

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BEST OF TENNESSEE ACTION FUND

ADDRESS (number and street)

414 UNION ST

STE 1900

Check if different
than previously
reported. (ACC)

NASHVILLE

TN

37219

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00874834

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Seabury, James, C, , III

Signature of Treasurer

Seabury, James, C, , III

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BEST OF TENNESSEE ACTION FUND

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2024

To:

MM / DD / YYYY
06 / 30 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	447420.00	447420.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	447420.00	447420.00
7. Total Disbursements (from Line 31)	355917.41	355917.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91502.59	91502.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

BEST OF TENNESSEE ACTION FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2024

To:

M M / D D / Y Y Y Y
06 / 30 / 2024

I. Receipts

COLUMN A
Total This PeriodCOLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

447400.00

447400.00

(ii) Unitemized

20.00

20.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

447420.00

447420.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

447420.00

447420.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

447420.00

447420.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

447420.00

447420.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15714.80	15714.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15714.80	15714.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	290009.10	290009.10
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	50193.51	50193.51
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	355917.41	355917.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	355917.41	355917.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	447420.00	447420.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	447420.00	447420.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15714.80	15714.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15714.80	15714.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 19
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

BEST OF TENNESSEE ACTION FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Best of Tennessee IncMailing Address 414 Union St
Suite 1900City
NashvilleState
TNZip Code
37219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2024

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

120000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Delay, William, , ,

Mailing Address 115 Lynwood Terrace

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lynwood Ventures LLC

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2024

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Doochin, Robert, , ,

Mailing Address 90 Valley Forge

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2024

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

10000.00

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

155000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 19
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Giarratana, Tony, , ,

Mailing Address 424 Church Street

City
NashvilleState
TNZip Code
37219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GiarratanaOccupation (for Individual)
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2024

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Granbery, James, , ,Mailing Address 3011 Armory Dr
Suite 130City
NashvilleState
TNZip Code
37204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HGHillOccupation (for Individual)
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2024

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Green Group Holdings LLCMailing Address 134 Riverstone Terrace
Suite 203City
CantonState
GAZip Code
30114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2024

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

3000.00

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

53000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hart, H Rodes, , , Jr.

Mailing Address 425 Westview Ave

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brookside PropertiesOccupation (for Individual)
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2024

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ingram, John, , ,

Mailing Address PO Box 50058

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ingram IndustriesOccupation (for Individual)
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2024

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

12500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, R. Milton, , ,

Mailing Address 5012 Hill Place Dr

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

18400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2024

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period

18400.00

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

55900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 19
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lehman, Thomas, , ,

Mailing Address 119 Taggart Ave

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Teamworthy Group LLCOccupation (for Individual)
Entrepreneur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2024

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Delrose, , ,

Mailing Address 6 Camel Back Ct

City
BrentwoodState
TNZip Code
37027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2024

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mathews, Walker, , ,

Mailing Address 930 Belle Meade Blvd

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RC Mathews ContractorOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2024

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

10000.00

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

36500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 19
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Preston, Aubrey, , ,

Mailing Address 4295 Old Hillsboro Road

City
FranklinState
TNZip Code
37204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Healthcare & Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2024

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Russell, Anne, , ,

Mailing Address 1218 Chickering Rd

City
NashvilleState
TNZip Code
37215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Adams and Reese LLP

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2024

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scarlett, Joseph, , ,

Mailing Address 3 Strawberry Hill

City
NashvilleState
TNZip Code
37215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Scarlett Family Foundation

Occupation (for Individual)

Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2024

Transaction ID : SA11AI.4098

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

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

60000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Byron, , ,

Mailing Address 3510 Echo Hill Rd

City
NashvilleState
TNZip Code
37215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mountain Group PartnersOccupation (for Individual)
Venture Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2024

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Stephen, , , Sr.Mailing Address 7065 Moores Ln
Ste 300City
BrentwoodState
TNZip Code
37027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Haury & SmithOccupation (for Individual)
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2024

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stowe, Barry, , ,

Mailing Address 428 Westview Ave

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

22000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2024

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

22000.00

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

57000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 19
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Talley, J. Turner, , ,

Mailing Address 210 Mockingbird Rd

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charter ConstructionOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2024

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilde, David, , ,

Mailing Address 824 Bella Meade Blvd

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Investment Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2024

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

30000.00

447400.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name (Last, First, Middle Initial)

A. Anedot, IncMailing Address 1340 Poydras St
#1770City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

PAC E-Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4141

Amount of Each Disbursement this Period

401.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot, IncMailing Address 1340 Poydras St
#1770City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

PAC E-Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4143

Amount of Each Disbursement this Period

150.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot, IncMailing Address 1340 Poydras St
#1770City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

PAC E-Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4146

Amount of Each Disbursement this Period

1000.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1552.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name (Last, First, Middle Initial)

A. Anedot, IncMailing Address 1340 Poydras St
#1770City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

PAC E-Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4147

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot, IncMailing Address 1340 Poydras St
#1770City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

PAC E-Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.4150

Amount of Each Disbursement this Period

1000.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot, IncMailing Address 1340 Poydras St
#1770City
New OrleansState
LAZip Code
70112

Purpose of Disbursement

PAC E-Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.4151

Amount of Each Disbursement this Period

375.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1750.30

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name (Last, First, Middle Initial)

A. CFS Compliance

Mailing Address PO Box 30844

City
BethesdaState
MDZip Code
20824

Purpose of Disbursement

PAC E-Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4144

Amount of Each Disbursement this Period

150.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CFS Compliance

Mailing Address PO Box 30844

City
BethesdaState
MDZip Code
20824

Purpose of Disbursement

PAC E-Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4148

Amount of Each Disbursement this Period

375.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CFS Compliance

Mailing Address PO Box 30844

City
BethesdaState
MDZip Code
20824

Purpose of Disbursement

PAC Compliance Consulting

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.4149

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name (Last, First, Middle Initial)

A. CFS Compliance

Mailing Address PO Box 30844

City
BethesdaState
MDZip Code
20824

Purpose of Disbursement

PAC E-Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.4152

Amount of Each Disbursement this Period

375.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CFS Compliance

Mailing Address PO Box 30844

City
BethesdaState
MDZip Code
20824

Purpose of Disbursement

PAC Compliance Consulting

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.4157

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chambers, Kathy, , ,

Mailing Address PO Box 160938

City
NashvilleState
TNZip Code
37216

Purpose of Disbursement

PAC Research

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4153

Amount of Each Disbursement this Period

4750.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6750.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name (Last, First, Middle Initial)

A. Reign Maker Services

Mailing Address 1222 Greymont Ave

City
JacksonState
MSZip Code
39202

Purpose of Disbursement

PAC Software

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4158

Amount of Each Disbursement this Period

662.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

662.50

15714.80

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name (Last, First, Middle Initial)

A. CONSERVATIVES WITH CHARACTER, INC.

Mailing Address 105 RED MAPLE COURT

City
HENDERSONVILLEState
TNZip Code
37075

Purpose of Disbursement

PAC Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	7			2	0	2	4		

FEC Identification Number

C C00878611

Transaction ID : SB23.4155

Amount of Each Disbursement this Period

140000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVES WITH CHARACTER, INC.

Mailing Address 105 RED MAPLE COURT

City
HENDERSONVILLEState
TNZip Code
37075

Purpose of Disbursement

PAC Political Contribution

Candidate Name

011

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	2	4		

FEC Identification Number

C C00878611

Transaction ID : SB23.4160

Amount of Each Disbursement this Period

150009.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

290009.10

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

290009.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 19 OF 19

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NAME OF COMMITTEE (In Full)

BEST OF TENNESSEE ACTION FUND

Full Name (Last, First, Middle Initial)

A. Mail Works, Inc

Mailing Address 320 Wesley St

City
Johnson CityState
TNZip Code
37601

Purpose of Disbursement

PAC State Political Mailer

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB29.4161

Amount of Each Disbursement this Period

48193.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Saylor, Susan, , ,

Mailing Address 118 Bayberry Ct

City
GrayState
TNZip Code
37615

Purpose of Disbursement

PAC State Political Mailer

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB29.4163

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

50193.51

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

50193.51