

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Scott DesJarlais

ADDRESS (number and street)

PO. Box 90133

Check if different than previously reported. (ACC)

Nashville

TN

37209-0133

2. FEC IDENTIFICATION NUMBER ▼

C C00464073

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TN

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Troy Brewer

Signature of Treasurer Troy Brewer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Scott DesJarlais

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	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))....	17580.00	291541.25
(b) Total Contribution Refunds (from Line 20(d))	0.00	13000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17580.00	278541.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33155.81	155193.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	89.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33155.81	155103.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	154474.98	
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

Friends of Scott DesJarlais

Report Covering the Period: From: / / To: / /

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).....	16275.00	231755.00
(ii) Unitemized.....	1305.00	7755.00
(iii) TOTAL of contributions from individuals ▶	17580.00	239510.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	52031.25
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17580.00	291541.25
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	89.58
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	17580.00	291630.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33155.81	155193.55
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	13000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	13000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	33155.81	168193.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	170050.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17580.00
25. SUBTOTAL (add Line 23 and Line 24).....	187630.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33155.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	154474.98

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N
Transaction ID :

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Friends of Scott DesJarlais

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

Mailing Address 1431 S College St

City Winchester State TN Zip Code 37398-2414

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

Name of Employer Self Employed Occupation Chiropractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : A913D09AB5C7849FF965

Amount of Each Receipt this Period
200.00

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

Mailing Address 420 Verandah Ln

City Franklin State TN Zip Code 37064-4736

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

Name of Employer Ge Capital Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : AEE9BD3CA629F4A9D86A

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Janie McAfee

Mailing Address 4779 Shady Grove Rd

City Morrison State TN Zip Code 37357-3268

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : A771A3998D8474AE1BDE

Amount of Each Receipt this Period
1000.00

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

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

1700.00

**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 7 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

A. Full Name (Last, First, Middle Initial)
Dr. Jim Kennedy

Mailing Address 200 Spirit Hill Cir

City State Zip Code
Smyrna TN 37167-8121

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

Name of Employer Occupation
UP-MA Health Solutions Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 26 / 2013

Transaction ID : AF7E4BF8585AF4C9C9A4

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Terry L. Dotson

Mailing Address 472 Poplar Springs Rd.

City State Zip Code
Kingston TN 37763-4100

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

Name of Employer Occupation
Winding Creek Stables Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 06 / 2013

Transaction ID : AE7A16EDE089042BF830

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Harold Deep

Mailing Address PO Box 221

City State Zip Code
Jasper TN 37347-0221

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2013

Transaction ID : A049F1202C24649D797A

Amount of Each Receipt this Period
200.00

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

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

1450.00

**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 8 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

A. Full Name (Last, First, Middle Initial)
Mr. Philip McAfee

Mailing Address 4779 Shady Grove Rd

City	State	Zip Code
Morrison	TN	37357-3268

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : AEB03308ACB92434BB00

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert Childress

Mailing Address PO Box 3232

City	State	Zip Code
Sewanee	TN	37375-3232

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

Name of Employer	Occupation
Honeycutt Family Dentistry	Pediatric Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : A87B6CBE3C3CA4348970

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. John Calfee

Mailing Address 1807 Brighton Dr

City	State	Zip Code
Murfreesboro	TN	37130-5951

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

Name of Employer	Occupation
Self Employed	Finance Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : A76F73AC278D347B4978

Amount of Each Receipt this Period
250.00

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

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: (check only one)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

A. Full Name (Last, First, Middle Initial)
Mrs. Nancy E. Post

Mailing Address 4564 Main Street

City Jasper	State TN	Zip Code 37347-3504
----------------	-------------	------------------------

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

Name of Employer Fancy Nancys	Occupation Owner
----------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2013

Transaction ID : A9C958ACFC288481F92F

Amount of Each Receipt this Period
400.00

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

Mailing Address 127 Gillette Dr.

City Franklin	State TN	Zip Code 37069-4113
------------------	-------------	------------------------

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

Name of Employer Educational Funding	Occupation Manager
---	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2013

Transaction ID : AB3547292695E487B92C

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Geoff Post

Mailing Address 4564 Main St

City Jasper	State TN	Zip Code 37347-3504
----------------	-------------	------------------------

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

Name of Employer Citizens State Bank	Occupation Banker
---	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2013

Transaction ID : AA35ADAF31FB940D4BC0

Amount of Each Receipt this Period
600.00

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

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

1250.00

**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 10 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

A. Full Name (Last, First, Middle Initial)
Mr. J. Harvey Cameron

Mailing Address PO Box 759

City Jasper State TN Zip Code 37347-0759

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : ABA47A1E00DC2452AA98

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin Macdonald

Mailing Address 1789 Forest Parkway

City Morrow State GA Zip Code 30260-3505

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

Name of Employer Carrier Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : ABB75BEB979D428996E

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Cabot Hyde

Mailing Address 900 Lynnwood Blvd

City Nashville State TN Zip Code 37205-4527

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

Name of Employer M2G Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 14 / 2013

Transaction ID : A38F88D51264F47DE850

Amount of Each Receipt this Period
2500.00

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

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

4500.00

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

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

Mailing Address 800 Market St

City State Zip Code
Chattanooga TN 37402-2632

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

Name of Employer Occupation
State Farm Insurance Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : A3EFE40177F1D46E8805

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. William Walker

Mailing Address 1002 Gills Chapel Rd

City State Zip Code
Lewisburg TN 37091-5331

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

Name of Employer Occupation
Walker Die Casting, Inc. Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : AB4C30C719B854B92B88

Amount of Each Receipt this Period
250.00

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

Mailing Address 127 Gillette Dr.

City State Zip Code
Franklin TN 37069-4113

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

Name of Employer Occupation
Educational Funding Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 26 / 2013

Transaction ID : A0FC3464186CA4FC893A

Amount of Each Receipt this Period
250.00

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

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: (check only one)	PAGE 12 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Randall Rowland		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 422 Magnolia Vale Dr		Transaction ID : A7A4E0CE96E39411A946
City Chattanooga	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Construction	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ronald Kirkland		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 107 Tuckahoe Rd		Transaction ID : A808A8F7D6A9C4D4DAF4
City Jackson	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Jackson Clinic	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Phillip Young		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 323 Ridgecrest Dr		Transaction ID : A82A946F2E1294A0FAEE
City Winchester	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Southen Tn Medical Center	Occupation Hospital CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 575.00	

SUBTOTAL of Receipts This Page (optional).....	1325.00
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 13 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

A. Full Name (Last, First, Middle Initial)
Mr. Jeff Campora

Mailing Address 334 Cedar Bluff Dr

City Winchester State TN Zip Code 37398-6202

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

Name of Employer Lifeaid Medical Occupation Home Medical Equipment

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 26 / 2013

Transaction ID : A389342265DEF458B894

Amount of Each Receipt this Period
500.00

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

Mailing Address 1115 Healing Springs Rd

City Chattanooga State TN Zip Code 37419-1043

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 12 / 2013

Transaction ID : A003303DA7E9C4826892

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Bill Hunter

Mailing Address 2578 Antrim Cir

City Columbia State TN Zip Code 38401-5830

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

Name of Employer Self-employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 26 / 2013

Transaction ID : AAE43E7FA9E7C4515A55

Amount of Each Receipt this Period
500.00

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

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

2000.00

**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 14 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

A. Full Name (Last, First, Middle Initial)
Mr. Glenn Norfleet

Mailing Address 98 Bob White Dr

City Manchester State TN Zip Code 37355-5920

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 14 / 2013

Transaction ID : A7A6CA6D1D4C445FA911

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mrs. Virginia Stewart

Mailing Address PO Box 144

City Bell Buckle State TN Zip Code 37020-0144

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 12 / 2013

Transaction ID : A061EF0AD2FB04D1EB90

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary Hutton

Mailing Address 18158 E Weaver Dr

City Aurora State CO Zip Code 80016-3136

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

Name of Employer Retired- Ups Occupation Retired- Ups

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 06 / 2013

Transaction ID : ADAD6E1A7DA5C43F583C

Amount of Each Receipt this Period
100.00

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

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

300.00

**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 15 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

A. Full Name (Last, First, Middle Initial)
Mr. John H Cameron Jr.

Mailing Address 904 Glamis Circle

City Signal Mountain State TN Zip Code 37377-1930

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

Name of Employer Cameron Gouger Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : AE89D4A04F96F43CF8B8

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. William Harting

Mailing Address 101 Taylor Rd

City Estill Springs State TN Zip Code 37330-3831

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : AB317FC332EFF400B8B3

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Andrew Knapper

Mailing Address 4168 Owl Hollow Rd

City Belvidere State TN Zip Code 37306-2606

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 19 / 2013

Transaction ID : AF2B088CF3FBD42DDB50

Amount of Each Receipt this Period
 250.00

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

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

750.00

16275.00

**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)		PAGE 16 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Troy Brewer Cpa Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 6213 Charlotte Pike Ste 112		Amount of Each Disbursement this Period 1500.00 Transaction ID : BDECEAEF354B04B918BD
City Nashville State TN Zip Code 37209-3038	Purpose of Disbursement Accounting/Compliance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 164.62 Transaction ID : B279137B4CCAC4A618B1
City Atlanta State GA Zip Code 30348-5378	Purpose of Disbursement Telephone Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Social Office		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 293 Fairfax Ave		Amount of Each Disbursement this Period 11989.96 Transaction ID : B3A3E0CEB0F2F40A596C
City Nashville State TN Zip Code 37212-4026	Purpose of Disbursement Finance/Administration Consulting Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13654.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. The Social Office		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 293 Fairfax Ave		Amount of Each Disbursement this Period 114.17 Transaction ID : B87DF8A7AC91F46D9AED
City Nashville	State TN Zip Code 37212-4026	
Purpose of Disbursement Printing Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Social Office		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 293 Fairfax Ave		Amount of Each Disbursement this Period 170.00 Transaction ID : BD4C74469CC3140E58B2
City Nashville	State TN Zip Code 37212-4026	
Purpose of Disbursement Gifts/Flowers	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Federal Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 212 Broadway		Amount of Each Disbursement this Period 662.23 Transaction ID : B0B4E2CE4A4EB464A98D
City Nashville	State TN Zip Code 37201-2118	
Purpose of Disbursement Direct Mail-Shipping	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	946.40
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)	PAGE 18 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Guild Development			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013		
Mailing Address 5010 Austin Rd			Amount of Each Disbursement this Period 130.00		
City Hixson	State TN	Zip Code 37343-5175	Transaction ID : BCBC9B13BF3184AD8915		
Purpose of Disbursement Internet/Web Expense		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Aristotle			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013		
Mailing Address 205 Pennsylvania Ave SE			Amount of Each Disbursement this Period 2100.00		
City Washington	State DC	Zip Code 20003-1164	Transaction ID : B2326B7F6375B45ED8E4		
Purpose of Disbursement Computer/Software		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Troy Brewer Cpa Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013		
Mailing Address 6213 Charlotte Pike Ste 112			Amount of Each Disbursement this Period 1500.00		
City Nashville	State TN	Zip Code 37209-3038	Transaction ID : B4C8F33898D5E490E80F		
Purpose of Disbursement Accounting/Compliance		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	3730.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. The Social Office		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 293 Fairfax Ave		Amount of Each Disbursement this Period 4411.94 Transaction ID : B19E9852751CB4CCAAF2
City Nashville	State TN Zip Code 37212-4026	
Purpose of Disbursement Finance/Administration Consulting Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Guild Development		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 5010 Austin Rd		Amount of Each Disbursement this Period 130.00 Transaction ID : B2C8E4DEA83F147FFB42
City Hixson	State TN Zip Code 37343-5175	
Purpose of Disbursement Internet/Web Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Raceway		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 2277 Hillsboro Blvd		Amount of Each Disbursement this Period 54.20 Transaction ID : B6E3D4FE3F6DE4660A18
City Manchester	State TN Zip Code 37355-7311	
Purpose of Disbursement Travel Expense-Fuel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4596.14
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 20 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 134.30 Transaction ID : BC387DF035BD74A11900
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meals	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Marathon Oil		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 34 Executive Dr		Amount of Each Disbursement this Period 63.82 Transaction ID : BB7A01F23D1274D9C9F4
City Crossville State TN Zip Code 38555-5420	Purpose of Disbursement Travel Expense-Fuel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kangaroo Express		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 1200 S Cedar Ave		Amount of Each Disbursement this Period 60.17 Transaction ID : B15CA2676335C429A97E
City South Pittsburg State TN Zip Code 37380-1463	Purpose of Disbursement Travel Expense-Fuel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	258.29
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 21 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Us Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 6000 N Terminal Pkwy		Amount of Each Disbursement this Period 806.80 Transaction ID : B8016AD3A19A8446388F
City Atlanta	State GA Zip Code 30320-7400	
Purpose of Disbursement Travel Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 1330 Vultee Blvd		Amount of Each Disbursement this Period 64.63 Transaction ID : BA6813A2924A2435493E
City Nashville	State TN Zip Code 37217-1923	
Purpose of Disbursement Travel Expense-Fuel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Social Office		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 293 Fairfax Ave		Amount of Each Disbursement this Period 4132.72 Transaction ID : B489F737E3E8141F6B42
City Nashville	State TN Zip Code 37212-4026	
Purpose of Disbursement Finance/Administration Consulting Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5004.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 1330 Vultee Blvd		Amount of Each Disbursement this Period 57.48
City Nashville	State TN Zip Code 37217-1923	
Purpose of Disbursement Travel Expense-Fuel	Category/Type	Transaction ID : BEB1EF13C8D9048F4961
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Troy Brewer Cpa Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 6213 Charlotte Pike Ste 112		Amount of Each Disbursement this Period 1500.00
City Nashville	State TN Zip Code 37209-3038	
Purpose of Disbursement Accounting/Compliance	Category/Type	Transaction ID : B409A453DE5A34C7B8A7
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 164.66
City Atlanta	State GA Zip Code 30348-5378	
Purpose of Disbursement Telephone Expense	Category/Type	Transaction ID : BEA5ABD5CF6194671A65
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1722.14
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 23 OF 26			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 664.67 Transaction ID : B95DD4302B9684900BB7
City Atlanta	State GA	
Zip Code 30348-5378	Purpose of Disbursement Telephone Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Scott Hudson		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 4110 18th St. NE		Amount of Each Disbursement this Period 278.33 Transaction ID : BC8DA78DDA738450C947
City Washington	State DC	
Zip Code 20018-3202	Purpose of Disbursement Finance/Administration Consulting Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Tortilla Coast		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 400 1st St SE		Amount of Each Disbursement this Period 221.51 Transaction ID : B27F03181BA874104B23
City Washington	State DC	
Zip Code 20003-1826	Purpose of Disbursement Catering Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	664.51
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 24 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Guild Development		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 5010 Austin Rd		Amount of Each Disbursement this Period 130.00 Transaction ID : B6AA109518CC640BFA7D
City Hixson	State TN	
Zip Code 37343-5175	Purpose of Disbursement Internet/Web Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Federal Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 212 Broadway		Amount of Each Disbursement this Period 1313.35 Transaction ID : B4B09E35E74CF4B88B5D
City Nashville	State TN	
Zip Code 37201-2118	Purpose of Disbursement Direct Mail-Shipping	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Andy's Market		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 710 N. Cedar		Amount of Each Disbursement this Period 60.28 Transaction ID : BD53F9C3D0DB549F4982
City South Pittsburg	State TN	
Zip Code 37380	Purpose of Disbursement Travel Expense-Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1503.63
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 25 OF 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 50.62 Transaction ID : B7875A8B5019542908A2
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Meals	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Andy's Market		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 710 N. Cedar		Amount of Each Disbursement this Period 61.36 Transaction ID : B768DF45DE89E4A3D8EF
City South Pittsburg	State TN Zip Code 37380	
Purpose of Disbursement Travel Expense-Fuel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Regions Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 181 Belle Forest Cir		Amount of Each Disbursement this Period 400.69 Transaction ID : BCCFAD483D7EB4CB8914
City Nashville	State TN Zip Code 37221-2103	
Purpose of Disbursement Bank charges/Credit Card Discounts	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	512.67
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 26 OF 26			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial) A. Fast Food & Fuel		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 3410 Brainerd Rd		Amount of Each Disbursement this Period 54.51
City Chattanooga	State TN Zip Code 37411-3505	
Purpose of Disbursement Travel Expense-Fuel	Category/Type	Transaction ID : B22467C4407C44DCC962
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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).....	54.51
TOTAL This Period (last page this line number only).....	32647.02