010  
Transaction ID: SA11AI.7107  
Amount of Each Receipt this Period 500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Hilary Phillips  
Mailing Address 3773 Big Springs Rd.  
City Lebanon State TN Zip Code 37090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer State of Tennessee Occupation Executive  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1900.00  
Date of Receipt 08 / 04 / 2010  
Transaction ID: SA11AI.6886  
Amount of Each Receipt this Period 1900.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Charles L. Pigg  
Mailing Address 2204 Higgins Lane  
City Murfreesboro State TN Zip Code 37130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00  
Date of Receipt 08 / 02 / 2010  
Transaction ID: SA11AI.7176  
Amount of Each Receipt this Period 100.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 21 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Penelope Raacke  
Mailing Address PO. Box 1070  
City State Zip Code  
Shelbyville TN 37162  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Homemaker Homemaker  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
07 23 2010  
Transaction ID: SA11AI.7078  
Amount of Each Receipt this Period  
250.00  
REceipt

**B.** Full Name (Last, First, Middle Initial)  
William H. Reed  
Mailing Address PO. Box 3306  
City State Zip Code  
Knoxville TN 37927  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Skyline Owner  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
08 06 2010  
Transaction ID: SA11AI.7028  
Amount of Each Receipt this Period  
500.00  
Receipt for Primary 2010  
Debt

**C.** Full Name (Last, First, Middle Initial)  
Amanda B. Reeves  
Mailing Address 135 Blackberry Lane  
City State Zip Code  
Murfreesboro TN 37130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Homemaker Homemaker  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1850.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
07 27 2010  
Transaction ID: SA11AI.6849  
Amount of Each Receipt this Period  
1350.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 22 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Joan W. Reeves  
 Mailing Address PO. Box 4089  
 City Murfreesboro State TN Zip Code 37133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Murfreesboro Pharmaceuti- al Occupation Sales  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2400.00  
 Date of Receipt 08 / 02 / 2010  
**Transaction ID:** SA11AI.6871  
 Amount of Each Receipt this Period 2400.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Daniel A. Roling  
 Mailing Address 12415 Mallard Bay Dr.  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Coal Corp. Occupation Manager  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
 Date of Receipt 07 / 21 / 2010  
**Transaction ID:** SA11AI.7056  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert Ross  
 Mailing Address 102 West Cleveland Ave.  
 City Monterey State TN Zip Code 38574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 310.00  
 Date of Receipt 07 / 27 / 2010  
**Transaction ID:** SA11AI.7111  
 Amount of Each Receipt this Period 30.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2930.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Amy Sain

Mailing Address 2719 James Edmon Court

City Murfreesboro State TN Zip Code 37129

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt 07 / 28 / 2010  
**Transaction ID:** SA11AI.7137  
 Amount of Each Receipt this Period 600.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kathy L. Shamblin

Mailing Address 915 Colloredo Blvd.

City Shelbyville State TN Zip Code 37160

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

Name of Employer Self Employed Occupation Optomotrist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2010  
**Transaction ID:** SA11AI.7071  
 Amount of Each Receipt this Period 250.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert S. Shofner

Mailing Address 2021 Church St. #303

City Nashville State TN Zip Code 37203

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt 08 / 16 / 2010  
**Transaction ID:** SA11AI.7196  
 Amount of Each Receipt this Period 25.00  
 Receipt for 2010 Primary Debt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Spivey		Date of Receipt MM / DD / YYYY 08 / 04 / 2010		
	Mailing Address 1022 Nissan Dr.		Transaction ID: SA11AI.6888		
	City Smyrna	State TN	Zip Code 37167	Amount of Each Receipt this Period 2400.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer: Homemaker Occupation: Homemaker Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) John D. Stites, II		Date of Receipt MM / DD / YYYY 08 / 03 / 2010		
	Mailing Address 6750 Walnut Trace		Transaction ID: SA11AI.6894		
	City Cookeville	State TN	Zip Code 38501	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer: J & S Construction Occupation: CEO Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) John Turley		Date of Receipt MM / DD / YYYY 08 / 02 / 2010		
	Mailing Address PO. Box 10226		Transaction ID: SA11AI.6875		
	City Knoxville	State TN	Zip Code 37939	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer: Turkey Creek Land Partners Occupation: Partner Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 64  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**JIM TRACY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Stan Vaught

Mailing Address 6675 W. Trimble Rd.

City Milton State TN Zip Code 37118

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
07 / 23 / 2010

**Transaction ID:** SA11AI.6832

Amount of Each Receipt this Period 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jessica Winfree

Mailing Address 3442 Autumn Oaks Court

City Murfreesboro State TN Zip Code 37129

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** SA11AI.6867

Amount of Each Receipt this Period 2400.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Chris Wyre

Mailing Address 5440 Cavendish Dr.

City Murfreesboro State TN Zip Code 37128

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

Name of Employer The Guidance Center Occupation CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
07 / 23 / 2010

**Transaction ID:** SA11AI.7092

Amount of Each Receipt this Period 250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 3650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 64	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Yeager		Date of Receipt																					
	Mailing Address 2630 Old Charlotte Pike		<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>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	2		2	0	1	0														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.7180																			
	Franklin	TN	37064																					
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		C										Amount of Each Receipt this Period										
C																								
Name of Employer Passport Healthcare		Occupation President		Receipt																				
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td><td></td> </tr> </table>																					500.00	
								500.00																

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>500.00</td></tr></table>	500.00
500.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td>66915.50</td></tr></table>	66915.50
66915.50			

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

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

FOR LINE NUMBER: PAGE 27 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Judith I. Butler

Mailing Address 200 Butler Lane

City State Zip Code  
Old Hickory TN 37138

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	0

Transaction ID: SA11C.7127

Amount of Each Receipt this Period  
50.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
CRACKER BARREL OLD COUNTRY STORE, INC. PAC

Mailing Address 307 Hartmann Drive  
PO Box 787

City State Zip Code  
Lebanon TN 37088

FEC ID number of contributing federal political committee. **C** C00252791

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	0

Transaction ID: SA11C.7124

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
James H. Cunningham

Mailing Address 123 Hidden Cove Court

City State Zip Code  
Murfreesboro TN 37128

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	0

Transaction ID: SA11C.7135

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 28 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City State Zip Code  
INDIANAPOLIS IN 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

**Transaction ID:** SA11C.7115

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
David Jent

Mailing Address 1331 White Dr.

City State Zip Code  
Lewisburg TN 37091

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

Name of Employer Occupation  
Self Employed Real Estate

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

**Transaction ID:** SA11C.7133

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Richard Lewis

Mailing Address 2220 Spartan Court

City State Zip Code  
Murfreesboro TN 37128

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

**Transaction ID:** SA11C.7132

Amount of Each Receipt this Period  
100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
William B. Marsh

Mailing Address 555 Joyce Circle

City Lewisburg State TN Zip Code 37091

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

Name of Employer First Commerce Bank Occupation CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 07 / 26 / 2010  
**Transaction ID:** SA11C.7130  
 Amount of Each Receipt this Period 100.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Daniel L. Robbins

Mailing Address 501 Meadowlark Dr.

City Shelbyville State TN Zip Code 37160

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

Name of Employer Self Employed Occupation Security

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 26 / 2010  
**Transaction ID:** SA11C.7134  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Glenn T. Snoddy

Mailing Address 210 Black Hawk Way

City Murfreesboro State TN Zip Code 37127

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 75.00

Date of Receipt 07 / 26 / 2010  
**Transaction ID:** SA11C.7129  
 Amount of Each Receipt this Period 25.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 625.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Roscoe Spielman

Mailing Address 1014 N. Tennessee Blvd.  
#D-5

City State Zip Code  
Murfreesboro TN 37130

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

Name of Employer Occupation  
Murfreesboro Medical Center Physician

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

400.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2010

Transaction ID: SA11C.7131

Amount of Each Receipt this Period  
100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Linda L. Sudberry

Mailing Address 374 Burnt Hill Rd.

City State Zip Code  
Unionville TN 37180

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

Name of Employer Occupation  
Dental Hygienist Treasurer

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

750.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2010

Transaction ID: SA11C.7126

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ► **3125.00**

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

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

FOR LINE NUMBER: PAGE 31 / 64  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Tennessee Republican Party

Mailing Address 2424 21st Ave. S

City State Zip Code  
Nashville TN 37212

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 06 / 2010

**Transaction ID:** SA14.7023

Amount of Each Receipt this Period  
3000.00

Refund of Voter File Expense

**B.**

Full Name (Last, First, Middle Initial)  
Wax Family Printing

Mailing Address 215 MTCS Dr.

City State Zip Code  
Murfreesboro TN 37129

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
471.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 16 / 2010

**Transaction ID:** SA14.7194

Amount of Each Receipt this Period  
471.02

Refund of Printing Expense

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3471.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3471.02</b>

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

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

FOR LINE NUMBER: PAGE 32 / 64  
(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)  
JIM TRACY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial) FirstBank		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 200 4th Ave. North Suite 100		Transaction ID: SA15.6920
City Nashville	State TN	Zip Code 37219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.95
Name of Employer	Occupation	Interest Received
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 332.45	

**B.**

Full Name (Last, First, Middle Initial) FirstBank		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 200 4th Ave. North Suite 100		Transaction ID: SA15.7202
City Nashville	State TN	Zip Code 37219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.94
Name of Employer	Occupation	Interest
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 343.39	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	23.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23.89



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements and 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)  
JIM TRACY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Bible & Literature

Transaction ID: SB17.7015  
Date of Disbursement

Mailing Address 713 Cannon Blvd.

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

City State Zip Code  
Shelbyville TN 37160

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office Supplies

Category/ Type
-------------------

40.00
-------

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)  
Cash Express

Transaction ID: SB17.7008  
Date of Disbursement

Mailing Address 263 W. Spring St.

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

City State Zip Code  
Cookeville TN 38501

Amount of Each Disbursement this Period

Purpose of Disbursement  
Yard Signs

Category/ Type
-------------------

1236.15
---------

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)  
Conquest Communications

Transaction ID: SB17.7003  
Date of Disbursement

Mailing Address 2812 Emerywood Parkway  
Ste 103

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

City State Zip Code  
Richmond VA 23294

Amount of Each Disbursement this Period

Purpose of Disbursement  
Automated Messaging

Category/ Type
-------------------

3595.35
---------

Candidate Name

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

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

4871.50
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Doubletree Murfreesboro <hr/> Mailing Address 1850 Old Fort Parkway <hr/> City Murfreesboro State TN Zip Code 37129 <hr/> Purpose of Disbursement Catering <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6986 Date of Disbursement 08 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 1396.03
B.	Full Name (Last, First, Middle Initial) FirstBank <hr/> Mailing Address 200 4th Ave. North Suite 100 <hr/> City Nashville State TN Zip Code 37219 <hr/> Purpose of Disbursement Credit Card Fees <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7044 Date of Disbursement 07 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 316.50
C.	Full Name (Last, First, Middle Initial) FirstBank <hr/> Mailing Address 200 4th Ave. North Suite 100 <hr/> City Nashville State TN Zip Code 37219 <hr/> Purpose of Disbursement Credit Card Fees <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7070 Date of Disbursement 07 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 278.85

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

1991.38

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) FirstBank <hr/> Mailing Address 200 4th Ave. North Suite 100 <hr/> City Nashville State TN Zip Code 37219 <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7205 Date of Disbursement 07 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 531.00
B.	Full Name (Last, First, Middle Initial) FirstBank <hr/> Mailing Address 200 4th Ave. North Suite 100 <hr/> City Nashville State TN Zip Code 37219 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7204 Date of Disbursement 07 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 730.88
C.	Full Name (Last, First, Middle Initial) FirstBank <hr/> Mailing Address 200 4th Ave. North Suite 100 <hr/> City Nashville State TN Zip Code 37219 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7188 Date of Disbursement 08 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 225.15

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

1487.03

**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)  
JIM TRACY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
FirstBank

Transaction ID: SB17.6991  
Date of Disbursement

Mailing Address 200 4th Ave. North  
Suite 100

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

City Nashville State TN Zip Code 37219

Amount of Each Disbursement this Period

20.00
-------

Purpose of Disbursement  
Credit Card Fees

--

Candidate Name

Category/ Type
-------------------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
FirstBank

Transaction ID: SB17.7203  
Date of Disbursement

Mailing Address 200 4th Ave. North  
Suite 100

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

City Nashville State TN Zip Code 37219

Amount of Each Disbursement this Period

20.00
-------

Purpose of Disbursement  
Bank charges

--

Candidate Name

Category/ Type
-------------------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Garco Leasing

Transaction ID: SB17.7009  
Date of Disbursement

Mailing Address 4011 Cripple Creek Rd.

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

City Readyville State TN Zip Code 37149

Amount of Each Disbursement this Period

170.46
--------

Purpose of Disbursement  
Equipment Rent

--

Candidate Name

Category/ Type
-------------------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

210.46
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TOTAL This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bryan Kaegi</p> <p>Mailing Address 222 Wilsonia Dr.</p> <p>City Nashville State TN Zip Code 37205</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6995</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles Kimbrough</p> <p>Mailing Address 48 Wyndermere</p> <p>City Hendersonville State TN Zip Code 37075</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.7004</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="222.48"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alex Lewis</p> <p>Mailing Address 2220 Spartan Court</p> <p>City Murfreesboro State TN Zip Code 37128</p> <p>Purpose of Disbursement Campaign Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6993</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jonathan McNabb</p> <p>Mailing Address 1211 Bill Smith Road</p> <p>City Cookeville State TN Zip Code 38501</p> <p>Purpose of Disbursement Campaign Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6992</p> <p>Date of Disbursement MM / DD / YYYY 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jonathan McNabb</p> <p>Mailing Address 1211 Bill Smith Road</p> <p>City Cookeville State TN Zip Code 38501</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.7005</p> <p>Date of Disbursement MM / DD / YYYY 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 177.67</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Meadowbrook Strategies</p> <p>Mailing Address 211 7th Ave. N</p> <p>City Nashville State TN Zip Code 37219</p> <p>Purpose of Disbursement E-mail hosting/Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6965</p> <p>Date of Disbursement MM / DD / YYYY 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5388.49</p>

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

7066.16

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)  
JIM TRACY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 620 Ridgely Rd. City Murfreesboro State TN Zip Code 37129 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6963 Date of Disbursement 07 / 19 / 2010 Amount of Each Disbursement this Period 24.13
B.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 620 Ridgely Rd. City Murfreesboro State TN Zip Code 37129 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6968 Date of Disbursement 07 / 21 / 2010 Amount of Each Disbursement this Period 50.46
C.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 620 Ridgely Rd. City Murfreesboro State TN Zip Code 37129 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6969 Date of Disbursement 07 / 21 / 2010 Amount of Each Disbursement this Period 20.84

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

**95.43**

**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)  
JIM TRACY FOR CONGRESS

<p><b>A.</b> 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6985</p> <p>Date of Disbursement 07 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 3.29</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Persuasion Partners</p> <p>Mailing Address 222 Wilsonia Dr.</p> <p>City Nashville State TN Zip Code 37205</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6961</p> <p>Date of Disbursement 07 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 7619 Hwy 70 S.</p> <p>City Nashville State TN Zip Code 37211</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6967</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 112.00</p>

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

**3115.29**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)  
JIM TRACY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 7619 Hwy 70 S.  City Nashville State TN Zip Code 37211  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6970 Date of Disbursement 07 / 22 / 2010  Amount of Each Disbursement this Period 220.00  Category/Type
B.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 7619 Hwy 70 S.  City Nashville State TN Zip Code 37211  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6971 Date of Disbursement 07 / 22 / 2010  Amount of Each Disbursement this Period 1048.00  Category/Type
C.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 7619 Hwy 70 S.  City Nashville State TN Zip Code 37211  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6975 Date of Disbursement 07 / 23 / 2010  Amount of Each Disbursement this Period 56.00  Category/Type

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

1324.00

**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)  
JIM TRACY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 7619 Hwy 70 S.  City Nashville State TN Zip Code 37211 Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6977 Date of Disbursement 07 / 24 / 2010  Amount of Each Disbursement this Period 140.00  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 7619 Hwy 70 S.  City Nashville State TN Zip Code 37211 Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6978 Date of Disbursement 07 / 27 / 2010  Amount of Each Disbursement this Period 89.60  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 7619 Hwy 70 S.  City Nashville State TN Zip Code 37211 Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6984 Date of Disbursement 07 / 29 / 2010  Amount of Each Disbursement this Period 84.00  Category/Type

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

**313.60**

**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)  
JIM TRACY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 7619 Hwy 70 S.  City Nashville State TN Zip Code 37211  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6996 Date of Disbursement 08 / 05 / 2010  Amount of Each Disbursement this Period 5.60
B.	Full Name (Last, First, Middle Initial) Public Opinion Strategies  Mailing Address 214 North Fayette St.  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Polling/Surveys Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7012 Date of Disbursement 08 / 23 / 2010  Amount of Each Disbursement this Period 10000.00
C.	Full Name (Last, First, Middle Initial) Rising Tide Media Group  Mailing Address 3247 Kinnard Springs # 200  City Franklin State TN Zip Code 37064  Purpose of Disbursement Media-Television Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6974 Date of Disbursement 07 / 22 / 2010  Amount of Each Disbursement this Period 10100.00

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

20105.60

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)  
JIM TRACY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rising Tide Media Group</p> <p>Mailing Address 3247 Kinnard Springs # 200</p> <p>City Franklin State TN Zip Code 37064</p> <p>Purpose of Disbursement Media-Television</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6976</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rising Tide Media Group</p> <p>Mailing Address 3247 Kinnard Springs # 200</p> <p>City Franklin State TN Zip Code 37064</p> <p>Purpose of Disbursement Media-Television</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6994</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shelbyville Times Gazette</p> <p>Mailing Address PO. Box 380</p> <p>City Shelbyville State TN Zip Code 37162</p> <p>Purpose of Disbursement Media-Newspapers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.7018</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1216.68"/></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)  
JIM TRACY FOR CONGRESS

A.

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

Transaction ID: SB17.6972

Date of Disbursement

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

Mailing Address 4533 Shy's Hill Rd.

Amount of Each Disbursement this Period

11000.00
----------

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Fundraising Consulting

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
South Public Affairs Consulting

Transaction ID: SB17.6989

Date of Disbursement

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

Mailing Address PO. Box 89298

Amount of Each Disbursement this Period

5000.00
---------

City Atlanta State GA Zip Code 30312

Purpose of Disbursement  
Campaign Consulting

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Strategic Media Services

Transaction ID: SB17.6964

Date of Disbursement

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

Mailing Address 3299 K St.  
# 200

Amount of Each Disbursement this Period

24370.00
----------

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Media-Television

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

40370.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Strategic Media Services  Mailing Address 3299 K St. # 200  City Washington State DC Zip Code 20007  Purpose of Disbursement Media-Television Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6983 Date of Disbursement 07 / 28 / 2010  Amount of Each Disbursement this Period 74000.00  Category/ Type
B.	Full Name (Last, First, Middle Initial) The Haynes Building  Mailing Address PO. Box 338  City Murfreesboro State TN Zip Code 37133  Purpose of Disbursement Utilities Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7010 Date of Disbursement 08 / 23 / 2010  Amount of Each Disbursement this Period 2991.77  Category/ Type
C.	Full Name (Last, First, Middle Initial) The Hopper Co.  Mailing Address 203 N. Fentress St.  City Paris State TN Zip Code 38242  Purpose of Disbursement Direct Mail Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6973 Date of Disbursement 07 / 22 / 2010  Amount of Each Disbursement this Period 9000.00  Category/ Type

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

**85991.77**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
The Stoneridge Group

Transaction ID: SB17.6958  
Date of Disbursement

Mailing Address 554 West Main St.  
Bldg A #200

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	0

City Buford State GA Zip Code 30518

Amount of Each Disbursement this Period

3224.74
---------

Purpose of Disbursement  
Direct Mail

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
The Tennessee Patriot

Transaction ID: SB17.7013  
Date of Disbursement

Mailing Address PO. Box 291261

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

City Nashville State TN Zip Code 37229

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Newspapers-Media

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Chad Tracy

Transaction ID: SB17.7016  
Date of Disbursement

Mailing Address 1302 B Gentry Terrace

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

City Murfreesboro State TN Zip Code 37130

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
Travel Expense

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

4424.74
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Troy Brewer CPA Inc. <hr/> Mailing Address 6213 Charlotte Ave. #112 <hr/> City Nashville State TN Zip Code 37209 <hr/> Purpose of Disbursement Accounting/Compliance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6988 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1400.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Troy Brewer CPA Inc. <hr/> Mailing Address 6213 Charlotte Ave. #112 <hr/> City Nashville State TN Zip Code 37209 <hr/> Purpose of Disbursement Accounting/Compliance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7000 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2800.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Troy Brewer CPA Inc. <hr/> Mailing Address 6213 Charlotte Ave. #112 <hr/> City Nashville State TN Zip Code 37209 <hr/> Purpose of Disbursement Accounting/Compliance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7022 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 700.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4900.00

**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)  
JIM TRACY FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Po. Box 661188</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.7011</p> <p>Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 25.62</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Po. Box 661188</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.7017</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 84.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Victory Communications</p> <p>Mailing Address 147 Academy Lane</p> <p>City Winchester State VA Zip Code 22601</p> <p>Purpose of Disbursement Voter Contact</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6959</p> <p>Date of Disbursement 07 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1650.00</p>

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

1760.15

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 50 / 64

<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)  
JIM TRACY FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 2900 S. Rutherford Blvd.</p> <p>City Murfreesboro State TN Zip Code 37130</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6962</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.58"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 2900 S. Rutherford Blvd.</p> <p>City Murfreesboro State TN Zip Code 37130</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6966</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.06"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 2900 S. Rutherford Blvd.</p> <p>City Murfreesboro State TN Zip Code 37130</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.6981</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <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="12.93"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="75.57"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JIM TRACY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Warren Wells	Transaction ID: SB17.6990 Date of Disbursement 08 / 02 / 2010
	Mailing Address 217 Rowlette Circle	Amount of Each Disbursement this Period 2000.00
	City Murfreesboro State TN Zip Code 37127	
	Purpose of Disbursement Campaign Support Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Warren Wells	Transaction ID: SB17.6997 Date of Disbursement 08 / 09 / 2010
	Mailing Address 217 Rowlette Circle	Amount of Each Disbursement this Period 2000.00
	City Murfreesboro State TN Zip Code 37127	
	Purpose of Disbursement Campaign Support Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) WGNS Radio	Transaction ID: SB17.7020 Date of Disbursement 09 / 24 / 2010
	Mailing Address 306 South Church St.	Amount of Each Disbursement this Period 365.00
	City Murfreesboro State TN Zip Code 37130	
	Purpose of Disbursement Radio-Media Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4365.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>201706.84</b>

# SCHEDULE 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)  
JIM TRACY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andrew Adams</p> <p>Mailing Address 801 Mooreland Lane</p> <p>City Murfreesboro State TN Zip Code 37128</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6912</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony Adams</p> <p>Mailing Address 965 Kingwood Lane</p> <p>City Rockvale State TN Zip Code 37153</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6914</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dotty Adams</p> <p>Mailing Address 1502 Anatole Court</p> <p>City Murfreesboro State TN Zip Code 37130</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6921</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>

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

7200.00

**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)  
JIM TRACY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fred F. Adams</p> <p>Mailing Address 2347 Bivens Hill Rd.</p> <p>City Readyville State TN Zip Code 37149</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input 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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6905</p> <p>Date of Disbursement 07 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert G. Adams</p> <p>Mailing Address 2217 Battleground Dr.</p> <p>City Murfreesboro State TN Zip Code 37129</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input 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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6922</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2200.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Susanne Adams</p> <p>Mailing Address 2217 Battleground Dr.</p> <p>City Murfreesboro State TN Zip Code 37129</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input 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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6923</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
JIM TRACY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) William A. Adams</p> <p>Mailing Address 282 Kevin Dr.</p> <p>City Murfreesboro State TN Zip Code 37129</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6913</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2400.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) James W. Ayers</p> <p>Mailing Address PO. Box 217</p> <p>City Parsons State TN Zip Code 38383</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6924</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2400.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Janet E. Ayers</p> <p>Mailing Address 314 Whitworth Way</p> <p>City Nashville State TN Zip Code 37692</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6925</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2400.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
JIM TRACY FOR CONGRESS

A.

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

Transaction ID: SB20A.6911  
Date of Disbursement

Mailing Address 837 Glen Leven Dr.

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

City Nashville State TN Zip Code 37204

Amount of Each Disbursement this Period

Purpose of Disbursement  
Refund of General Contribution

Category/  
Type

2200.00
---------

Candidate Name

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

State: District:

B.

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

Transaction ID: SB20A.6915  
Date of Disbursement

Mailing Address 801 Mooreland Lane

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

City Murfreesboro State TN Zip Code 37128

Amount of Each Disbursement this Period

Purpose of Disbursement  
Refund of General Contribution

Category/  
Type

2400.00
---------

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
Jeffrey Callahan

Transaction ID: SB20A.6927  
Date of Disbursement

Mailing Address 870 Oaklawn Court

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

City Cookeville State TN Zip Code 38502

Amount of Each Disbursement this Period

Purpose of Disbursement  
Refund of General Contribution

Category/  
Type

2400.00
---------

Candidate Name

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

State: District:

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

7000.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
JIM TRACY FOR CONGRESS

A.

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

Transaction ID: SB20A.6928  
Date of Disbursement

Mailing Address 481 Loweland Rd.

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

City Cookeville State TN Zip Code 38501

Amount of Each Disbursement this Period

2400.00
---------

Purpose of Disbursement  
Refund of General Contribution

Category/ Type
-------------------

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)  
Lindsay Callahan

Transaction ID: SB20A.6929  
Date of Disbursement

Mailing Address 481 Loweland Rd.

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

City Cookeville State TN Zip Code 38501

Amount of Each Disbursement this Period

2400.00
---------

Purpose of Disbursement  
Refund of General Contribution

Category/ Type
-------------------

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
Cecil C. Elliott, Jr.

Transaction ID: SB20A.6932  
Date of Disbursement

Mailing Address PO. Box 3028

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

City Murfreesboro State TN Zip Code 37133

Amount of Each Disbursement this Period

700.00
--------

Purpose of Disbursement  
Refund of General Contribution

Category/ Type
-------------------

Candidate Name

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

State: District:

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

5500.00
---------

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 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)  
JIM TRACY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Sherry Gentry <hr/> Mailing Address 263 W. Spring St. <hr/> City Cookeville State TN Zip Code 38501 <hr/> Purpose of Disbursement Refund of General Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.6935 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 1600.00
<b>B.</b>	Full Name (Last, First, Middle Initial) William H. Greer <hr/> Mailing Address 1919 Scarlett Dr. <hr/> City Murfreesboro State TN Zip Code 37130 <hr/> Purpose of Disbursement Refund of General Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.6936 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 600.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Clint Hall <hr/> Mailing Address 129 Memorial Blvd. <hr/> City Murfreesboro State TN Zip Code 37129 <hr/> Purpose of Disbursement Refund of General Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.6907 Date of Disbursement 07 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 500.00

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

2700.00

**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)  
JIM TRACY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stephanie Ingram</p> <p>Mailing Address PO. Box 50058</p> <p>City Nashville State TN Zip Code 37205</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6937</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2400.00"/></p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Jones</p> <p>Mailing Address 13219 Hwy 99</p> <p>City Eagleville State TN Zip Code 37060</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6906</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2400.00"/></p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sonya A Leeman</p> <p>Mailing Address 2915 St. Johns Dr.</p> <p>City Murfreesboro State TN Zip Code 37129</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6938</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2400.00"/></p> <p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="7200.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
JIM TRACY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Terry Leeman	Transaction ID: SB20A.6939 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2915 St. Johns Dr.	Amount of Each Disbursement this Period 2400.00
	City Murfreesboro State TN Zip Code 37129	
	Purpose of Disbursement Refund of General Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) A. B. McCall	Transaction ID: SB20A.6904 Date of Disbursement 07 / 17 / 2010
	Mailing Address 722 Jackson Ave.	Amount of Each Disbursement this Period 2100.00
	City Carthage State TN Zip Code 37030	
	Purpose of Disbursement Refund of General Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) A. B. McCall	Transaction ID: SB20A.6941 Date of Disbursement 09 / 30 / 2010
	Mailing Address 722 Jackson Ave.	Amount of Each Disbursement this Period 300.00
	City Carthage State TN Zip Code 37030	
	Purpose of Disbursement Refund of General Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4800.00

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)  
JIM TRACY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Albert McCall, II

Transaction ID: SB20A.6940  
Date of Disbursement

Mailing Address 3773 Big Springs Rd.

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

City Lebanon State TN Zip Code 37090

Amount of Each Disbursement this Period

2100.00
---------

Purpose of Disbursement  
Refund of General Contribution  
Candidate Name

Category/  
Type

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

B.

Full Name (Last, First, Middle Initial)  
L. G. Puckett

Transaction ID: SB20A.6949  
Date of Disbursement

Mailing Address 508 N. church St.

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

City Livingston State TN Zip Code 38750

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
Refund of General Contribution  
Candidate Name

Category/  
Type

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

C.

Full Name (Last, First, Middle Initial)  
Richard Reeves

Transaction ID: SB20A.6909  
Date of Disbursement

Mailing Address PO. Box 4089

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

City Murfreesboro State TN Zip Code 37133

Amount of Each Disbursement this Period

1600.00
---------

Purpose of Disbursement  
Refund of General Contribution  
Candidate Name

Category/  
Type

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

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

4300.00

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)  
JIM TRACY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Shane Reeves</p> <p>Mailing Address 135 Blackberry Lane</p> <p>City Murfreesboro State TN Zip Code 37130</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6917</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1350.00</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John W. Rose</p> <p>Mailing Address 1161 Old Lancaster Rd.</p> <p>City Hickman State TN Zip Code 38567</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6950</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rick Sain</p> <p>Mailing Address 2719 James St.</p> <p>City Murfreesboro State TN Zip Code 37129</p> <p>Purpose of Disbursement Refund of General Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB20A.6918</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p> <p>Category/Type</p>

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

4350.00

**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)  
JIM TRACY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Bobby G. Spivey

Transaction ID: SB20A.6910  
Date of Disbursement

Mailing Address 1022 Nissan Dr.

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

City State Zip Code  
Smyrna TN 37167

Amount of Each Disbursement this Period

2400.00
---------

Purpose of Disbursement  
Refund of General Contribution

--

Candidate Name

Category/ Type
-------------------

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

State: District:

B.

Full Name (Last, First, Middle Initial)  
Barbara Wilson

Transaction ID: SB20A.6951  
Date of Disbursement

Mailing Address 511 Union St.  
# 2100

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

City State Zip Code  
Nashville TN 37219

Amount of Each Disbursement this Period

2400.00
---------

Purpose of Disbursement  
Refund of General Contribution

--

Candidate Name

Category/ Type
-------------------

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
Justin P Wilson

Transaction ID: SB20A.6952  
Date of Disbursement

Mailing Address 511 Union St.  
# 2100

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

City State Zip Code  
Nashville TN 37219

Amount of Each Disbursement this Period

2400.00
---------

Purpose of Disbursement  
Refund of General Contribution

--

Candidate Name

Category/ Type
-------------------

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

State: District:

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

7200.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
JIM TRACY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Buckley Winfree

Transaction ID: SB20A.6916  
Date of Disbursement

Mailing Address 3442 Autumn Oaks Court

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

City Murfreesboro State TN Zip Code 37129

Amount of Each Disbursement this Period

2400.00
---------

Purpose of Disbursement  
Refund of General Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
James P. Wright

Transaction ID: SB20A.6953  
Date of Disbursement

Mailing Address PO. Box 27

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

City Cookeville State TN Zip Code 38503

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
Refund of General Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

3000.00
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TOTAL This Period (last page this line number only) ..... ►

67450.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
JIM TRACY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) <b>NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM</b>	<b>Transaction ID:</b> SB20C.6945
	Mailing Address 2901 Telestar Ct.	Date of Disbursement MM / DD / YYYY 09 / 30 / 2010
	City Falls Church State VA Zip Code 22042	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Refund of General Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) <b>THMCare PAC</b>	<b>Transaction ID:</b> SB20C.6946
	Mailing Address 52 W. 8th St.	Date of Disbursement MM / DD / YYYY 09 / 30 / 2010
	City Parsons State TN Zip Code 38363	Amount of Each Disbursement this Period 1100.00
	Purpose of Disbursement Refund of General Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**6100.00**

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

**6100.00**