

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period 10 01 2007 through 12 31 2007

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

Signature of Treasurer Electronically Filed by Richard F. LaRoche, Jr. Date 04 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Congressman Bart Gordon Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	231772.40	845832.99
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5141.48
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	231772.40	840691.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	89573.86	248906.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	117.76	1687.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	89456.10	247219.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	941143.74	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 Congressman Bart Gordon Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

48609.00

179711.41

(ii) Unitemized.....

36457.00

42345.00

(iii) TOTAL of contributions

85066.00

222056.41

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

146706.40

623776.58

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

231772.40

845832.99

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

1500.00

1500.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

117.76

1687.48

15. OTHER RECEIPTS

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

8775.10

27863.96

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

242165.26

876884.43

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	89573.86	248906.64
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.....	0.00	5141.48
(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)).....	0.00	5141.48
21. OTHER DISBURSEMENTS.....	56300.00	155300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	145873.86	409348.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	844852.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	242165.26
25. SUBTOTAL (add Line 23 and Line 24).....	1087017.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145873.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	941143.74

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Bart Gordon		Candidate ID Number H4TN04015
Name of Principal Campaign Committee Congressman Bart Gordon Committee		Committee ID Number C C00196915
Committee Address P.O. Box 2008		
City Murfreesboro	State TN	ZIP 37133-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	834284.43	41100.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	834284.43	41100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Advanced Medical Technology PAC

Mailing Address 701 Pennsylvania Ave., NW
Ste. 800

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 11 / 16 / 2007
Transaction ID: 71220.C120895
 Amount of Each Receipt this Period 2500.00

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

B. Full Name (Last, First, Middle Initial)
Am. Council of Engineering Companies PAC

Mailing Address 1015 15th Street NW
8th FL

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121108
 Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
Am. Physical Therapy Assn. PAC

Mailing Address 1111 N. Fairfax Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2007
Transaction ID: 71015.C119837
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Am. Physical Therapy Assn. PAC
Mailing Address 1111 N. Fairfax Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 80115.C121224

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Am. Psychological Assn. PAC
Mailing Address P.O. Box 38129

City State Zip Code
Colorado Spgs CO 80937

FEC ID number of contributing federal political committee. **C** C00002956

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 80109.C121132

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Amer. Veterinary Medical Assoc. PAC
Mailing Address 1101 Vermont Ave. NW Suite 710

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: 71220.C121112

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
American Academy of Audiology PAC

Mailing Address 11730 Palza Ameica Dr.
Suite 300

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00342972

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121117
 Amount of Each Receipt this Period 2500.00

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

B. Full Name (Last, First, Middle Initial)
American Chiropractic Assn.

Mailing Address 1701 Clarendon Blvd.

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2007
Transaction ID: 71015.C119833
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
American College of Radiology PAC

Mailing Address 1701 Pennsylvania Ave., NW
Ste. 610

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 10 / 29 / 2007
Transaction ID: 71220.C120270
 Amount of Each Receipt this Period 1500.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
American Dental Association PAC

Mailing Address 1111-14th Street, NW, Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: 80109.C121166

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
American Federation of Teachers

Mailing Address Committee on Political Education
555 New Jersey Ave. NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: 71220.C121118

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
American Hospital Association

Mailing Address 325 Seventh Street NW

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 7

Transaction ID: 80130.C121416

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
American Hospital Association

Mailing Address 325 Seventh Street NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt 11 / 29 / 2007
Transaction ID: 71220.C120994
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
American Podiatric Medical Association

Mailing Address Political Action Committee
9312 Old Georgetown Road

City Bethesda State MD Zip Code 20814-1698

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 15 / 2007
Transaction ID: 71015.C119832
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
American Society of Plastic Surgeons PAC

Mailing Address 3823 Fordham Road, NW

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00249342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 12 / 31 / 2007
Transaction ID: 80109.C121177
 Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 145

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 101 Constitution Ave., NW
Ste. 816 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. C C00414474

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71220.C120803

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Anheuser-Busch PAC

Mailing Address 1776 I Street, NW Suite 200

City Washington State DC Zip Code 20006-3700

FEC ID number of contributing federal political committee. C C00034488

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 71220.C120949

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Arent Fox Civic PAC

Mailing Address 1050 Connecticut Ave. NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. C C00241380

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 71220.C121114

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 28301Ferry Road

City Warrenville State IL Zip Code 60555

FEC ID number of contributing federal political committee. **C** C00060103

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: 80109.C121170

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1 Financial Center

City Boston State MA Zip Code 02111

FEC ID number of contributing federal political committee. **C** C00410613

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 26 / 2007

Transaction ID: 71220.C120939

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Brown-Forman Corporation Non-Partisan

Mailing Address Comm. for Responsive Govt.
P.O. Box 1080

City Louisville State KY Zip Code 40201

FEC ID number of contributing federal political committee. **C** C00059733

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2007

Transaction ID: 71220.C120042

Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Calpine PAC
Mailing Address 50 West San Fernando Street
City San Jose State CA Zip Code 95113
FEC ID number of contributing federal political committee. **C** C00362640
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121106
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Cardinal Health PAC
Mailing Address 7000 Cardinal PI
City Dublin State OH Zip Code 43017-1091
FEC ID number of contributing federal political committee. **C** C00332833
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 2000.00
Date of Receipt 12 / 07 / 2007
Transaction ID: 71220.C121015
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Caremark PAC
Mailing Address 1300 I Stret, NW Suite 525 West
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00384818
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 21 / 2007
Transaction ID: 80109.C121130
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Century Telephone Enterprises, Inc.

Mailing Address Federal PAC
P.O. Box 4065

City State Zip Code
Monroe LA 71207-2065

FEC ID number of contributing federal political committee. **C** C00225524

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 71220.C120993

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Century Telephone Enterprises, Inc.

Mailing Address Federal PAC
P.O. Box 4065

City State Zip Code
Monroe LA 71207-2065

FEC ID number of contributing federal political committee. **C** C00225524

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: 71220.C121013

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Charter Communications PAC

Mailing Address 12444 Powerscourt Dr.
Ste# 400

City State Zip Code
Saint Louis MO 63131

FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 71220.C120936

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 15 Mountain View Rd
P.O. Box 1615

City Plainfield State NJ Zip Code 07061-1615

FEC ID number of contributing federal political committee. **C** C00229203

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2007
Transaction ID: 80109.C121168
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1500 Market Street

City Philadelphia State PA Zip Code 19102-2148

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 11 / 09 / 2007
Transaction ID: 71220.C120800
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Council of Ins. Agents & Brokers PAC

Mailing Address 701 Pennsylvania Ave., NW

City Washington State DC Zip Code 20004-2068

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2206.40

Date of Receipt 11 / 13 / 2007
Transaction ID: 71220.C120952
 Amount of Each Receipt this Period 1206.40

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

SUBTOTAL of Receipts This Page (optional) ► 3206.40

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

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

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

FOR LINE NUMBER: PAGE 16 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Diageo North America PAC

Mailing Address 1301 K Street NW
Suite 1 000 East Tower

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121109
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1250 Eye Street NW Suite 900

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2007
Transaction ID: 71220.C120324
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1375 Peachtree
Level A

City Atlanta State GA Zip Code 30309

FEC ID number of contributing federal political committee. **C** C00410050

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121105
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Eastman Chemical PAC
Mailing Address P.O. Box 511
City Kingsport State TN Zip Code 37662
FEC ID number of contributing federal political committee. **C** C00113159
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt: 12 / 31 / 2007
Transaction ID: 80109.C121169
Amount of Each Receipt this Period: 2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Echostar Committee Corp. Inc. PAC
Mailing Address 5701 S. Santa Fe Dr.
City Littleton State CO Zip Code 80120
FEC ID number of contributing federal political committee. **C** C00330647
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt: 11 / 26 / 2007
Transaction ID: 71220.C120946
Amount of Each Receipt this Period: 2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
EMBARQ PAC
Mailing Address 150 Fayetteville Street Mall #2810
City Raleigh State NC Zip Code 27601
FEC ID number of contributing federal political committee. **C** C00419911
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 11 / 26 / 2007
Transaction ID: 71220.C120944
Amount of Each Receipt this Period: 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 18 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Exelon PAC

Mailing Address 400 Seventh St. N.W.
Fourth Floor

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 80109.C121131

Amount of Each Receipt this Period
4000.00

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

B.

Full Name (Last, First, Middle Initial)
Federation of American Hospitals PAC

Mailing Address 801 Pennsylvania Ave. NW
Suite 245

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: 71220.C121077

Amount of Each Receipt this Period
2500.00

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

C.

Full Name (Last, First, Middle Initial)
FOX-NewsAmerica PAC

Mailing Address 444 N. Capitol St., NW
Ste. 740

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 71220.C121101

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Friedman Billings PAC

Mailing Address 1001 19th Street, North

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00391417

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 7

Transaction ID: 71220.C120801

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address P.O. Box 22930

City State Zip Code
San Diego CA 92122

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: 71220.C121104

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
General Electric PAC

Mailing Address 1299 Pennsylvania Ave. NW Suite 11

City State Zip Code
Washington DC 20004-2407

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 7

Transaction ID: 71220.C120043

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
General Motors Civic Involvement Prog.
 Mailing Address 300 Renaissance Center
P.O. Box 300
 City State Zip Code
 Detroit MI 48265-3000
 FEC ID number of contributing federal political committee. **C** C00076810
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7
Transaction ID: 80109.C121165
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
HCA Healthcare Corp.
 Mailing Address One Park Plaza
 City State Zip Code
 Nashville TN 37205
 FEC ID number of contributing federal political committee. **C** C00067231
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 7
Transaction ID: 71220.C121102
 Amount of Each Receipt this Period
 5000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
HSBC PAC
 Mailing Address 1401 Eye Street NW
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C** C00033423
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 7
Transaction ID: 71220.C121014
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **7000.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 21 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Illinois Tool Workers
Mailing Address 3600 W. Lake Ave.
City State Zip Code
Glenview IL 60025
FEC ID number of contributing federal political committee. **C** C00000042
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7
Transaction ID: 71220.C121110
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Independent Insurance Agents
Mailing Address of America PAC
412 First Street SE Suite 300
City State Zip Code
Washington DC 20003
FEC ID number of contributing federal political committee. **C** C00022343
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7
Transaction ID: 71220.C120996
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Intl Fed. of Prof & Tech. Engineers PAC
Mailing Address 8630 Fenton St.
Suite 400
City State Zip Code
Silver Spring MD 20910
FEC ID number of contributing federal political committee. **C** C00164509
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7
Transaction ID: 71220.C120947
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Intl Union, United Automobile Aerospace

Mailing Address & Ag. Implement Workers of America
8000 E. Jefferson Ave.

City State Zip Code
Detroit MI 48214-3963

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt

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

Transaction ID: 80109.C121127

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Jim Beam PAC

Mailing Address 510 Lake Cook Road

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing federal political committee. **C** C00194126

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80109.C121175

Amount of Each Receipt this Period

1500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Lifepoint Hospitals PAC

Mailing Address 103 Powell Court
Suite 200

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C** C00347955

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

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

Transaction ID: 71220.C120897

Amount of Each Receipt this Period

5000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Lockheed-Martin PAC

Mailing Address 1725 Jefferson Davis Hwy
Crystal Square 2, Suite 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 25 / 2007
Transaction ID: 71220.C120047
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 714 Green Valley Rd.

City Greensboro State NC Zip Code 27408

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121120
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Machinists Non-Partisan Political League

Mailing Address 9000 Machinists Place

City Upper Marlboro State MD Zip Code 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 19 / 2007
Transaction ID: 71220.C120020
 Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 145

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) MedTronic PAC		Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address 1420 New York Avenue, NW Ste. 600		Transaction ID: 71220.C120041
	City Washington	State DC	Zip Code 20005
	FEC ID number of contributing federal political committee. C C00311878		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Merck & Co. PAC		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 601 Pennsylvania Ave., NW North Building- Suite 1200		Transaction ID: 71220.C120950
	City Washington	State DC	Zip Code 20004
	FEC ID number of contributing federal political committee. C C00097485		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Morgan Stanley Dean Witter PAC		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 401 9th Street NW Suite 650		Transaction ID: 71220.C120945
	City Washington	State DC	Zip Code 20004
	FEC ID number of contributing federal political committee. C C00337626		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 145
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 1455 Pennsylvania Avenue, NW
Suite 900

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00075341

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: 80109.C121176

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Natl Beer Wholesalers Assoc. PAC

Mailing Address 1101 King St.
Suite 600

City Alexandria State VA Zip Code 22314-4494

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
11 / 05 / 2007

Transaction ID: 71220.C120334

Amount of Each Receipt this Period 2500.00

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

C. Full Name (Last, First, Middle Initial)
Natl Electrical Manufacturers PAC

Mailing Address 1300 North 17th Street, Ste.1752

City Rosslyn State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00331173

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 29 / 2007

Transaction ID: 71220.C120269

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Natl Telecommunications Coop Assn PAC

Mailing Address 4121 Wilson Blvd
10th Floor

City Arlington State VA Zip Code 22203-1839

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 21 / 2007
Transaction ID: 80109.C121151
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Natl. Assn. of Letter Carriers PAC

Mailing Address 100 Indiana Ave., NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121121
 Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
Natl. Community Pharmacist Assoc PAC

Mailing Address 205 Daingerfield Rd.

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 11 / 19 / 2007
Transaction ID: 71220.C120910
 Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 27 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
National Association of
Mailing Address Insurance & Financial Advisors PAC
2901 Telestar Court
City Falls Church State VA Zip Code 22042
FEC ID number of contributing federal political committee. **C** C00005249
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 11 / 26 / 2007
Transaction ID: 71220.C120938
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Association of Broadcasters
Mailing Address 1771 N Street, NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00009985
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 12 / 21 / 2007
Transaction ID: 80109.C121129
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Automobile Dealers Assoc. PAC
Mailing Address 8400 Westpark Drive
City Mc Lean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C** C00040998
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 21 / 2007
Transaction ID: 80109.C121125
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
National Health Corp. PAC

Mailing Address 100 Vine Street

City State Zip Code
Murfreesboro TN 37130

FEC ID number of contributing federal political committee. **C** C00153445

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 71220.C120898

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
National Rural Electric

Mailing Address Cooperation Association PAC
1301 Wilson Boulevard

City State Zip Code
Arlington VA 22203-1860

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 71220.C120019

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
New York Life Insurance Co. PAC

Mailing Address 51 Madison Ave.

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 71220.C120889

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
NiSource PAC
Mailing Address 200 Civic Center Drive
City Columbus State OH Zip Code 43215
FEC ID number of contributing federal political committee. **C** C00051979
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 15 / 2007
Transaction ID: 71220.C120887
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Northeast Utilities PAC
Mailing Address 601 Pennsylvania Ave. NW Suite 620
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00102160
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 26 / 2007
Transaction ID: 71220.C120942
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NRG Energy PAC
Mailing Address 211 Carnegie Center
City Princeton State NJ Zip Code 08540-6213
FEC ID number of contributing federal political committee. **C** C00366559
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121116
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 1015 15th St. NW
Suite 200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 26 / 2007
Transaction ID: 71220.C120943
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 235 East 42nd Street

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 31 / 2007
Transaction ID: 71220.C120323
 Amount of Each Receipt this Period 1500.00

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

C. Full Name (Last, First, Middle Initial)
Piedmont Natural Gas PAC

Mailing Address 4720 Piedmont Row Drive

City Charlotte State NC Zip Code 28210

FEC ID number of contributing federal political committee. **C** C00144824

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2007
Transaction ID: 71220.C121012
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Reliant Energy PAC

Mailing Address P.O. Box 4567

City State Zip Code
Houston TX 77210-4567

FEC ID number of contributing federal political committee. **C** C00081455

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80109.C121164

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Rite-Aid PAC

Mailing Address P.O. Box 3165

City State Zip Code
Harrisburg PA 17105

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 71220.C121103

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Salt River Project PAC

Mailing Address P.O. Box 52025

City State Zip Code
Phoenix AZ 85072-2025

FEC ID number of contributing federal political committee. **C** C00048579

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 71220.C120048

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Sears PAC

Mailing Address 3333 Beverly Rd

City State Zip Code
Hoffman Estates IL 60179-0001

FEC ID number of contributing federal political committee. **C** C00038612

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80109.C121163

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Securities Ind. & Financial Mkts Assn.

Mailing Address 1425 K St., NW, 7th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: 71220.C120802

Amount of Each Receipt this Period

2000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Siemens PAC

Mailing Address 601 Pennsylvania Ave., NW
North Building, Suite 1100

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 71015.C119834

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 601 Pennsylvania Ave., NW
North Building, Suite 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 23 / 2007
Transaction ID: 71220.C120040
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Step toe & Johnson PAC

Mailing Address 1330 Connecticut Ave. NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00431858

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 26 / 2007
Transaction ID: 71220.C120940
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address P.O. Box 5158

City Madison State WI Zip Code 53705-0158

FEC ID number of contributing federal political committee. **C** C00299750

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2007
Transaction ID: 71220.C120045
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 145
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Telecommunications Industry Assoc.

Mailing Address 2500 Wilson Blvd.
Suite 300

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00383356

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: 80109.C121178

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 12333 W Olympic Blvd

City Los Angeles State CA Zip Code 90006

FEC ID number of contributing federal political committee. **C** C00357285

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 26 / 2007

Transaction ID: 71220.C120948

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Time Warner PAC

Mailing Address 800 Connecticut Ave., NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00339291

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
11 / 26 / 2007

Transaction ID: 71220.C120941

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 145

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Triad Hospitals PAC

Mailing Address 5800 Tennyson Parkway

City State Zip Code
Plano TX 75024

FEC ID number of contributing federal political committee. **C** C00347062

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80109.C121199

Amount of Each Receipt this Period

2500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
U.S. Cellular PAC

Mailing Address 8410 W. Bryn Mawr Avenue

City State Zip Code
Chicago IL 60631

FEC ID number of contributing federal political committee. **C** C00336057

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: 71220.C120044

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
United Parcel Service PAC

Mailing Address 55 Glenlake Pkwy. NE

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 80109.C121126

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ►

4000.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
US Oncology PAC
Mailing Address 16825 Northchase Dr
City Houston State TX Zip Code 77060-6024
FEC ID number of contributing federal political committee. **C** C00339655
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 11 / 19 / 2007
Transaction ID: 71220.C120909
Amount of Each Receipt this Period 2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Vanguard Health PAC
Mailing Address 20 Burton Hills Blvd. Suite 100
City Nashville State TN Zip Code 37215
FEC ID number of contributing federal political committee. **C** C00380402
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 11 / 19 / 2007
Transaction ID: 71220.C120899
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Walgreen PAC
Mailing Address 104 Wiltmot Road M.S #1444
City Deerfield State IL Zip Code 60015
FEC ID number of contributing federal political committee. **C** C00160770
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121119
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 8500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 145
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 12 / 18 / 2007
Transaction ID: 71220.C121107
Amount of Each Receipt this Period: 2500.00

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

B. Full Name (Last, First, Middle Initial)
Wells Fargo & Co. IMPACT PAC

Mailing Address 420 Montgomery Street

City San Francisco State CA Zip Code 94163

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 11 / 26 / 2007
Transaction ID: 71220.C120937
Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Wexler Group PAC

Mailing Address 1317 F Street, NW No. 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00248195

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 12 / 18 / 2007
Transaction ID: 71220.C121113
Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
XO Communications PAC

Mailing Address 3050 K St NW

City State Zip Code
Washington DC 20007-5108

FEC ID number of contributing federal political committee. **C** C00342238

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: 80109.C121167

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	146706.40

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

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

FOR LINE NUMBER: PAGE 39 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Leslie Akins
 Mailing Address 1518 Shagbark Trail
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid State Surgery Occupation Nurse Practitioner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Paul Akins
 Mailing Address 3385 Highway 52E
 City Bethpage State TN Zip Code 37022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westmoreland Post Office Occupation Postal Worker
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Don Alexander
 Mailing Address 3451 Betty Ford Road
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alexander Ford Occupation Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Dan Backo

Mailing Address 115 W. 3rd Street

City State Zip Code
Frederick MD 21701-5332

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PriceWaterhouseCoopers Director

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2007

Transaction ID: 71220.C121097

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Andy Beasley

Mailing Address 5131 Herschel Spears Circle

City State Zip Code
Brentwood TN 37027-5177

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Brentview Realty Owner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2007

Transaction ID: 71220.C120935

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Craig Becker

Mailing Address 9616 Brunswick Drive

City State Zip Code
Brentwood TN 37027-8427

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
TN Hospital Association Director

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2007

Transaction ID: 71220.C120906

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 3804 Central Ave.

City Nashville State TN Zip Code 37205

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

Name of Employer: TN Hospital Association Occupation: government relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 11 / 19 / 2007
Transaction ID: 71220.C120905
 Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Kelly Rucker Bingel

Mailing Address 1341 G Street, NW, Ste. 1100

City Washington State DC Zip Code 20005

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

Name of Employer: Mehلمان Vogel Castagnetti Occupation: government relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 13 / 2007
Transaction ID: 71220.C120879
 Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address P.O. Box 195

City Carthage State TN Zip Code 37030

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

Name of Employer: Citizens Bank Occupation: Chairman of the Board

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 17 / 2007
Transaction ID: 71220.C119867
 Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Julia Bishop

Mailing Address P. O. Box 258

City State Zip Code
Livingston TN 38570

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Livingston Chocolate Co. President

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 25 / 2007

Transaction ID: 71220.C120104

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Kevin Book

Mailing Address 4824 Linnean Ave., NW

City State Zip Code
Washington DC 20008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Friedman, Billings, Ramsey V.P.

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: 71220.C120882

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Mary Bryan

Mailing Address 2256 Cabin Hill Road

City State Zip Code
Nashville TN 37214

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
n/a Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 20 / 2007

Transaction ID: 71220.C120983

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 646 Forest Glen Cir

City Murfreesboro State TN Zip Code 37128-2808

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2007
Transaction ID: 71220.C119852
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 700 13th Street, NW Ste. 400

City Washington State DC Zip Code 20005

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

Name of Employer Cassidy & Associates Occupation government relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2007
Transaction ID: 71220.C120285
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 527 S. Jefferson Street

City Arlington State VA Zip Code 22204

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

Name of Employer Stanton Park Group Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2007
Transaction ID: 71220.C120881
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

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

Mailing Address 5028 Westpath Terrace

City State Zip Code
Bethesda MD 20816

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

Name of Employer Securities Industry Assoc. Occupation executive

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 71220.C119953

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Pritindra Chowdhuri

Mailing Address 690 Valley Forge Road

City State Zip Code
Cookeville TN 38501

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

Name of Employer Tenn. Tech Univ. Occupation Professor

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 71220.C120984

Amount of Each Receipt this Period

250.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Grover Collins

Mailing Address 1732 New Columbia

City State Zip Code
Lewisburg TN 37091

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

Name of Employer Grover Collins, Inc. Occupation President

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 71220.C119921

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Patty Cornwell
Mailing Address 3626 West End Avenue #202
City Nashville State TN Zip Code 37203
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Medical Group Occupation CRNA
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
500.00
Date of Receipt 11 / 20 / 2007
Transaction ID: 71220.C120913
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Chris Downey
Mailing Address 2727 34th Place NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
500.00
Date of Receipt 10 / 29 / 2007
Transaction ID: 71220.C120274
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Teddy Downey
Mailing Address 2727 34th Place, NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C**
Name of Employer Friedman, Billings, Ramsey Occupation consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
1000.00
Date of Receipt 10 / 29 / 2007
Transaction ID: 71220.C120273
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Beth Dozoretz

Mailing Address 240 Corporate Blvd., Ste. 400

City Norfolk State VA Zip Code 23502

FEC ID number of contributing federal political committee. C

Name of Employer Value Options Heathcare Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 29 / 2007

Transaction ID: 71220.C120275

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Philip Dufour

Mailing Address 4431 19th Street, North

City Arlington State VA Zip Code 22207

FEC ID number of contributing federal political committee. C

Name of Employer Dufour & Co. Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 29 / 2007

Transaction ID: 71220.C120287

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Robert Dunkel

Mailing Address 9014 Nomini Lane

City Alexandria State VA Zip Code 22309

FEC ID number of contributing federal political committee. C

Name of Employer The Dunkel Group Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 759.00

Date of Receipt MM / DD / YYYY
10 / 12 / 2007

Transaction ID: 71220.C120053

Amount of Each Receipt this Period 759.00

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

SUBTOTAL of Receipts This Page (optional) 1259.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Tim Durham

Mailing Address 595 Dejarnett Lane

City State Zip Code
Murfreesboro TN 37130

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

Name of Employer Occupation
Durham Realty And Auction Comp Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 19 / 2007

Transaction ID: 71220.C119977

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Frances Edwards

Mailing Address 50 Concord Park East

City State Zip Code
Nashville TN 37205

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

Name of Employer Occupation
self registered nurse

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 17 / 2007

Transaction ID: 71220.C121082

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Donald Erickson

Mailing Address 12627 Farnell Drive

City State Zip Code
Silver Spring MD 20906-3873

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

Name of Employer Occupation
Alcatel government relations

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Transaction ID: 71220.C121096

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Harold Evans

Mailing Address 1500 Doris Drive

City State Zip Code
Cookeville TN 38501

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

Name of Employer n/a Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 71220.C120305

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

B.

Full Name (Last, First, Middle Initial)
Gary Fears

Mailing Address 9 Gateway Dr.

City State Zip Code
Collinsville IL 62234

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

Name of Employer self Occupation consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 71220.C120928

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

C.

Full Name (Last, First, Middle Initial)
John Floyd

Mailing Address 2637 Sequoia Trace

City State Zip Code
Murfreesboro TN 37127

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

Name of Employer Ole South Builders Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: 71220.C119948

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 145
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Bill Freeman

Mailing Address 555 Great Circle Rd.
Ste. 100

City Nashville State TN Zip Code 37228

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

Name of Employer Freeman Webb Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2007

Transaction ID: 71220.C120893

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Doyle Gaines

Mailing Address 201 Pine Drive

City Lafayette State TN Zip Code 37083-1820

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2007

Transaction ID: 71220.C119925

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Ron Gambill

Mailing Address 237 Countryside Drive

City Franklin State TN Zip Code 37069-4126

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

Name of Employer EdSouth Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 19 / 2007

Transaction ID: 71220.C119964

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Bill Gates	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address One Microsoft Way	Transaction ID: 71220.C120999
	City State Zip Code Redmond WA 98052	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Microsoft Chairman Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) Rusty Griffin	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 103 Mapleview Dr.	Transaction ID: 71220.C120322
	City State Zip Code Smyrna TN 37167	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Regal Furniture Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Jim Hall	Date of Receipt MM / DD / YYYY 10 / 17 / 2007
	Mailing Address 12 Highdown Court	Transaction ID: 71220.C119855
	City State Zip Code Signal Mountain TN 37377	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Hall & Associates consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
John Harney
Mailing Address 6748 West Gum Road
City Murfreesboro State TN Zip Code 37130
FEC ID number of contributing federal political committee. **C**
Name of Employer Bob Parks Realty Occupation realtor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 19 / 2007
Transaction ID: 71220.C119978
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James Haslam
Mailing Address P.O. Box 10146
City Knoxville State TN Zip Code 37939
FEC ID number of contributing federal political committee. **C**
Name of Employer Pilot Oil Co. Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 23 / 2007
Transaction ID: 71220.C120037
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steve Horvitz
Mailing Address 6705 Loring Ct.
City Bethesda State MD Zip Code 20817
FEC ID number of contributing federal political committee. **C**
Name of Employer Cole Raywid & Braverman Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 12 / 18 / 2007
Transaction ID: 71220.C121098
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 52 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Michael Huggins

Mailing Address 86 Blue Ridge Trace

City Hendersonville State TN Zip Code 37075

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

Name of Employer TN Hospital Association Occupation executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2007

Transaction ID: 71220.C120903

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Jay Ireland

Mailing Address 7525 Hampden Lane

City Bethesda State MD Zip Code 20814

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

Name of Employer Davis Wright Tremaine Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 71220.C121100

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Courtney Johnson

Mailing Address 2907 E S. Woodstock Street

City Arlington State VA Zip Code 22202

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

Name of Employer Alpine Group Occupation V.P.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2007

Transaction ID: 71220.C120023

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 109 Farrier Ln

City Franklin State TN Zip Code 37064-2117

FEC ID number of contributing federal political committee. C

Name of Employer Tn. Education Assoc. Occupation Assistant Exec. Director Field

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 71220.C120705

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
John Hodge Jones

Mailing Address 2002 Whitus Rd.

City Murfreesboro State TN Zip Code 37130

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 17 / 2007

Transaction ID: 71220.C119938

Amount of Each Receipt this Period 250.00

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

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

Mailing Address 2016 Rhode Island Avenue

City Mc Lean State VA Zip Code 22101

FEC ID number of contributing federal political committee. C

Name of Employer Kountoupes & Assoc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2007

Transaction ID: 71220.C120024

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Neil Krugman
Mailing Address 2107 Fairfax Ave. Apt. 301
City Nashville State TN Zip Code 37212
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 11 / 19 / 2007
Transaction ID: 71220.C120901
Amount of Each Receipt this Period: 250.00

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

Name of Employer: Waller Lansden Dortch & Davis
Occupation: Attorney
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date: 250.00

B. Full Name (Last, First, Middle Initial)
John Krumholtz
Mailing Address 4525 N. 19th Street
City Arlington State VA Zip Code 22207
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 10 / 29 / 2007
Transaction ID: 71220.C120280
Amount of Each Receipt this Period: 500.00

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

Name of Employer: Microsoft
Occupation: Director of Federal Affairs
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date: 500.00

C. Full Name (Last, First, Middle Initial)
Elizabeth LaRoche
Mailing Address 2989 Sulphur Springs Road
City Murfreesboro State TN Zip Code 37129
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 11 / 26 / 2007
Transaction ID: 71220.C120930
Amount of Each Receipt this Period: 250.00

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

Name of Employer: self
Occupation: Physician
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 1901 Lindell Ave.

City Nashville State TN Zip Code 37203

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

Name of Employer Tennessee AFL-CIO Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2007
Transaction ID: 71220.C120916
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 7904 Corteland Drive

City Knoxville State TN Zip Code 37909

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

Name of Employer self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2007
Transaction ID: 71220.C120007
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 3221 Oliver Street, NW

City Washington State DC Zip Code 20015

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

Name of Employer ZeniMax Media Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2007
Transaction ID: 71220.C120276
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Larry Lipman
Mailing Address 2325 Crestmoor Rd. #L4
City Nashville State TN Zip Code 37215-2027
FEC ID number of contributing federal political committee. **C**
Name of Employer The Lipman Group Occupation Broker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 12 / 31 / 2007
Transaction ID: 80109.C121161
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Waller Lansden Dortch & Davis LLP
Mailing Address P.O. Box 198966
City Nashville State TN Zip Code 37219
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 11 / 19 / 2007
Transaction ID: 71220.C120896
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joe Sowell
Mailing Address 511 Union St., Ste 2700
City Nashville State TN Zip Code 37201
FEC ID number of contributing federal political committee. **C**
Name of Employer Waller Lansden Dortch & Davis Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 11 / 19 / 2007
Transaction ID: 80130.C121409
Amount of Each Receipt this Period 2000.00
Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Waller Lansden Dortch & Davis LLP

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Steven Mace</p> <p>Mailing Address 13641 Harvest Glen Way</p> <p>City State Zip Code Germantown MD 20874</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Natl Cable Communications Director</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7</p> <p>Transaction ID: 71220.C121094</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Lynne Maddux</p> <p>Mailing Address 311 Whitson Chapel Rd.</p> <p>City State Zip Code Cookeville TN 38506</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation n/a Homemaker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 7</p> <p>Transaction ID: 71220.C120357</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Lem Majors</p> <p>Mailing Address 1604 1/2 12th Ave N</p> <p>City State Zip Code Nashville TN 37208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Electrohousing Maintenance</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7</p> <p>Transaction ID: 71220.C120891</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 58 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Phil Mattingly
 Mailing Address 800 Chestnut Court
 City State Zip Code
 Brentwood TN 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Omni Health Care Principal
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7
Transaction ID: 71220.C120902
 Amount of Each Receipt this Period
 250.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Shane McFarland
 Mailing Address 1450 Twin Feather Drive
 City State Zip Code
 Murfreesboro TN 37129-1056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greenvale Homes Chief Financial Officer
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7
Transaction ID: 71220.C121062
 Amount of Each Receipt this Period
 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Susan McGannon
 Mailing Address 3002 Bowers Ln.
 City State Zip Code
 Murfreesboro TN 37129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 City Of Murfreesboro Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 7
Transaction ID: 71220.C120839
 Amount of Each Receipt this Period
 250.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 59 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Bijan Moazami
Mailing Address 1001 19th St., N
City Arlington State VA Zip Code 22209
FEC ID number of contributing federal political committee. **C**
Name of Employer Friedman, Billings, Ramsey Occupation Certified Financial Analyst
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 29 / 2007
Transaction ID: 71220.C120286
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Anthony Moffett
Mailing Address 3017 Arizona Ave., NW
City Washington State DC Zip Code 20016
FEC ID number of contributing federal political committee. **C**
Name of Employer Livingston Group Occupation consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 29 / 2007
Transaction ID: 71220.C120288
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bud Morris
Mailing Address 950 E. Northfield Blvd.
City Murfreesboro State TN Zip Code 37130
FEC ID number of contributing federal political committee. **C**
Name of Employer State Farm Occupation Agent
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 23 / 2007
Transaction ID: 71220.C120036
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 60 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Gary Neill

Mailing Address 2 International Dr., Ste 510

City State Zip Code
Nashville TN 37217-2010

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

Name of Employer Occupation
The Danner Company CPA

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 71220.C120919

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Lawrence OBrien

Mailing Address 1350 I Street, N.W., #690

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
The OBC Group Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: 71220.C120877

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Michael OMary

Mailing Address 33 West End Avenue, Apt. 14-F

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
D.E. Shaw & Co. consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
10 / 29 / 2007

Transaction ID: 71220.C120290

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 61 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Susan O'Neill
Mailing Address 5910 Gloster Road
City State Zip Code
Bethesda MD 20816
FEC ID number of contributing federal political committee. **C**
Name of Employer Susan O'Neill & Assoc. Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William Oldaker
Mailing Address 818 Connecticut Avenue NW Suite 1100
City State Zip Code
Washington DC 20006
FEC ID number of contributing federal political committee. **C**
Name of Employer Oldaker, Biden, & Belair, LLP Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Fredrick Palmer
Mailing Address 57 Fair Oaks Drive
City State Zip Code
Saint Louis MO 63124-1520
FEC ID number of contributing federal political committee. **C**
Name of Employer Peabody Occupation executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2750.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) John Powers	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 4405 Curtiswood Circle	Transaction ID: 71220.C120900
	City State Zip Code Nashville TN 37204	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Waller Lansden Dortch & Davis Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Benton Quarles	Date of Receipt MM / DD / YYYY 10 / 17 / 2007
	Mailing Address 203 Quarles Ave.	Transaction ID: 71220.C119842
	City State Zip Code Gainesboro TN 38562	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Haile and Anderson Pharmacist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) John Quinn	Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 4600 Cathedral Ave., NW	Transaction ID: 71220.C120284
	City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Quinn Gillespie & Assoc. consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 63 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 3300 Circle Hill Road

City Alexandria State VA Zip Code 22305

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

Name of Employer self Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2007
Transaction ID: 71220.C120271
 Amount of Each Receipt this Period 500.00

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

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

Mailing Address PO Box 4089

City Murfreesboro State TN Zip Code 37133-4089

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

Name of Employer Reeves-Sain Drugstore Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2007
Transaction ID: 80109.C121157
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Jim Ed Rice

Mailing Address P.O. Box 207

City Smithville State TN Zip Code 37166

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

Name of Employer Am. Service Contractors Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2007
Transaction ID: 71220.C120014
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 2730 Pennington Bend Road

City Nashville State TN Zip Code 37214

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2007
Transaction ID: 71220.C120914
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 700 13th Street, NW Ste. 400

City Washington State DC Zip Code 20005

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

Name of Employer Cassidy & Associates Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2007
Transaction ID: 71220.C120049
 Amount of Each Receipt this Period 500.00

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

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

Mailing Address 2402 Long Meadow Dr

City Murfreesboro State TN Zip Code 37129

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

Name of Employer Middle Tennessee State Univ. Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 11 / 09 / 2007
Transaction ID: 71220.C120848
 Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 2110 Prestwick Drive

City Murfreesboro State TN Zip Code 37130-2348

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

Name of Employer Medical Mobility Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2007
Transaction ID: 71220.C121064
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 9020 Lupine Den Drive

City Vienna State VA Zip Code 22182

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

Name of Employer Bockorny Group Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2007
Transaction ID: 71220.C120878
 Amount of Each Receipt this Period 500.00

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

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

Mailing Address 719 A Street SE

City Washington State DC Zip Code 20003

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

Name of Employer Lent, Scrivner and Roth Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2007
Transaction ID: 71220.C121079
 Amount of Each Receipt this Period 500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 145
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 230 W Windson Ave.

City State Zip Code
Alexandria VA 22301

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

Name of Employer Occupation
Alpine Group government relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
12 / 07 / 2007

Transaction ID: 71220.C121009

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 502 Park Hill

City State Zip Code
Nashville TN 37205

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

Name of Employer Occupation
J.C. Bradford Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
11 / 26 / 2007

Transaction ID: 71220.C120934

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 36 South Crest Road

City State Zip Code
Chattanooga TN 37404-4005

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

Name of Employer Occupation
Siskin & Associates President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: 71220.C120304

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Donald Steele		Date of Receipt MM / DD / YYYY 12 / 17 / 2007
	Mailing Address 3058 North Thompson Lane		Transaction ID: 71220.C120698
	City Murfreesboro	State TN	Zip Code 37129
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Huddleston Steele	Occupation Engineer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Barbara Sutton		Date of Receipt MM / DD / YYYY 10 / 17 / 2007
	Mailing Address 4 Franklin Street		Transaction ID: 71220.C119949
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Cassidy & Associates	Occupation Exec. Vice President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) John Taliaferro		Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address 12495 Old Nashville Hwy.		Transaction ID: 71220.C120026
	City Smyrna	State TN	Zip Code 37167
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer self	Occupation Real Estate/Cattle	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 145
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Dan Tate

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Mailing Address 700 13th Street, NW, Ste. 400

Transaction ID: 71220.C120880

City Washington State DC Zip Code 20005

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee. C

Name of Employer Dan Tate LLC Occupation consultant

Receipt For: 2008 Election Cycle-to-Date

Primary General
 Other (specify) ▼

500.00

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

B.

Full Name (Last, First, Middle Initial)
Dan Tate, Jr.

Date of Receipt
MM / DD / YYYY
12 / 14 / 2007

Mailing Address 1737 H Street NW Suite 200

Transaction ID: 71220.C121071

City Washington State DC Zip Code 20006

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee. C

Name of Employer Capital Solutions Occupation government relations

Receipt For: 2008 Election Cycle-to-Date

Primary General
 Other (specify) ▼

500.00

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

C.

Full Name (Last, First, Middle Initial)
Scott Thompson

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Mailing Address 1932 N. Kenilworth Street

Transaction ID: 71220.C121099

City Arlington State VA Zip Code 22205

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee. C

Name of Employer Davis Wright Tremaine Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date

Primary General
 Other (specify) ▼

500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address P. O. Box 2037

City Murfreesboro State TN Zip Code 37133-2037

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

Name of Employer Bell Jewelers Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2007

Transaction ID: 71220.C120095

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Mary Fulton Van Cleave

Mailing Address 1208 Brookview Dr.

City Brentwood State TN Zip Code 37027

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

Name of Employer TN Hospital Association Occupation Sr. VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2007

Transaction ID: 71220.C120904

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 1506 Dumbarton Rock Ct., NW

City Washington State DC Zip Code 20007

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2007

Transaction ID: 71220.C120272

Amount of Each Receipt this Period 500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Patricia White		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 219 Clyde Avenue		Transaction ID: 71220.C120921
	City Smyrna	State TN	Zip Code 37167
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer AFL-CIO	Occupation Office Manager	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Don Witherspoon		Date of Receipt MM / DD / YYYY 10 / 19 / 2007
	Mailing Address 2127 Shannon Drive		Transaction ID: 71220.C119984
	City Murfreesboro	State TN	Zip Code 37129-1334
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer n/a	Occupation retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Marilyn Yager		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 304 Cameron Station Blvd.		Transaction ID: 71220.C120932
	City Alexandria	State VA	Zip Code 22304
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Vanderbilt University	Occupation Director, Health Policy	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 72 / 145
	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Friends of Ned McWherter

Mailing Address P.O. Box 30

City Dresden State TN Zip Code 38225-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2007

Transaction ID: 71220.C120911

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Schroeder For Congress

Mailing Address 2000 Gaylord Street

City Denver State CO Zip Code 80205-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 26 / 2007

Transaction ID: 71220.C120951

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

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

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

FOR LINE NUMBER: PAGE 73 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) First National Bank		Date of Receipt MM / DD / YYYY 10 / 15 / 2007
	Mailing Address 1386 North Main Street		Transaction ID: 71015.C119829
	City State Zip Code Crossville TN 38555-4082	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 567.82
	Name of Employer Interest on Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Certificate of Deposit Election Cycle-to-Date ▼ 2895.89	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) First National Bank		Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 1386 North Main Street		Transaction ID: 71220.C120883
	City State Zip Code Crossville TN 38555-4082	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 586.75
	Name of Employer Interest on Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Certificate of Deposit Election Cycle-to-Date ▼ 3482.64	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) First National Bank		Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 1386 North Main Street		Transaction ID: 71220.C121076
	City State Zip Code Crossville TN 38555-4082	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 567.82
	Name of Employer Interest on Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Certificate of Deposit Election Cycle-to-Date ▼ 4050.46	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1722.39
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) First Tennessee Bank		Date of Receipt MM / DD / YYYY 10 / 15 / 2007
	Mailing Address 305 West Northfield Boulevard		Transaction ID: 71015.C119835
	City Murfreesboro	State TN	Zip Code 37130-
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 226.03
	Name of Employer Interest on Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Certificate of Deposit Election Cycle-to-Date ▼ 3184.38	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) First Tennessee Bank		Date of Receipt MM / DD / YYYY 10 / 25 / 2007
	Mailing Address 305 West Northfield Boulevard		Transaction ID: 71220.C120046
	City Murfreesboro	State TN	Zip Code 37130-
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 217.81
	Name of Employer Interest on Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Certificate of Deposit Election Cycle-to-Date ▼ 3402.19	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) First Tennessee Bank		Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address 305 West Northfield Boulevard		Transaction ID: 71220.C120886
	City Murfreesboro	State TN	Zip Code 37130-
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 233.56
	Name of Employer Interest on Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Certificate of Deposit Election Cycle-to-Date ▼ 3635.75	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

677.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) First Tennessee Bank		Date of Receipt
	Mailing Address 305 West Northfield Boulevard		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Murfreesboro	TN	37130-
	FEC ID number of contributing federal political committee. C		Transaction ID: 71220.C120981
Name of Employer Interest on		Occupation	Amount of Each Receipt this Period
		Certificate of Deposit	<input type="text" value="225.07"/>
Receipt For: 2008		Election Cycle-to-Date ▼	Other Receipt
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="3860.82"/>	

B.	Full Name (Last, First, Middle Initial) First Tennessee Bank		Date of Receipt
	Mailing Address 305 West Northfield Boulevard		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Murfreesboro	TN	37130-
	FEC ID number of contributing federal political committee. C		Transaction ID: 71220.C121092
Name of Employer Interest on		Occupation	Amount of Each Receipt this Period
		Certificate of Deposit	<input type="text" value="226.03"/>
Receipt For: 2008		Election Cycle-to-Date ▼	Other Receipt
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="4086.85"/>	

C.	Full Name (Last, First, Middle Initial) First Tennessee Bank		Date of Receipt
	Mailing Address 305 West Northfield Boulevard		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Murfreesboro	TN	37130-
	FEC ID number of contributing federal political committee. C		Transaction ID: 80109.C121179
Name of Employer Interest on		Occupation	Amount of Each Receipt this Period
		Certificate of Deposit	<input type="text" value="217.81"/>
Receipt For: 2008		Election Cycle-to-Date ▼	Other Receipt
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="4304.66"/>	

SUBTOTAL of Receipts This Page (optional) ▶

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

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

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

FOR LINE NUMBER: PAGE 76 / 145

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

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

Mailing Address 37129 West Northfield Blvd.

City State Zip Code
Murfreesboro TN 37129-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278.01

Date of Receipt

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

Transaction ID: 71220.C121093

Amount of Each Receipt this Period

278.01

Other Receipt

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

B.

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

Mailing Address 114 West College Street

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4804.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 71015.C119830

Amount of Each Receipt this Period

431.51

Other Receipt

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

C.

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

Mailing Address 114 West College Street

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5177.82

Date of Receipt

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

Transaction ID: 71220.C120804

Amount of Each Receipt this Period

373.70

Other Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

1083.22

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

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

Mailing Address 114 West College Street

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5539.46

Date of Receipt

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

Transaction ID: 71220.C121011

Amount of Each Receipt this Period

361.64

Other Receipt

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

B.

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

Mailing Address 1 City Center Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2370.33

Date of Receipt

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

Transaction ID: 71220.C120267

Amount of Each Receipt this Period

203.00

Other Receipt

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

C.

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

Mailing Address 1 City Center Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2580.11

Date of Receipt

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

Transaction ID: 71220.C120982

Amount of Each Receipt this Period

209.78

Other Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

774.42

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 145
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 1 City Center Boulevard

City State Zip Code
Murfreesboro TN 37130-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2783.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80109.C121180

Amount of Each Receipt this Period
203.00

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

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

Mailing Address 101 Highway 52 West

City State Zip Code
Portland TN 37148-1407

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

860.18

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 71015.C119836

Amount of Each Receipt this Period
423.04

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

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

Mailing Address 101 Highway 52 West

City State Zip Code
Portland TN 37148-1407

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1297.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 71220.C120885

Amount of Each Receipt this Period
437.14

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

SUBTOTAL of Receipts This Page (optional) ► **1063.18**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Volunteer State Bank		Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 101 Highway 52 West		Transaction ID: 71220.C121091
	City Portland	State TN	Zip Code 37148-1407
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 423.04
Name of Employer Interest on		Occupation Certificate of Deposit	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1720.36		

B.	Full Name (Last, First, Middle Initial) Wilson Bank & Trust		Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 3110 Memorial Blvd		Transaction ID: 71220.C120268
	City Murfreesboro	State TN	Zip Code 37129-5117
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 226.03
Name of Employer Interest on		Occupation Certificate of Deposit	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2792.13		

C.	Full Name (Last, First, Middle Initial) Wilson Bank & Trust		Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 3110 Memorial Blvd		Transaction ID: 71220.C120908
	City Murfreesboro	State TN	Zip Code 37129-5117
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 233.56
Name of Employer Interest on		Occupation Certificate of Deposit	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3025.69		

SUBTOTAL of Receipts This Page (optional) ► **882.63**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

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

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3244.39

Date of Receipt

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

Transaction ID: 71220.C121010

Amount of Each Receipt this Period

218.70

Other Receipt

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

B.

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

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3470.42

Date of Receipt

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

Transaction ID: 71220.C121122

Amount of Each Receipt this Period

226.03

Other Receipt

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

C.

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

Mailing Address 3110 Memorial Blvd

City State Zip Code
Murfreesboro TN 37129-5117

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3682.06

Date of Receipt

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

Transaction ID: 80109.C121181

Amount of Each Receipt this Period

211.64

Other Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

656.37

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)

Bank of Putnam County

Mailing Address P.O. Box 2809

City State Zip Code
Cookeville TN 38501-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4575.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 71015.C119831

Amount of Each Receipt this Period

410.96

Other Receipt

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

B.

Full Name (Last, First, Middle Initial)

Bank of Putnam County

Mailing Address P.O. Box 2809

City State Zip Code
Cookeville TN 38501-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.02

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 71220.C120884

Amount of Each Receipt this Period

424.66

Other Receipt

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

C.

Full Name (Last, First, Middle Initial)

Bank of Putnam County

Mailing Address P.O. Box 2809

City State Zip Code
Cookeville TN 38501-

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

Name of Employer Interest on Occupation
Certificate of Deposit

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5410.98

Date of Receipt

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

Transaction ID: 71220.C121075

Amount of Each Receipt this Period

410.96

Other Receipt

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

SUBTOTAL of Receipts This Page (optional)

1246.58

TOTAL This Period (last page this line number only)

8775.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Target Store	Transaction ID: 71220.E19316 Date of Disbursement 12 / 07 / 2007
	Mailing Address 1851 Old Fort Pkwy	Amount of Each Disbursement this Period 67.50
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	Category/Type
	Candidate Name	OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capital Advantage	Transaction ID: 71220.E19196 Date of Disbursement 10 / 31 / 2007
	Mailing Address 5520 James Gunnell Lane	Amount of Each Disbursement this Period 1391.45
	City Alexandria State VA Zip Code 22310-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone consulting	Category/Type
	Candidate Name	TELEPHONE CONSULTING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capital Advantage	Transaction ID: 71220.E19257 Date of Disbursement 11 / 15 / 2007
	Mailing Address 5520 James Gunnell Lane	Amount of Each Disbursement this Period 2016.70
	City Alexandria State VA Zip Code 22310-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone consulting	Category/Type
	Candidate Name	TELEPHONE CONSULTING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3475.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Amanda Alexander	Transaction ID: 71220.E19254 Date of Disbursement 11 / 15 / 2007
	Mailing Address 578 Autumn Ct.	Amount of Each Disbursement this Period 230.30
	City La Vergne State TN Zip Code 37086-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

B.	Full Name (Last, First, Middle Initial) Amanda Alexander	Transaction ID: 71220.E19309 Date of Disbursement 11 / 30 / 2007
	Mailing Address 578 Autumn Ct.	Amount of Each Disbursement this Period 451.14
	City La Vergne State TN Zip Code 37086-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

C.	Full Name (Last, First, Middle Initial) Amanda Alexander	Transaction ID: 71220.E19330 Date of Disbursement 12 / 14 / 2007
	Mailing Address 578 Autumn Ct.	Amount of Each Disbursement this Period 699.05
	City La Vergne State TN Zip Code 37086-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

SUBTOTAL of Disbursements This Page (optional)	▶	1380.49
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Amanda Alexander Mailing Address 578 Autumn Ct. City La Vergne State TN Zip Code 37086- Purpose of Disbursement reimburesment for office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19332 Date of Disbursement 12 / 14 / 2007 Amount of Each Disbursement this Period 85.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT FOR OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Amanda Alexander Mailing Address 578 Autumn Ct. City La Vergne State TN Zip Code 37086- Purpose of Disbursement mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19331 Date of Disbursement 12 / 14 / 2007 Amount of Each Disbursement this Period 98.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT
C.	Full Name (Last, First, Middle Initial) Amanda Alexander Mailing Address 578 Autumn Ct. City La Vergne State TN Zip Code 37086- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19364 Date of Disbursement 12 / 21 / 2007 Amount of Each Disbursement this Period 356.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

540.57

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Amanda Amick	Transaction ID: 71015.E19161 Date of Disbursement 10 / 15 / 2007
	Mailing Address 142 Wolverine Court	Amount of Each Disbursement this Period 700.80
	City Smyrna State TN Zip Code 37167-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

B.	Full Name (Last, First, Middle Initial) Amanda Amick	Transaction ID: 71220.E19201 Date of Disbursement 10 / 31 / 2007
	Mailing Address 142 Wolverine Court	Amount of Each Disbursement this Period 973.67
	City Smyrna State TN Zip Code 37167-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

C.	Full Name (Last, First, Middle Initial) Amanda Amick	Transaction ID: 71220.E19252 Date of Disbursement 11 / 15 / 2007
	Mailing Address 142 Wolverine Court	Amount of Each Disbursement this Period 888.10
	City Smyrna State TN Zip Code 37167-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

SUBTOTAL of Disbursements This Page (optional)	▶	2562.57
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Amanda Amick Mailing Address 142 Wolverine Court City Smyrna State TN Zip Code 37167- Purpose of Disbursement mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19262 Date of Disbursement 11 / 16 / 2007 Amount of Each Disbursement this Period 161.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT
B.	Full Name (Last, First, Middle Initial) Amanda Amick Mailing Address 142 Wolverine Court City Smyrna State TN Zip Code 37167- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19306 Date of Disbursement 11 / 30 / 2007 Amount of Each Disbursement this Period 778.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
C.	Full Name (Last, First, Middle Initial) Amanda Amick Mailing Address 142 Wolverine Court City Smyrna State TN Zip Code 37167- Purpose of Disbursement mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19318 Date of Disbursement 12 / 07 / 2007 Amount of Each Disbursement this Period 135.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶	1075.31
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Amanda Amick

Mailing Address 142 Wolverine Court

City State Zip Code
Smyrna TN 37167-

Purpose of Disbursement
wages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19319
Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

606.09

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

WAGES

B.

Full Name (Last, First, Middle Initial)
Screen Art

Mailing Address 502 Sunset Avenue

City State Zip Code
Murfreesboro TN 37129-

Purpose of Disbursement
logo tire gages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71012.E19146
Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

7027.63

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

LOGO TIRE GAGES

C.

Full Name (Last, First, Middle Initial)
Comcast Cable TV

Mailing Address 2950 Kraft Drive, Ste. 100

City State Zip Code
Nashville TN 37204-

Purpose of Disbursement
cable service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71012.E19137
Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

67.97

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

CABLE SERVICE

SUBTOTAL of Disbursements This Page (optional)

7701.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Comcast Cable TV Mailing Address 2950 Kraft Drive, Ste. 100 City Nashville State TN Zip Code 37204- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19197 Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 67.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE
B.	Full Name (Last, First, Middle Initial) Comcast Cable TV Mailing Address 2950 Kraft Drive, Ste. 100 City Nashville State TN Zip Code 37204- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19305 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 67.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE
C.	Full Name (Last, First, Middle Initial) Chase Credit Card Services Mailing Address P.O. Box 940414 City Palatine State IL Zip Code 60094- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71011.E19120 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 3764.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

3900.16

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Southwest Air	Transaction ID: 71220.E19176 Date of Disbursement 08 / 24 / 2007
	Mailing Address P.O. Box 36647-1CR	Amount of Each Disbursement this Period 217.30
	City Dallas State TX Zip Code 75235-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 71015.E19170 Date of Disbursement 09 / 07 / 2007
	Mailing Address 25 North Goodwin Avenue	Amount of Each Disbursement this Period 618.80
	City Kingston State PA Zip Code 18704-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 71015.E19168 Date of Disbursement 08 / 15 / 2007
	Mailing Address 25 North Goodwin Avenue	Amount of Each Disbursement this Period 454.40
	City Kingston State PA Zip Code 18704-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 25 North Goodwin Avenue City Kingston State PA Zip Code 18704- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71015.E19169 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 25 North Goodwin Avenue City Kingston State PA Zip Code 18704- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71015.E19171 Date of Disbursement 09 / 07 / 2007 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) Stones River Beverage Warehouse Mailing Address 208 N. Thompson Lane City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement reception expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19179 Date of Disbursement 08 / 28 / 2007 Amount of Each Disbursement this Period 60.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Best Buy <hr/> Mailing Address 1600 Galleria Boulevard <hr/> City Franklin State TN Zip Code 37064- <hr/> Purpose of Disbursement office equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19177 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 7
	Amount of Each Disbursement this Period 1262.11
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: OFFICE EQUIPMENT
	Category/ Type

B. Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 620 Ridgely Rd. <hr/> City Murfreesboro State TN Zip Code 37129- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71015.E19167 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 21.94
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Category/ Type

C. Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 620 Ridgely Rd. <hr/> City Murfreesboro State TN Zip Code 37129- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71015.E19166 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
	Amount of Each Disbursement this Period 116.21
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Kroger Grocery Store

Mailing Address 1776 East Northfield Boulevard

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement office supplies

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71015.E19172
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Kroger Grocery Store

Mailing Address 1776 East Northfield Boulevard

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement office supplies

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71015.E19173
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Staples Office Supply

Mailing Address 1740 Old Fort Pkwy.

City Murfreesboro State TN Zip Code 37129-

Purpose of Disbursement office supplies

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71220.E19180
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Photo Systems	Transaction ID: 71220.E19178 Date of Disbursement 08 / 22 / 2007
	Mailing Address 2804 Bradford Avenue	Amount of Each Disbursement this Period 458.85
	City Nashville State TN Zip Code 37204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ruby Tuesday	Transaction ID: 71220.E19183 Date of Disbursement 09 / 13 / 2007
	Mailing Address 419 Memorial Blvd.	Amount of Each Disbursement this Period 19.87
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement staff meals	[MEMO ITEM] MEMO: STAFF MEALS
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chase Credit Card Services	Transaction ID: 71010.E19106 Date of Disbursement 10 / 03 / 2007
	Mailing Address P.O. Box 940414	Amount of Each Disbursement this Period 292.41
	City Palatine State IL Zip Code 60094-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CREDIT CARD: SEE BELOW	CREDIT CARD: SEE BELOW
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	292.41
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) T-Mobile Phone Service	Transaction ID: 71010.E19104 Date of Disbursement 10 / 03 / 2007
	Mailing Address 1810 Old Fort Parkway Suite D	Amount of Each Disbursement this Period 144.38
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement mobile phone service	[MEMO ITEM] MEMO: MOBILE PHONE SERVICE
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ruby Tuesday	Transaction ID: 71010.E19102 Date of Disbursement 10 / 03 / 2007
	Mailing Address 419 Memorial Blvd.	Amount of Each Disbursement this Period 25.14
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement staff meals	[MEMO ITEM] MEMO: STAFF MEALS
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chase Credit Card Services	Transaction ID: 71220.E19193 Date of Disbursement 10 / 31 / 2007
	Mailing Address P.O. Box 940414	Amount of Each Disbursement this Period 5900.00
	City Palatine State IL Zip Code 60094-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CREDIT CARD: SEE BELOW	CREDIT CARD: SEE BELOW
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5900.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 2500 Victory Avenue

City Dallas State TX Zip Code 75219-

Purpose of Disbursement
travel expense
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71220.E19227
Date of Disbursement

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

Amount of Each Disbursement this Period

295.90

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

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 2500 Victory Avenue

City Dallas State TX Zip Code 75219-

Purpose of Disbursement
travel expense
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71220.E19238
Date of Disbursement

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

Amount of Each Disbursement this Period

295.90

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

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 25 North Goodwin Avenue

City Kingston State PA Zip Code 18704-

Purpose of Disbursement
travel expense
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71220.E19233
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	7

Amount of Each Disbursement this Period

697.40

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

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 25 North Goodwin Avenue City Kingston State PA Zip Code 18704- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19230 Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 25 North Goodwin Avenue City Kingston State PA Zip Code 18704- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19231 Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 25 North Goodwin Avenue City Kingston State PA Zip Code 18704- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19232 Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 697.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 71220.E19228 Date of Disbursement 10 / 01 / 2007
	Mailing Address 25 North Goodwin Avenue	Amount of Each Disbursement this Period 295.90
	City Kingston State PA Zip Code 18704-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	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:	

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 71220.E19229 Date of Disbursement 10 / 01 / 2007
	Mailing Address 25 North Goodwin Avenue	Amount of Each Disbursement this Period 295.90
	City Kingston State PA Zip Code 18704-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	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:	

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 71220.E19234 Date of Disbursement 10 / 11 / 2007
	Mailing Address 25 North Goodwin Avenue	Amount of Each Disbursement this Period 297.40
	City Kingston State PA Zip Code 18704-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	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:	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 25 North Goodwin Avenue <hr/> City Kingston State PA Zip Code 18704- <hr/> Purpose of Disbursement travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19235 Date of Disbursement 10 / 11 / 2007
	Amount of Each Disbursement this Period 297.40
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Category/ Type

B. Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 25 North Goodwin Avenue <hr/> City Kingston State PA Zip Code 18704- <hr/> Purpose of Disbursement travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19237 Date of Disbursement 10 / 11 / 2007
	Amount of Each Disbursement this Period 10.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Category/ Type

C. Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 25 North Goodwin Avenue <hr/> City Kingston State PA Zip Code 18704- <hr/> Purpose of Disbursement travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19236 Date of Disbursement 10 / 11 / 2007
	Amount of Each Disbursement this Period 10.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	Category/ Type

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bistro Bis</p> <p>Mailing Address 15 E. St. NW</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement reception expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19215</p> <p>Date of Disbursement 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 92.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: RECEPTION EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 1600 Galleria Boulevard</p> <p>City Franklin State TN Zip Code 37064-</p> <p>Purpose of Disbursement office equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19222</p> <p>Date of Disbursement 09 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 71.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE EQUIPMENT</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Carlyle Grand Cafe</p> <p>Mailing Address 4000 28th St. South</p> <p>City Arlington State VA Zip Code 22206-</p> <p>Purpose of Disbursement reception expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19210</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 98.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: RECEPTION EXPENSE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Carlyle Grand Cafe <hr/> Mailing Address 4000 28th St. South <hr/> City Arlington State VA Zip Code 22206- <hr/> Purpose of Disbursement reception expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19209 Date of Disbursement 09 / 17 / 2007 <hr/> Amount of Each Disbursement this Period 12.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE
B.	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 620 Ridgely Rd. <hr/> City Murfreesboro State TN Zip Code 37129- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19207 Date of Disbursement 09 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 83.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 620 Ridgely Rd. <hr/> City Murfreesboro State TN Zip Code 37129- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19226 Date of Disbursement 09 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 109.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 620 Ridgely Rd. City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19219 Date of Disbursement 09 / 21 / 2007 Amount of Each Disbursement this Period 109.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 2298 Old Fort Parkway City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19208 Date of Disbursement 09 / 16 / 2007 Amount of Each Disbursement this Period 69.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
C.	Full Name (Last, First, Middle Initial) Murfreesboro Flowers-FTD Mailing Address 1007 Memorial Blvd. City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement flowers for funeral Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19220 Date of Disbursement 09 / 21 / 2007 Amount of Each Disbursement this Period 92.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FLOWERS FOR FUNERAL

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Murfreesboro Flowers-FTD

Mailing Address 1007 Memorial Blvd.

City Murfreesboro State TN Zip Code 37129-

Purpose of Disbursement
flowers for funeral

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19224
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	7	

Amount of Each Disbursement this Period

97.62

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

[MEMO ITEM]

MEMO: FLOWERS FOR FUNERAL

B.

Full Name (Last, First, Middle Initial)
Congressional Liquors

Mailing Address 404 1st Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
reception expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19211
Date of Disbursement

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

Amount of Each Disbursement this Period

193.69

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

[MEMO ITEM]

MEMO: RECEPTION EXPENSE

C.

Full Name (Last, First, Middle Initial)
Mortons Of Chicago

Mailing Address 625 Church St.

City Nashville State TN Zip Code 37209-

Purpose of Disbursement
reception expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19225
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	7	

Amount of Each Disbursement this Period

98.69

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

[MEMO ITEM]

MEMO: RECEPTION EXPENSE

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) U.S. House of Representatives	Transaction ID: 71220.E19214 Date of Disbursement 09 / 18 / 2007
	Mailing Address Gift Shop Longworth HOB	Amount of Each Disbursement this Period 576.00
	City Washington	State DC
	Zip Code 20003-	
	Purpose of Disbursement Reception expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: RECEPTION EXPENSE
	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:	

B.	Full Name (Last, First, Middle Initial) Logans Roadhouse	Transaction ID: 71220.E19206 Date of Disbursement 09 / 13 / 2007
	Mailing Address 740 NW Broad St.	Amount of Each Disbursement this Period 25.74
	City Murfreesboro	State TN
	Zip Code 37129-	
	Purpose of Disbursement staff meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: STAFF MEALS
	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:	

C.	Full Name (Last, First, Middle Initial) Embassy Suites	Transaction ID: 71220.E19218 Date of Disbursement 09 / 19 / 2007
	Mailing Address 1250 22nd Street, NW	Amount of Each Disbursement this Period 971.63
	City Washington	State DC
	Zip Code 20037-	
	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
	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:	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Chase Credit Card Services Mailing Address P.O. Box 940414 City Palatine State IL Zip Code 60094- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19198 Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 427.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
B.	Full Name (Last, First, Middle Initial) Bonefish Grill Mailing Address 505 N. Thompson Lane City Murfreesboro State TN Zip Code 37129- Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19243 Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 119.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STAFF MEALS
C.	Full Name (Last, First, Middle Initial) T-Mobile Phone Service Mailing Address 1810 Old Fort Parkway Suite D City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19242 Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 146.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MOBILE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

427.20

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Chef Wangs

Mailing Address 1145 NW Broad St.

City Murfreesboro State TN Zip Code 37129-

Purpose of Disbursement
staff meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19244
Date of Disbursement

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

Amount of Each Disbursement this Period

16.75

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

[MEMO ITEM]

MEMO: STAFF MEALS

B.

Full Name (Last, First, Middle Initial)
Chase Credit Card Services

Mailing Address P.O. Box 940414

City Palatine State IL Zip Code 60094-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19267
Date of Disbursement

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

Amount of Each Disbursement this Period

5489.72

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

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
GoDaddy .com

Mailing Address 14455 N. Hayden Rd.
Suite 219

City Scottsdale State AZ Zip Code 85260-6947

Purpose of Disbursement
campaign website

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19269
Date of Disbursement

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

Amount of Each Disbursement this Period

137.31

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

[MEMO ITEM]

MEMO: CAMPAIGN WEBSITE

SUBTOTAL of Disbursements This Page (optional)

5489.72

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Southwest Air	Transaction ID: 71220.E19282
	Mailing Address P.O. Box 36647-1CR	Date of Disbursement 10 / 28 / 2007
	City Dallas State TX Zip Code 75235-	Amount of Each Disbursement this Period 238.30
	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] MEMO: TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 71220.E19271
	Mailing Address 25 North Goodwin Avenue	Date of Disbursement 10 / 18 / 2007
	City Kingston State PA Zip Code 18704-	Amount of Each Disbursement this Period 628.31
	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] MEMO: TRAVEL EXPENSE

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 71220.E19270
	Mailing Address 25 North Goodwin Avenue	Date of Disbursement 10 / 18 / 2007
	City Kingston State PA Zip Code 18704-	Amount of Each Disbursement this Period 628.31
	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] MEMO: TRAVEL EXPENSE

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 71220.E19273
	Mailing Address 25 North Goodwin Avenue	Date of Disbursement 10 / 18 / 2007
	City Kingston State PA Zip Code 18704-	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] MEMO: TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 71220.E19272
	Mailing Address 25 North Goodwin Avenue	Date of Disbursement 10 / 18 / 2007
	City Kingston State PA Zip Code 18704-	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] MEMO: TRAVEL EXPENSE

C.	Full Name (Last, First, Middle Initial) Bistro Bis	Transaction ID: 71220.E19268
	Mailing Address 15 E. St. NW	Date of Disbursement 10 / 16 / 2007
	City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period 1507.75
	Purpose of Disbursement reception expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] MEMO: RECEPTION EXPENSE

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) W Millar and Co Catering	Transaction ID: 71220.E19288 Date of Disbursement 11 / 09 / 2007
	Mailing Address 1335 14th St., NW	Amount of Each Disbursement this Period 239.18
	City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reception expense Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: RECEPTION EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: 71220.E19285 Date of Disbursement 11 / 09 / 2007
	Mailing Address 620 Ridgely Rd.	Amount of Each Disbursement this Period 49.29
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: 71220.E19284 Date of Disbursement 11 / 07 / 2007
	Mailing Address 620 Ridgely Rd.	Amount of Each Disbursement this Period 130.43
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Murfreesboro Flowers-FTD	Transaction ID: 71220.E19277 Date of Disbursement 10 / 31 / 2007
	Mailing Address 1007 Memorial Blvd.	Amount of Each Disbursement this Period 100.92
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement flowers for funeral	[MEMO ITEM] MEMO: FLOWERS FOR FUNERAL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Murfreesboro Flowers-FTD	Transaction ID: 71220.E19276 Date of Disbursement 10 / 23 / 2007
	Mailing Address 1007 Memorial Blvd.	Amount of Each Disbursement this Period 48.24
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement flowers for funeral	[MEMO ITEM] MEMO: FLOWERS FOR FUNERAL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Milanos Restaurant	Transaction ID: 71220.E19283 Date of Disbursement 11 / 05 / 2007
	Mailing Address 179 Mall Circle Rd.	Amount of Each Disbursement this Period 19.85
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement staff meals	[MEMO ITEM] MEMO: STAFF MEALS
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) OCharleys Restaurant</p> <p>Mailing Address 1006 Memorial Blvd.</p> <p>City Murfreesboro State TN Zip Code 37129-</p> <p>Purpose of Disbursement staff meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19281</p> <p>Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 13.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: STAFF MEALS</p>
<p>B. Full Name (Last, First, Middle Initial) Zola Restaurant</p> <p>Mailing Address 800 F St. NW.</p> <p>City Washington State DC Zip Code 20004-</p> <p>Purpose of Disbursement reception expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19286</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 378.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: RECEPTION EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) Johnnys Half Shell</p> <p>Mailing Address 2002 P. St., NW</p> <p>City Washington State DC Zip Code 20036-</p> <p>Purpose of Disbursement reception expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19275</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 322.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: RECEPTION EXPENSE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Johnnys Half Shell</p> <p>Mailing Address 2002 P. St., NW</p> <p>City Washington State DC Zip Code 20036-</p> <p>Purpose of Disbursement reception expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19274</p> <p>Date of Disbursement 10 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: RECEPTION EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) DR Symantec</p> <p>Mailing Address 20330 Stevens Creek Blvd.</p> <p>City Cupertino State CA Zip Code 95014-</p> <p>Purpose of Disbursement computer software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19287</p> <p>Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 59.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: COMPUTER SOFTWARE</p>
<p>C. Full Name (Last, First, Middle Initial) Chase Credit Card Services</p> <p>Mailing Address P.O. Box 940414</p> <p>City Palatine State IL Zip Code 60094-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19295</p> <p>Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 414.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD: SEE BELOW</p>

SUBTOTAL of Disbursements This Page (optional) ▶

414.86

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

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

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Stones River Beverage Warehouse	Transaction ID: 71220.E19298 Date of Disbursement 11 / 05 / 2007
	Mailing Address 208 N. Thompson Lane	Amount of Each Disbursement this Period 38.38
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reception expense Candidate Name	[MEMO ITEM] MEMO: RECEPTION EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) T-Mobile Phone Service	Transaction ID: 71220.E19300 Date of Disbursement 11 / 14 / 2007
	Mailing Address 1810 Old Fort Parkway Suite D	Amount of Each Disbursement this Period 143.78
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement mobile phone service Candidate Name	[MEMO ITEM] MEMO: MOBILE PHONE SERVICE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Le Paradou Restaurant	Transaction ID: 71220.E19301 Date of Disbursement 11 / 15 / 2007
	Mailing Address 601 Pennsylvania Avenue, NW #N	Amount of Each Disbursement this Period 99.60
	City Washington State DC Zip Code 20004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reception expense Candidate Name	[MEMO ITEM] MEMO: RECEPTION EXPENSE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Chase Credit Card Services	Transaction ID: 80109.E19342 Date of Disbursement																			
	Mailing Address P.O. Box 940414	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	1		2	0	7													
	City Palatine State IL Zip Code 60094-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CREDIT CARD: SEE BELOW	<table border="1"><tr><td>1787.65</td></tr></table>	1787.65																		
1787.65																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type																			
		CREDIT CARD: SEE BELOW																			

B.	Full Name (Last, First, Middle Initial) Stones River Beverage Warehouse	Transaction ID: 80109.E19356 Date of Disbursement																			
	Mailing Address 208 N. Thompson Lane	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	7													
	City Murfreesboro State TN Zip Code 37129-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement reception expense	<table border="1"><tr><td>45.71</td></tr></table>	45.71																		
45.71																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type																			
		[MEMO ITEM] MEMO: RECEPTION EXPENSE																			

C.	Full Name (Last, First, Middle Initial) Stones River Beverage Warehouse	Transaction ID: 80109.E19350 Date of Disbursement																			
	Mailing Address 208 N. Thompson Lane	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	7
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	City Murfreesboro State TN Zip Code 37129-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement reception expense	<table border="1"><tr><td>237.53</td></tr></table>	237.53																		
237.53																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type																			
		[MEMO ITEM] MEMO: RECEPTION EXPENSE																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1787.65</td></tr></table>	1787.65
1787.65		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Chop House & Brewery <hr/> Mailing Address 509 7th Street, NW <hr/> City Washington State DC Zip Code 20004- <hr/> Purpose of Disbursement reception expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19357 Date of Disbursement 12 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 24.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE
B.	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 620 Ridgely Rd. <hr/> City Murfreesboro State TN Zip Code 37129- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19355 Date of Disbursement 12 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 174.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 620 Ridgely Rd. <hr/> City Murfreesboro State TN Zip Code 37129- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19346 Date of Disbursement 12 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 32.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Kroger Grocery Store

Transaction ID: 80109.E19348
Date of Disbursement

Mailing Address 1776 East Northfield Boulevard

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

City State Zip Code
Murfreesboro TN 37130-

Amount of Each Disbursement this Period

15.82

Purpose of Disbursement
office supplies
Candidate Name

Category/
Type

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

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

B.

Full Name (Last, First, Middle Initial)
Loews Vanderbilt Hotel

Transaction ID: 80109.E19347
Date of Disbursement

Mailing Address 2100 West End Ave.

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

City State Zip Code
Nashville TN 37203-

Amount of Each Disbursement this Period

809.29

Purpose of Disbursement
reception expense
Candidate Name

Category/
Type

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

[MEMO ITEM]
MEMO: RECEPTION EXPENSE

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

C.

Full Name (Last, First, Middle Initial)
OCharleys Restaurant

Transaction ID: 80109.E19353
Date of Disbursement

Mailing Address 1006 Memorial Blvd.

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

City State Zip Code
Murfreesboro TN 37129-

Amount of Each Disbursement this Period

62.06

Purpose of Disbursement
staff meals
Candidate Name

Category/
Type

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

[MEMO ITEM]
MEMO: STAFF MEALS

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

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Toots Restaurant	Transaction ID: 80109.E19343 Date of Disbursement 11 / 21 / 2007
	Mailing Address 860 N.W. Broad St.	Amount of Each Disbursement this Period 47.85
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement staff meals	[MEMO ITEM] MEMO: STAFF MEALS
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Logans Roadhouse	Transaction ID: 80109.E19344 Date of Disbursement 11 / 13 / 2007
	Mailing Address 740 NW Broad St.	Amount of Each Disbursement this Period 28.05
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement staff meals	[MEMO ITEM] MEMO: STAFF MEALS
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sams Club	Transaction ID: 71220.E19192 Date of Disbursement 10 / 31 / 2007
	Mailing Address 125 John R. Rice Blvd.	Amount of Each Disbursement this Period 159.07
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	OFFICE SUPPLIES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	159.07
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Sams Club	Transaction ID: 71220.E19320 Date of Disbursement 12 / 05 / 2007
	Mailing Address 125 John R. Rice Blvd.	Amount of Each Disbursement this Period 38.53
	City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES

B.	Full Name (Last, First, Middle Initial) Leadership Directories	Transaction ID: 71220.E19195 Date of Disbursement 10 / 31 / 2007
	Mailing Address 1001 G Street, NW Ste. 200 East	Amount of Each Disbursement this Period 335.00
	City Washington State DC Zip Code 20001-4545 Purpose of Disbursement subscription Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUBSCRIPTION

C.	Full Name (Last, First, Middle Initial) Robert Dunkel	Transaction ID: 71220.C120053IK Date of Disbursement 10 / 12 / 2007
	Mailing Address 9014 Nomini Lane	Amount of Each Disbursement this Period 759.00
	City Alexandria State VA Zip Code 22309- Purpose of Disbursement Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND:

SUBTOTAL of Disbursements This Page (optional)	1132.53
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Murfreesboro Electric Department	Transaction ID: 71012.E19141 Date of Disbursement 10 / 12 / 2007
	Mailing Address 205 N. Walnut St. P.O. Box 9	Amount of Each Disbursement this Period 102.78
	City Murfreesboro State TN Zip Code 37133-0009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		UTILITIES

B.	Full Name (Last, First, Middle Initial) Murfreesboro Electric Department	Transaction ID: 71220.E19189 Date of Disbursement 10 / 23 / 2007
	Mailing Address 205 N. Walnut St. P.O. Box 9	Amount of Each Disbursement this Period 91.30
	City Murfreesboro State TN Zip Code 37133-0009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		UTILITIES

C.	Full Name (Last, First, Middle Initial) Murfreesboro Electric Department	Transaction ID: 71220.E19261 Date of Disbursement 11 / 16 / 2007
	Mailing Address 205 N. Walnut St. P.O. Box 9	Amount of Each Disbursement this Period 63.56
	City Murfreesboro State TN Zip Code 37133-0009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		UTILITES

SUBTOTAL of Disbursements This Page (optional) ▶

257.64

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Atmos Energy	Transaction ID: 71012.E19138 Date of Disbursement 10 / 12 / 2007
	Mailing Address P.O. Box 1313	Amount of Each Disbursement this Period 26.96
	City Murfreesboro State TN Zip Code 37133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type UTILITIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Atmos Energy	Transaction ID: 71220.E19194 Date of Disbursement 10 / 31 / 2007
	Mailing Address P.O. Box 1313	Amount of Each Disbursement this Period 28.14
	City Murfreesboro State TN Zip Code 37133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type UTILITIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Atmos Energy	Transaction ID: 71220.E19290 Date of Disbursement 11 / 20 / 2007
	Mailing Address P.O. Box 1313	Amount of Each Disbursement this Period 36.51
	City Murfreesboro State TN Zip Code 37133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type UTILITES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	91.61
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 71220.E19291 Date of Disbursement 11 / 20 / 2007
	Mailing Address P.O. Box 1270	Amount of Each Disbursement this Period 143.96
	City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement no vendor over \$200.00	NO VENDOR OVER \$200.00
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Air Gas	Transaction ID: 71012.E19140 Date of Disbursement 10 / 12 / 2007
	Mailing Address 411 West College St.	Amount of Each Disbursement this Period 10.14
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement helium	HELIUM
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Air Gas	Transaction ID: 71015.E19158 Date of Disbursement 10 / 15 / 2007
	Mailing Address 411 West College St.	Amount of Each Disbursement this Period 69.93
	City Murfreesboro State TN Zip Code 37129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement helium	HELIUM
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	224.03
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Air Gas</p> <p>Mailing Address 411 West College St.</p> <p>City Murfreesboro State TN Zip Code 37129-</p> <p>Purpose of Disbursement helium</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19256</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 71.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>HELIUM</p>
<p>B. Full Name (Last, First, Middle Initial) U.S. Capitol Historical Society</p> <p>Mailing Address 200 Maryland Ave., NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement calendars</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71012.E19130</p> <p>Date of Disbursement 10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 5737.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CALENDARS</p>
<p>C. Full Name (Last, First, Middle Initial) Christy Hughes</p> <p>Mailing Address 1710 East Northfield Boulevard</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement reception expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19313</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 630.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RECEPTION EXPENSE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6438.66

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 / 145

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Christy Hughes <hr/> Mailing Address 1710 East Northfield Boulevard <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement reception expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19321 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 630.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RECEPTION EXPENSE
B.	Full Name (Last, First, Middle Initial) Ashley Hultman <hr/> Mailing Address 900 East Main Street Apt. 4 <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71012.E19131 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 543.42 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
C.	Full Name (Last, First, Middle Initial) Ashley Hultman <hr/> Mailing Address 900 East Main Street Apt. 4 <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71015.E19163 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 191.63 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

1365.05

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Ashley Hultman <hr/> Mailing Address 900 East Main Street Apt. 4 <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19202 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">450.57</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	7		450.57
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		3	1		2	0	7															
450.57																							
B.	Full Name (Last, First, Middle Initial) Ashley Hultman <hr/> Mailing Address 900 East Main Street Apt. 4 <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19253 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">357.32</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	7		357.32
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	7															
357.32																							
C.	Full Name (Last, First, Middle Initial) Ashley Hultman <hr/> Mailing Address 900 East Main Street Apt. 4 <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19259 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">31.15</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	7		31.15
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	7															
31.15																							

SUBTOTAL of Disbursements This Page (optional) ▶

839.04

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

<p>A. Full Name (Last, First, Middle Initial) Ashley Hultman</p> <p>Mailing Address 900 East Main Street Apt. 4</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19308 Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 303.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WAGES</p>
<p>B. Full Name (Last, First, Middle Initial) Ashley Hultman</p> <p>Mailing Address 900 East Main Street Apt. 4</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19326 Date of Disbursement 12 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 671.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WAGES</p>
<p>C. Full Name (Last, First, Middle Initial) Ashley Hultman</p> <p>Mailing Address 900 East Main Street Apt. 4</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement reimbursement for office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71220.E19328 Date of Disbursement 12 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 40.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT FOR OFFICE SUPPLIES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1016.51

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 145

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Ashley Hultman <hr/> Mailing Address 900 East Main Street Apt. 4 <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19327 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">53.40</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	7		53.40
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	4		2	0	7															
53.40																							
B.	Full Name (Last, First, Middle Initial) Ashley Hultman <hr/> Mailing Address 900 East Main Street Apt. 4 <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19366 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">337.51</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	7		337.51
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	1		2	0	7															
337.51																							
C.	Full Name (Last, First, Middle Initial) Natl. Federation of Independent Busines <hr/> Mailing Address 53 Century Blvd. <hr/> City Nashville State TN Zip Code 37214- <hr/> Purpose of Disbursement membership dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71012.E19142 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">251.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEMBERSHIP DUES	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	7		251.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	2		2	0	7															
251.00																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">641.91</td> </tr> </table>	641.91
641.91		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) Aristotle Industries <hr/> Mailing Address 205 Pennsylvania Ave. SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement computer software Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71015.E19159 Date of Disbursement 10 / 15 / 2007
	Amount of Each Disbursement this Period 1500.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	COMPUTER SOFTWARE
B. Full Name (Last, First, Middle Initial) Daily News Journal <hr/> Mailing Address 224 North Walnut <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement subscription Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71015.E19165 Date of Disbursement 10 / 15 / 2007
	Amount of Each Disbursement this Period 8.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SUBSCRIPTION
C. Full Name (Last, First, Middle Initial) Daily News Journal <hr/> Mailing Address 224 North Walnut <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement subscription Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19255 Date of Disbursement 11 / 15 / 2007
	Amount of Each Disbursement this Period 8.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SUBSCRIPTION

SUBTOTAL of Disbursements This Page (optional) ▶

1516.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Daily News Journal	Transaction ID: 71220.E19337 Date of Disbursement 12 / 14 / 2007
	Mailing Address 224 North Walnut	Amount of Each Disbursement this Period 8.00
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement subscription	Category/Type
	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) ▼
		SUBSCRIPTION

B.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 71012.E19133 Date of Disbursement 10 / 02 / 2007
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 60.00
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages	Category/Type
	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) ▼
		WAGES

C.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 71015.E19164 Date of Disbursement 10 / 15 / 2007
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 48.75
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages	Category/Type
	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) ▼
		WAGES

SUBTOTAL of Disbursements This Page (optional)	▶	116.75
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 71220.E19310 Date of Disbursement 11 / 30 / 2007
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 20.00
	City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement wages Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES

B.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 71220.E19329 Date of Disbursement 12 / 14 / 2007
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 283.44
	City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement wages Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES

C.	Full Name (Last, First, Middle Initial) Anna Kelma	Transaction ID: 80109.E19365 Date of Disbursement 12 / 21 / 2007
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 241.34
	City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement wages Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES

SUBTOTAL of Disbursements This Page (optional)	▶	544.78
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Expert Laser Mailing Address 117 Forest Hills Dr. City Clarksville State TN Zip Code 37040- Purpose of Disbursement office equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19264 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 169.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE EQUIPMENT
B.	Full Name (Last, First, Middle Initial) Expert Laser Mailing Address 117 Forest Hills Dr. City Clarksville State TN Zip Code 37040- Purpose of Disbursement office equipemet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19265 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 205.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE EQUIPEMET
C.	Full Name (Last, First, Middle Initial) Expert Laser Mailing Address 117 Forest Hills Dr. City Clarksville State TN Zip Code 37040- Purpose of Disbursement office equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19315 Date of Disbursement 12 / 07 / 2007 Amount of Each Disbursement this Period 370.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE EQUIPMENT

SUBTOTAL of Disbursements This Page (optional) ▶	745.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Laser One	Transaction ID: 71012.E19144 Date of Disbursement 10 / 12 / 2007
	Mailing Address 800 4th Ave., South	Amount of Each Disbursement this Period 1341.76
	City Nashville State TN Zip Code 37210-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office equipment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE EQUIPMENT

B.	Full Name (Last, First, Middle Initial) Laser One	Transaction ID: 71220.E19263 Date of Disbursement 11 / 16 / 2007
	Mailing Address 800 4th Ave., South	Amount of Each Disbursement this Period 2680.52
	City Nashville State TN Zip Code 37210-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office equipment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE EQUIPMENT

C.	Full Name (Last, First, Middle Initial) Council of Ins. Agents & Brokers PAC	Transaction ID: 71220.C120952IK Date of Disbursement 11 / 13 / 2007
	Mailing Address 701 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 1206.40
	City Washington State DC Zip Code 20004-2068	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		IN KIND:

SUBTOTAL of Disbursements This Page (optional)

5228.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 131 / 145

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Joe Patterson <hr/> Mailing Address 152 Brawley Circle <hr/> City Readyville State TN Zip Code 37149- <hr/> Purpose of Disbursement mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19251 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 36.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT
B.	Full Name (Last, First, Middle Initial) Joe Patterson <hr/> Mailing Address 152 Brawley Circle <hr/> City Readyville State TN Zip Code 37149- <hr/> Purpose of Disbursement mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19314 Date of Disbursement 12 / 07 / 2007 <hr/> Amount of Each Disbursement this Period 35.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT
C.	Full Name (Last, First, Middle Initial) Pilar Perel <hr/> Mailing Address 3909 Spruell Dr. <hr/> City Kensington State MD Zip Code 20895- <hr/> Purpose of Disbursement catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71012.E19147 Date of Disbursement 10 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING

SUBTOTAL of Disbursements This Page (optional) ▶	2472.36
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial) AT & T Mailing Address P.O. Box 55000 City Detroit State MI Zip Code 48255- Purpose of Disbursement telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71012.E19139 Date of Disbursement 10 / 12 / 2007
	Amount of Each Disbursement this Period 581.93
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	TELEPHONE SERVICE

B. Full Name (Last, First, Middle Initial) AT & T Mailing Address P.O. Box 55000 City Detroit State MI Zip Code 48255- Purpose of Disbursement telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19191 Date of Disbursement 10 / 23 / 2007
	Amount of Each Disbursement this Period 583.93
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	TELEPHONE SERVICE

C. Full Name (Last, First, Middle Initial) AT & T Mailing Address P.O. Box 55000 City Detroit State MI Zip Code 48255- Purpose of Disbursement telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19294 Date of Disbursement 11 / 27 / 2007
	Amount of Each Disbursement this Period 582.73
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	1748.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71012.E19156 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 1375.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71220.E19190 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71220.E19203 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 1025.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional)	2900.96
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19247 Date of Disbursement 11 / 09 / 2007 Amount of Each Disbursement this Period 260.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19248 Date of Disbursement 11 / 09 / 2007 Amount of Each Disbursement this Period 87.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19260 Date of Disbursement 11 / 15 / 2007 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	948.32
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19317 Date of Disbursement 12 / 07 / 2007 Amount of Each Disbursement this Period 411.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19339 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 325.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C.	Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 825 S. Church Street City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19338 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 902.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	1639.30
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) United States Post Office	Transaction ID: 80109.E20095 Date of Disbursement 12 / 18 / 2007
	Mailing Address 825 S. Church Street	Amount of Each Disbursement this Period 7.40
	City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement postage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE

B.	Full Name (Last, First, Middle Initial) Greystone Press	Transaction ID: 71012.E19145 Date of Disbursement 10 / 12 / 2007
	Mailing Address 1087-A Louisville Hwy.	Amount of Each Disbursement this Period 1425.00
	City Goodlettsville State TN Zip Code 37072- Purpose of Disbursement reception expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RECEPTION EXPENSE

C.	Full Name (Last, First, Middle Initial) Greystone Press	Transaction ID: 71220.E19335 Date of Disbursement 12 / 14 / 2007
	Mailing Address 1087-A Louisville Hwy.	Amount of Each Disbursement this Period 825.00
	City Goodlettsville State TN Zip Code 37072- Purpose of Disbursement reception expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RECEPTION EXPENSE

SUBTOTAL of Disbursements This Page (optional)	▶	2257.40
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Courier Printing	Transaction ID: 71012.E19143 Date of Disbursement 10 / 12 / 2007
	Mailing Address 1 Courier Place	Amount of Each Disbursement this Period 4590.73
	City Smyrna State TN Zip Code 37167-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement printing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING

B.	Full Name (Last, First, Middle Initial) Courier Printing	Transaction ID: 71220.E19187 Date of Disbursement 10 / 23 / 2007
	Mailing Address 1 Courier Place	Amount of Each Disbursement this Period 1565.70
	City Smyrna State TN Zip Code 37167-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement printing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING

C.	Full Name (Last, First, Middle Initial) Mike Terry	Transaction ID: 71012.E19134 Date of Disbursement 10 / 12 / 2007
	Mailing Address 1485 Bradberry Drive	Amount of Each Disbursement this Period 2525.28
	City Murfreesboro State TN Zip Code 37130-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WAGES

SUBTOTAL of Disbursements This Page (optional)	▶	8681.71
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Mike Terry <hr/> Mailing Address 1485 Bradberry Drive <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19186 Date of Disbursement 10 / 17 / 2007 <hr/> Amount of Each Disbursement this Period 255.56 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT
B.	Full Name (Last, First, Middle Initial) Mike Terry <hr/> Mailing Address 1485 Bradberry Drive <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19204 Date of Disbursement 10 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 2525.28 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
C.	Full Name (Last, First, Middle Initial) Mike Terry <hr/> Mailing Address 1485 Bradberry Drive <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71220.E19258 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 277.89 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)	3058.73
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Mike Terry <hr/> Mailing Address 1485 Bradberry Drive <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement wages Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 71220.E19307 Date of Disbursement 11 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 2525.28 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
B.	Full Name (Last, First, Middle Initial) Mike Terry <hr/> Mailing Address 1485 Bradberry Drive <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement mileage reimbursement Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 71220.E19322 Date of Disbursement 12 / 14 / 2007 <hr/> Amount of Each Disbursement this Period 502.86 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT
C.	Full Name (Last, First, Middle Initial) Mike Terry <hr/> Mailing Address 1485 Bradberry Drive <hr/> City Murfreesboro State TN Zip Code 37130- <hr/> Purpose of Disbursement wages Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80109.E19368 Date of Disbursement 12 / 21 / 2007 <hr/> Amount of Each Disbursement this Period 4922.14 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

7950.28

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Mike Terry Mailing Address 1485 Bradberry Drive City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80109.E19367 Date of Disbursement 12 / 21 / 2007 Amount of Each Disbursement this Period 246.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT
B.	Full Name (Last, First, Middle Initial) Robertson County Times Mailing Address P.O. Box 637 City Springfield State TN Zip Code 37172- Purpose of Disbursement newspaper ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80115.E20103 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NEWSPAPER ADS
C.	Full Name (Last, First, Middle Initial) Robertson County Times Mailing Address P.O. Box 637 City Springfield State TN Zip Code 37172- Purpose of Disbursement subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80115.E20102 Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 44.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUBSCRIPTION

SUBTOTAL of Disbursements This Page (optional) ▶

540.80

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 33050 City Saint Petersburg State FL Zip Code 33733- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71012.E19155 Date of Disbursement 10 / 07 / 2007 Amount of Each Disbursement this Period 126.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 33050 City Saint Petersburg State FL Zip Code 33733- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71220.E19249 Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 138.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE SERVICE
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 33050 City Saint Petersburg State FL Zip Code 33733- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71220.E19199 Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 128.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	393.70
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 33050 City Saint Petersburg State FL Zip Code 33733- Purpose of Disbursement mobile phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71220.E19304 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 131.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Joseph Womack Mailing Address 113 Casper Ct. City Murfreesboro State TN Zip Code 37128- Purpose of Disbursement mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71012.E19153 Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 17.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE REIMBURSEMENT
C.	Full Name (Last, First, Middle Initial) Joseph Womack Mailing Address 113 Casper Ct. City Murfreesboro State TN Zip Code 37128- Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71012.E19154 Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 22.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

172.05

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 / 145

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A.

Full Name (Last, First, Middle Initial)
Queenie Woods

Mailing Address 441 Evergreen Street

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement
cleaning service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19250

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		1	5		2	0	0	7

Amount of Each Disbursement this Period

75.00

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

CLEANING SERVICE

SUBTOTAL of Disbursements This Page (optional) ►

75.00

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

88105.44

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

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

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003-

Purpose of Disbursement
DONATION OF EXCESS CAMPAIGN FUNDS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80109.E20094

Date of Disbursement

10 / 20 / 2007

Amount of Each Disbursement this Period

25000.00

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

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

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003-

Purpose of Disbursement
DONATION OF EXCESS CAMPAIGN FUNDS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71011.E19122

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

30000.00

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

C. Full Name (Last, First, Middle Initial)
TN House-Senate Joint Democratic Caucus

Mailing Address 223 8th Avenue North

City Nashville State TN Zip Code 37203-3513

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19312

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

50.00

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

SUBTOTAL of Disbursements This Page (optional)

55050.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Congressman Bart Gordon Committee

A. Full Name (Last, First, Middle Initial)
Robertson County Democratic Party

Mailing Address 4649 Lahr Rd.

City Springfield State TN Zip Code 37172-

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71220.E19205

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

250.00

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

B. Full Name (Last, First, Middle Initial)
Berke For State Senate

Mailing Address P.O. Box 4747

City Chattanooga State TN Zip Code 37405-

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71015.E19157

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

56300.00