

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
15 FEB -5 PM 2:51
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
JOE CARR FOR SENATE

ADDRESS (number and street) **PO BOX 192**
Check if different than previously reported. (ACC) **LASCASSAS TN 37085**

2. **FEC IDENTIFICATION NUMBER** ▼ **C00541904**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
TN

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 **MMDD** in the State of
(c) 30-Day **POST**-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on **MMDD** in the State of

5. Covering Period **10 01 2014** through **12 31 2014**

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 **Nate Schott**

Signature of Treasurer Nate Schott Date **02 01 2015**

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

Office Use Only									
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1502009332

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JOE CARR FOR SENATE

Report Covering the Period: From: ^{M M} 10 / ^{D D} 01 / ^{Y Y} 2014 To: ^{M M} 12 / ^{D D} 31 / ^{Y Y} 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	0.00	1263577.11
(b) Total Contribution Refunds (from Line 20(d)) ..	144310.00	158335.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	-144310.00	1105242.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	8162.55	1132081.32
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	8162.55	1132081.32
8. Cash on Hand at Close of Reporting Period (from Line 27)...	24360.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...	200000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	1643.07	

For further information contact:

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

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

15020093383

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

JOE CARR FOR SENATE

Report Covering the Period: From: M M / D D / Y Y 10 01 2014 To: M M D D Y Y Y 12 31 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	0.00	866009.53
(ii) Unitemized	0.00	359542.58
(iii) TOTAL of contributions from individuals .	0.00	1225552.11
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	38025.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1263577.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	211142.04
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	0.00	1474719.15

15020093384

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	8162.55	1132081.32
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 ...	144310.00	158335.00
(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 20(a), (b), and (c))...	144310.00	158335.00
21. OTHER DISBURSEMENTS ...	0.00	200000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	152472.55	1490416.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	176833.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	0.00
25. SUBTOTAL (add Line 23 and Line 24)...	176833.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	152472.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	24360.46

1502009338

**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 5 OF 31

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

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

NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

A. Pinnacle Bank Full Name (Last, First, Middle Initial) Mailing Address 114 West College St. City Murfreesboro State TN Zip Code 37130-3501 Purpose of Disbursement Bank fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 02 2014 Amount of Each Disbursement this Period 30.00 Transaction ID : B47FF92F659C94157AF8
B. Pinnacle Bank Full Name (Last, First, Middle Initial) Mailing Address 114 West College St. City Murfreesboro State TN Zip Code 37130-3501 Purpose of Disbursement Bank Card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y 10 03 2014 Amount of Each Disbursement this Period 27.88 Transaction ID : B2E8BC6FDF2694175922
C. Pinnacle Bank Full Name (Last, First, Middle Initial) Mailing Address 114 West College St. City Murfreesboro State TN Zip Code 37130-3501 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y 11 04 2014 Amount of Each Disbursement this Period 30.00 Transaction ID : BB0DA8B1457E649E1802

SUBTOTAL of Disbursements This Page (optional)..... 87.88

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

1502009336

**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)
JOE CARR FOR SENATE

A. Pinnacle Bank Full Name (Last, First, Middle Initial) Mailing Address 114 West College St. City Murfreesboro State TN Zip Code 37130-3501 Purpose of Disbursement Bank Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D Y Y Y Y 11 04 2014 Amount of Each Disbursement this Period 24.95 Transaction ID : B16E8B0628C5F462EA0B
B. Pinnacle Bank Full Name (Last, First, Middle Initial) Mailing Address 114 West College St. City Murfreesboro State TN Zip Code 37130-3501 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D Y Y Y Y 12 02 2014 Amount of Each Disbursement this Period 30.00 Transaction ID : BF0C06F7E9A094467A77
C. Pinnacle Bank Full Name (Last, First, Middle Initial) Mailing Address 114 West College St. City Murfreesboro State TN Zip Code 37130-3501 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D Y Y Y Y 12 03 2014 Amount of Each Disbursement this Period 24.95 Transaction ID : BAEF80B1ECB1F46DF9DC

SUBTOTAL of Disbursements This Page (optional)..... 79.90
TOTAL This Period (last page this line number only).....

15020093387

**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 7 OF 31

<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)
JOE CARR FOR SENATE

A. GoDaddy.com Full Name (Last, First, Middle Initial) Mailing Address 100 Mathilda Pl. City Sunnyvale State CA Zip Code 94086-6017 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y Y Y 12 23 2014 Amount of Each Disbursement this Period 213.21 Transaction ID : BD737582D7B1C441BA0D
B. Pinnacle Bank Full Name (Last, First, Middle Initial) Mailing Address 114 West College St. City Murfreesboro State TN Zip Code 37130-3501 Purpose of Disbursement Debt Repayment: Car loan Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y Y Y 10 27 2014 Amount of Each Disbursement this Period 7703.51 Transaction ID : B0C75BCCDA0C24F3DA67
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional).....		7916.72
TOTAL This Period (last page this line number only).....		8084.50

1502009338

**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 8 OF 31			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial) A. Joseph H. Scarlett Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 3 Strawberry Hill		Amount of Each Disbursement this Period \$ 500.00 Transaction ID : BB8772EF64DAE407B8EC
City Nashville	State TN	
Zip Code 37215	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. Herman E. Lovell		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1334 Holly Hill Dr.		Amount of Each Disbursement this Period \$ 2600.00 Transaction ID : B0C15C0C2D12241C7823
City Franklin	State TN	
Zip Code 37064	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) C. Eugena B. Ewing		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 367 River Dr.		Amount of Each Disbursement this Period \$ 2400.00 Transaction ID : BB468455AA9FA4965A38
City Mount Juliet	State TN	
Zip Code 37122	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

15020093389

**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)
JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial) A. Bobby Haynes		Date of Disbursement M M / D D Y Y Y 10 01 2014	
Mailing Address 791 Baker Rd.		Amount of Each Disbursement this Period 2600.00 Transaction ID : B0A31FF0B71E04D2EA7F	
City Smyrna	State TN		Zip Code 37167
Purpose of Disbursement Refund			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. John E. Simmonds		Date of Disbursement M M / D D Y Y Y 10 01 2014	
Mailing Address 136 Bromley Park Lane		Amount of Each Disbursement this Period 2600.00 Transaction ID : B87C480FB9C334DB8A16	
City Franklin	State TN		Zip Code 37069-6510
Purpose of Disbursement Refund			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Cathy Cox		Date of Disbursement M M / D D Y Y Y 10 01 2014	
Mailing Address 711 Phebus Rd.		Amount of Each Disbursement this Period 2600.00 Transaction ID : BE6B9EA3925FB4FEB83F	
City Union City	State TN		Zip Code 38261
Purpose of Disbursement Refund			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)..... 7800.00

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

15020093390

**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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17
 20a
 18
 20b
 19a
 20c
 19b
 21

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

A. Cheryl Terry Full Name (Last, First, Middle Initial) Mailing Address 2306 Black Fox Court City Murfreesboro State TN Zip Code 37127 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 650.00 Transaction ID : B13AD5D82D59B425180C
B. Mrs. Pilkenton Full Name (Last, First, Middle Initial) Mailing Address 200 Wheatley Dr. Apt. B-1 City Newbern State TN Zip Code 38059-1450 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2400.00 Transaction ID : BBE5A83C0FAC142FC9FF
C. Joseph M. Swanson Full Name (Last, First, Middle Initial) Mailing Address 1188 Park Ave. City Murfreesboro State TN Zip Code 37129 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2400.00 Transaction ID : B9D26B962D70E4CC3A0C

SUBTOTAL of Disbursements This Page (optional)..... 5450.00

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

15020093391

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial) A. Virginia McCall		Date of Disbursement	
Mailing Address PO Box 564		M M D D Y Y Y 10 01 2014	
City Carthage	State TN	Zip Code 37030-0564	Amount of Each Disbursement this Period 2600.00 Transaction ID : BF83373062BBB4091A0B
Purpose of Disbursement Refund		Category/ Type	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2014		State: District:	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Thomas B. Montgomery		Date of Disbursement	
Mailing Address 510 Barton Shore Ct.		M M D D Y Y Y 10 01 2014	
City Lebanon	State TN	Zip Code 37087-1943	Amount of Each Disbursement this Period 1900.00 Transaction ID : BDF017E3D4608401F8FF
Purpose of Disbursement Refund		Category/ Type	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2014		State: District:	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) c. Sheri N. Siskin		Date of Disbursement	
Mailing Address 1426 Broadlands Dr.		M M D D Y Y Y 10 01 2014	
City Murfreesboro	State TN	Zip Code 37130-5972	Amount of Each Disbursement this Period 2600.00 Transaction ID : B7A9414E060154E9995E
Purpose of Disbursement Refund		Category/ Type	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2014		State: District:	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional)..... 7100.00

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

15020093392

**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)
JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial) A. Jim Hearn		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 109 Woodward Hills Place		Amount of Each Disbursement this Period 2600.00 Transaction ID : BB2C920922CC8476AB6F	
City Brentwood	State TN		Zip Code 37027-4236
Purpose of Disbursement Refund			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Ronald A. McDow		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 4806 Post Rd.		Amount of Each Disbursement this Period 2600.00 Transaction ID : BF915511AB0C14919937	
City Nashville	State TN		Zip Code 37205
Purpose of Disbursement Refund			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Thomas A. Rice		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 5304 General Forrest Court		Amount of Each Disbursement this Period 2600.00 Transaction ID : B50BDAEEEE18314FC38DD	
City Nashville	State TN		Zip Code 37215-5205
Purpose of Disbursement Refund			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)..... 7800.00

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

15020093393

**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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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

<p>Full Name (Last, First, Middle Initial) A. Deborah H. Jacobs</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 10 01 2014</p>	
<p>Mailing Address 9229 Huntersboro Dr.</p>		<p>Amount of Each Disbursement this Period 2600.00</p>	
<p>City Brentwood State TN Zip Code 37027</p>	<p>Transaction ID : B967B2F8BF2984DB5929</p>		
<p>Purpose of Disbursement Refund</p>	<p>Category/Type</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: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>Full Name (Last, First, Middle Initial) B. Felicia Haynes</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 10 01 2014</p>	
<p>Mailing Address 791 Baker Rd.</p>		<p>Amount of Each Disbursement this Period 2600.00</p>	
<p>City Smyrna State TN Zip Code 37167</p>	<p>Transaction ID : BC6A1FD4788B942EBBAA</p>		
<p>Purpose of Disbursement Refund</p>	<p>Category/Type</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: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		
<p>Full Name (Last, First, Middle Initial) C. Andrew Miller Jr.</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 10 01 2014</p>	
<p>Mailing Address 30 Burton Hills Blvd. Suite 325</p>		<p>Amount of Each Disbursement this Period 2600.00</p>	
<p>City Nashville State TN Zip Code 37215</p>	<p>Transaction ID : B94E2AB61C65E428782D</p>		
<p>Purpose of Disbursement Refund</p>	<p>Category/Type</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: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		

SUBTOTAL of Disbursements This Page (optional)..... 7800.00

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

15020093394

**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)
JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial) A. Albert McCall		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014	
Mailing Address PO Box 564		Amount of Each Disbursement this Period 2600.00 Transaction ID : BFA47DD87EDF744AC8C7	
City Carthage	State TN		Zip Code 37030-0564
Purpose of Disbursement Refund	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Nancy Schott		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014	
Mailing Address 1754 S. Rutherford Blvd.		Amount of Each Disbursement this Period 2400.00 Transaction ID : BCC0B4B17AC274922B73	
City Murfreesboro	State TN		Zip Code 37130
Purpose of Disbursement Refund	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Matthew Fitch		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014	
Mailing Address 7708 Chester Rd.		Amount of Each Disbursement this Period 2400.00 Transaction ID : BDFFB249B8ECF43C5B3F	
City Fairview	State TN		Zip Code 37062-8923
Purpose of Disbursement Refund	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional) 7400.00
TOTAL This Period (last page this line number only)

15020093395

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

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

FOR LINE NUMBER: PAGE 15 OF 31

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

A. Martha Hatcher Full Name (Last, First, Middle Initial) Mailing Address 5404 Stanford Dr. City Nashville State TN Zip Code 37215-4236 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2400.00 Transaction ID : BF4013845211C4863A85
B. Kevin C. Powers Full Name (Last, First, Middle Initial) Mailing Address 630 N. Wymore Rd. City Maitland State FL Zip Code 32751 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : BA9876BD2B5A94285922
C. John Evans Full Name (Last, First, Middle Initial) Mailing Address 155 Cumberland Dr. City Hendersonville State TN Zip Code 37075 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2400.00 Transaction ID : B5A6D36BC6A6C4240B0E

SUBTOTAL of Disbursements This Page (optional)..... 7400.00
TOTAL This Period (last page this line number only).....

15020093396

**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 16 OF 31

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

A. Robin Kress			Date of Disbursement	
Full Name (Last, First, Middle Initial)			M M / D D / Y Y Y Y	
Mailing Address 5315 Confederate Dr.			10 01 2014	
City Nashville		State TN	Zip Code 37215-5201	
Purpose of Disbursement Refund		Amount of Each Disbursement this Period		2600.00
Candidate Name		Category/Type		Transaction ID : B3097CF9AD66F45BDA7A
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014		
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Steven Kress			Date of Disbursement	
Full Name (Last, First, Middle Initial)			M M / D D / Y Y	
Mailing Address 5315 Confederate Dr.			10 01 2014	
City Nashville		State TN	Zip Code 37215	
Purpose of Disbursement Refund		Amount of Each Disbursement this Period		2600.00
Candidate Name		Category/Type		Transaction ID : BFAA907E422744D99A2D
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014		
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. James McMahon			Date of Disbursement	
Full Name (Last, First, Middle Initial)			M M / D D / Y Y	
Mailing Address PO Box 12199			10 01 2014	
City San Antonio		State TX	Zip Code 78212	
Purpose of Disbursement Refund		Amount of Each Disbursement this Period		2600.00
Candidate Name		Category/Type		Transaction ID : B1027A24E58AD4552BD9
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014		
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional).....			7800.00	
TOTAL This Period (last page this line number only).....				

15020093397

**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)
JOE CARR FOR SENATE

A. Jason Simmonds Full Name (Last, First, Middle Initial) Mailing Address 706 Braemere Dr. City Franklin State TN Zip Code 37064-6158 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M D D Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 1050.00 Transaction ID : BD8E7BEDACCA44362B72
B. Jane McDow Full Name (Last, First, Middle Initial) Mailing Address 7233 Onyx St. City New Orleans State LA Zip Code 70124 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M D D Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : BC2E4438A62AE4C54BFC
C. Tracie Simmonds Full Name (Last, First, Middle Initial) Mailing Address 706 Braemere Dr. City Franklin State TN Zip Code 37064-6158 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M D D Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 650.00 Transaction ID : BB941F11D8750457F8D9
SUBTOTAL of Disbursements This Page (optional).....		4300.00
TOTAL This Period (last page this line number only).....		

15020093398

**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 18 OF 31			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

A. Joey A. Jacobs Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014	
Mailing Address 9229 Hunterboro Dr.			
City Brentwood	State TN	Zip Code 37027	Amount of Each Disbursement this Period 2600.00 Transaction ID : BAD1A51F77A1A457D8FE
Purpose of Disbursement Refund		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type	
State: _____ District: _____			

B. Carl Haley Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014	
Mailing Address 5205 Stillhouse Hollow Rd.			
City Franklin	State TN	Zip Code 37064	Amount of Each Disbursement this Period 2600.00 Transaction ID : B55C9C68519074816867
Purpose of Disbursement Refund		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type	
State: _____ District: _____			

C. Murray Hatcher Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014	
Mailing Address 5404 STANFORD DR			
City Nashville	State TN	Zip Code 37215-4236	Amount of Each Disbursement this Period 2400.00 Transaction ID : BBBB5C1E21F024F1F89C
Purpose of Disbursement Refund		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type	
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

1502009399

**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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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

<p>A. Cabot Hyde</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 5324 Lancelot Rd.</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y 10 01 2014</p>
<p>City State Zip Code Brentwood TN 37027</p>	<p>Purpose of Disbursement Refund</p>	<p>Amount of Each Disbursement this Period 2600.00</p>
<p>Candidate Name</p>	<p>Category/ Type</p>	<p>Transaction ID : BC9CF158BB9714755AC0</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>		

<p>B. George Ham</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 4304 S Mills St.</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y 10 01 2014</p>
<p>City State Zip Code Independence MO 64055-5135</p>	<p>Purpose of Disbursement Refund</p>	<p>Amount of Each Disbursement this Period 500.00</p>
<p>Candidate Name</p>	<p>Category/ Type</p>	<p>Transaction ID : B135FDEAE809D440F889</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>		

<p>C. Walter Holland</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 810 N. Rutherford Blvd.</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y 10 01 2014</p>
<p>City State Zip Code Murfreesboro TN 37130-3163</p>	<p>Purpose of Disbursement Refund</p>	<p>Amount of Each Disbursement this Period 600.00</p>
<p>Candidate Name</p>	<p>Category/ Type</p>	<p>Transaction ID : B834F6270C6EB43D9B70</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>		

SUBTOTAL of Disbursements This Page (optional)..... 3700.00

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

15020093400

**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 20 OF 31
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

A. David Keyston Full Name (Last, First, Middle Initial) Mailing Address PO Box 7066 City Camel By The Sea State CA Zip Code 93921-7066 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 600.00 Transaction ID : BE74AEE214BDF48EB8AB
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B. Sidney Arthur Mcvey Full Name (Last, First, Middle Initial) Mailing Address 11925 South 49th West Ave. City Sapulpa State OK Zip Code 74066-7407 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 400.00 Transaction ID : B4ED370BA1C6A4A83958
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C. Reba Johnson Full Name (Last, First, Middle Initial) Mailing Address 1301 Moran Rd. City Franklin State TN Zip Code 37069 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : B81E4BC02BC0644F59CC
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SUBTOTAL of Disbursements This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

15020093401

**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 21 OF 31			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

A. Bryan Terry Full Name (Last, First, Middle Initial) Mailing Address 2306 Black Fox Court City Murfreesboro State TN Zip Code 37127 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y - Y Y 10 01 2014 Amount of Each Disbursement this Period 650.00 Transaction ID : BFAB7227F71FD454EB43
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B. Willis Johnson Full Name (Last, First, Middle Initial) Mailing Address 1301 Moran Rd. City Franklin State TN Zip Code 37069 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y - Y Y 10 01 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : B756CDBEE8B06476EAAA
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C. Helen Hyde Full Name (Last, First, Middle Initial) Mailing Address 900 Lynnwood Blvd City Nashville State TN Zip Code 37205-4527 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y - Y Y 10 01 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : BCA0E384EAD6A4BFA888
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SUBTOTAL of Disbursements This Page (optional).....	5850.00
TOTAL This Period (last page this line number only).....	

15020093402

**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 22 OF 31			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial) A. Brad D. Allen		Date of Disbursement M M / D D Y Y Y Y 10 01 2014	
Mailing Address 2261 Oakleigh Dr.		Amount of Each Disbursement this Period 2400.00	
City Murfreesboro	State TN	Zip Code 37129	Transaction ID : BDDE135519E464D199BF
Purpose of Disbursement Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Tatnall Hillman		Date of Disbursement M M / D D Y Y Y Y 10 01 2014	
Mailing Address 504 W. Bleeker Street		Amount of Each Disbursement this Period 2600.00	
City Aspen	State CO	Zip Code 81611-1228	Transaction ID : BFF3944743497460BAD7
Purpose of Disbursement Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Cathy Simmonds		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014	
Mailing Address 136 Bromley Park Lane		Amount of Each Disbursement this Period 2600.00	
City Franklin	State TN	Zip Code 37069-6510	Transaction ID : B22226691EDD94635975
Purpose of Disbursement Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	7600.00

15020093403

**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)
JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial) A. Lawrence Gelman		Date of Disbursement M M / D D Y Y Y Y 10 01 2014	
Mailing Address 3900 Sundown Dr.		Amount of Each Disbursement this Period 2600.00 Transaction ID : BA0C8CEC2B2E34553910	
City McAllen	State TX		Zip Code 78503-1367
Purpose of Disbursement Refund			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Nate Schott		Date of Disbursement M M / D D Y Y Y Y 10 01 2014	
Mailing Address 1754 South Rutherford Blvd.		Amount of Each Disbursement this Period 2400.00 Transaction ID : BDD6D4C9A0FFA4957AB1	
City Murfreesboro	State TN		Zip Code 37130
Purpose of Disbursement Refund			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Roberta Hillman		Date of Disbursement M M / D D / Y Y Y Y 10 01 2014	
Mailing Address 504 W Bleeker St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : B2E1EC9DC9C9745B4A90	
City Aspen	State CO		Zip Code 81611-1228
Purpose of Disbursement Refund			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

15020093404

**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)
JOE CARR FOR SENATE

A. Terri Swanson Full Name (Last, First, Middle Initial) Mailing Address 1188 Park Ave City Murfreesboro State TN Zip Code 37129 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2400.00 Transaction ID : B70824E2B6A84411C9FF Category/ Type
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. Tami Miller Full Name (Last, First, Middle Initial) Mailing Address 30 Burton Hills Blvd. City Nashville State TN Zip Code 37215 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : B39324B6760D04CFB91A Category/ Type
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

C. Debra Rice Full Name (Last, First, Middle Initial) Mailing Address 5304 General Forrest Court City Nashville State TN Zip Code 37215-5205 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : B6D3B16169D2D4F84BD1 Category/ Type
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SUBTOTAL of Disbursements This Page (optional) 7600.00

TOTAL This Period (last page this line number only)

15020093405

**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 25 OF 31

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

A. Edward Smith Full Name (Last, First, Middle Initial) Mailing Address 6109 Stonehaven Dr City Nashville State TN Zip Code 37215-5613 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 1575.00 Transaction ID : B3F76ACA1C4444E128EC
B. Charles Pilkenton Full Name (Last, First, Middle Initial) Mailing Address 200 Wheatley Dr. Apt. B-1 City Newbern State TN Zip Code 38059-1450 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2435.00 Transaction ID : B223A5FBAF8814F6D987
C. Connie Haley Full Name (Last, First, Middle Initial) Mailing Address 5205 Stillhouse Hollow Rd. City Franklin State TN Zip Code 37064 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 10 01 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : B855DE386E9044E1096F

SUBTOTAL of Disbursements This Page (optional)..... 6610.00
TOTAL This Period (last page this line number only).....

15020093406

**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"/> 18b
<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)
JOE CARR FOR SENATE

A. John Peck Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D Y Y 10 01 2014	
Mailing Address PO Box 829		Amount of Each Disbursement this Period 2600.00	
City Rancho Santa Fe State CA Zip Code 92067	Transaction ID : BA28A5086815145E1B46		
Purpose of Disbursement Refund	Category/ Type		
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
B. Virginia Carr Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D Y Y 10 01 2014	
Mailing Address 3750 Overall Rd.		Amount of Each Disbursement this Period 2600.00	
City Lascassas State TN Zip Code 37085	Transaction ID : B22E34408B50E4C7B8DC		
Purpose of Disbursement Refund	Category/ Type		
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
C. Kelley Beaman Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D Y Y 10 01 2014	
Mailing Address 1525 Broadway		Amount of Each Disbursement this Period 2600.00	
City Nashville State TN Zip Code 37203	Transaction ID : B4BD1DEBEADC5416CBAE		
Purpose of Disbursement Refund	Category/ Type		
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) 7800.00

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

15020093407

**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 27 OF 31

<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)
JOE CARR FOR SENATE

A. Stuart Anderson Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014							
Mailing Address 101 Gillespie Dr. Apt 13304		Amount of Each Disbursement this Period 2600.00							
City Franklin State TN Zip Code 37067	Purpose of Disbursement Refund	Transaction ID : B64D671101A3943C5B1D							
Candidate Name		Category/Type							
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								

B. Elizabeth Allen Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014							
Mailing Address 2261 Oakleigh Dr.		Amount of Each Disbursement this Period 2400.00							
City Murfreesboro State TN Zip Code 37129	Purpose of Disbursement Refund	Transaction ID : BF11D21CAACB54C79BEB							
Candidate Name		Category/Type							
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								

C. Lee Beaman Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014							
Mailing Address 1525 Broadway		Amount of Each Disbursement this Period 2600.00							
City Nashville State TN Zip Code 37203	Purpose of Disbursement Refund	Transaction ID : BB3DAE2C87E5B4C3D996							
Candidate Name		Category/Type							
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	7600.00

15020093408

**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 28 OF 31

<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)
JOE CARR FOR SENATE

A. Barbara Evans Full Name (Last, First, Middle Initial) Mailing Address 155 Cumberland Dr. City Hendersonville State TN Zip Code 37075 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 01 / 2014 Amount of Each Disbursement this Period 2400.00 Transaction ID : B707FB44EA9074444818
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B. Michael Cox Full Name (Last, First, Middle Initial) Mailing Address 711 Phebus Rd. City Union City State TN Zip Code 38261 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 01 / 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : BC2880621177C4F11952
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------

c. Dr. Sabin Ewing Full Name (Last, First, Middle Initial) Mailing Address 367 River Dr. City Mount Juliet State TN Zip Code 37122 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 01 / 2014 Amount of Each Disbursement this Period 2400.00 Transaction ID : B2A188B80E4D547ECA9A
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SUBTOTAL of Disbursements This Page (optional).....	7400.00
TOTAL This Period (last page this line number only).....	

15020093409

**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 29 OF 31

<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)
JOE CARR FOR SENATE

<p>A. Elloine Clark</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 10 / 01 / 2014</p>	
<p>Mailing Address 3716 Maplewood Ave.</p>		<p>Amount of Each Disbursement this Period</p> <p>2600.00</p>	
<p>City Dallas State TX Zip Code 75205-2827</p>	<p>Purpose of Disbursement Refund</p>	<p>Transaction ID : BE55E6978C66543A0805</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>Disbursement For: 2014</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>State: District:</p>	<p>Category/Type</p>	

<p>B.</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p>	
<p>Mailing Address</p>		<p>Amount of Each Disbursement this Period</p>	
<p>City State Zip Code</p>	<p>Purpose of Disbursement</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>	<p>Category/Type</p>	<p>Category/Type</p>	

<p>C.</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p>	
<p>Mailing Address</p>		<p>Amount of Each Disbursement this Period</p>	
<p>City State Zip Code</p>	<p>Purpose of Disbursement</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	
<p>State: District:</p>	<p>Category/Type</p>	<p>Category/Type</p>	

<p>SUBTOTAL of Disbursements This Page (optional).....</p>	<p>2600.00</p>
<p>TOTAL This Period (last page this line number only).....</p>	<p>143910.00</p>

15020093410

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
JOE CARR FOR SENATE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Life Watch Pharmacy	Nature of Debt (Purpose):
Mailing Address 1838 Elm Hill Pk. Ste. 117	
City State Zip Code Nashville TN 37210-3726	

Outstanding Balance Beginning This Period 200000.00	Transaction ID : D0ADC47BE57C24ACA835	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ...	200000.00
2) TOTALS This Period (last page this line number only) ...	200000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	200000.00

15020093411

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

JOE CARR FOR SENATE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pinnacle Bank		Nature of Debt (Purpose): Car loan
Mailing Address 114 West College St.		
City	State	Zip Code
Murfreesboro	TN	37130-3501

Outstanding Balance Beginning This Period		Transaction ID : D270EDB34A9D543CAA9	
9346.58			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	7703.51	1643.07	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional) ...	▶	1643.07
2) TOTALS This Period (last page this line number only) ...	▶	1643.07
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		1643.07

15020093412

15020093413

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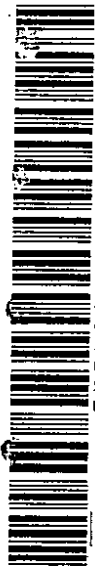
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- Sunday/Holiday Delivery Required (additional fee, where available)
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PG Zip Code	Scheduled Delivery Date (MMDDYY)	Postage	
37088	2-3-15	Insurance Fee	\$ 19.99
Date Accepted (MMDDYY)	Scheduled Delivery Time	Insurance Fee	\$
2-2-15	<input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 12:00 PM	Return Receipt Fee	\$
Time Accepted	10:30 AM Delivery Fee	Live Animal Transportation Fee	\$
5:11 PM	\$	Total Postage & Fees	\$ 19.99
Weight	Sunday/Holiday Premium Fee	Acceptance Employee Initials	
5.7 lbs.	\$	Employee Signature	AD
DELIVERY (POSTAL SERVICE USE ONLY)		Delivery Attempt (MMDDYY) Time	Employee Signature
		2-4-15 1:30 AM	
		Delivery Attempt (MMDDYY) Time	Employee Signature

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United States Senate

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

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Postmark

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	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

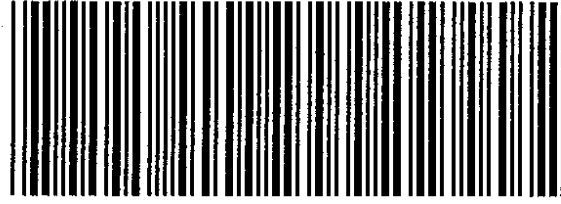
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

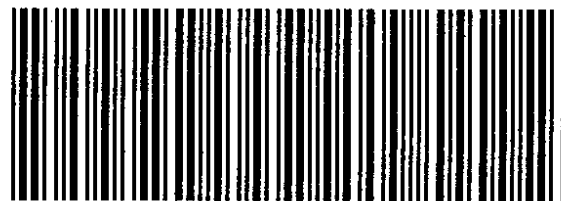
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 2-5-15

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