

**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)

95 White Bridge Rd

Suite 207

Nashville

TN

37205-1482

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00464073

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

STATE ▼ DISTRICT

TN

04

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

Brewer, Troy, , Mr.,

Signature of Treasurer

Brewer, Troy, , Mr.,

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 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Friends of Scott DesJarlais

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 26 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	1170.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	1170.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11686.48	28451.88
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	11686.48	28451.88
8. Cash on Hand at Close of Reporting Period (from Line 27)	366018.36	
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Friends of Scott DesJarlais

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 26 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 2024**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

0.00

1150.00

(ii) Unitemized

0.00

20.00

(iii) TOTAL of contributions
from individuals ▶

0.00

1170.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

1170.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

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

0.00

1170.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

11686.48

28451.88

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

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS

500.00

500.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

12186.48

28951.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

378204.84

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

0.00

25. SUBTOTAL (add Line 23 and Line 24).....

378204.84

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

12186.48

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

366018.36

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

PAGE 5 OF 9

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

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NAME OF COMMITTEE (In Full)

Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 Amon Carter Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2024

City
DallasState
TXZip Code
75261

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

428.58

Transaction ID : BCBB49546041D40AFBF2

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2024

City
DallasState
TXZip Code
75261

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

428.58

Transaction ID : BAAC405DF934F4FE886C

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Carter Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2024

City
DallasState
TXZip Code
75261

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

13.00

Transaction ID : BDC455F92016E4256BB2

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

870.16

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 Amon Carter Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2024

City
DallasState
TXZip Code
75261

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

82.70

Transaction ID : B9846B838BB964E83AE8

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
DallasState
TXZip Code
75261

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

760.44

Transaction ID : B863C67BB0752468C9C0

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. DesJarlais, Scott, , Hon.,

Mailing Address 639 Sweetens Cove Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
South PittsburgState
TNZip Code
37380-6414

FEC Identification Number

C

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2922.00

Transaction ID : BB7593F83BB924C89A1F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3765.14

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial)

A. Dual Advantage

Mailing Address 576 Gourdneck Rd SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
SherwoodState
TNZip Code
37376

FEC Identification Number

C

Purpose of Disbursement
Political / Admin Consulting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : BDEE942C3041C42FDA55

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Dual Advantage

Mailing Address 576 Gourdneck Rd SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
SherwoodState
TNZip Code
37376

FEC Identification Number

C

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

872.57

Transaction ID : B9A1AA885A8DA45079B4

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Political Financial Management LLCMailing Address 95 White Bridge Rd
Ste 207

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
NashvilleState
TNZip Code
37205-1482

FEC Identification Number

C

Purpose of Disbursement
Compliance / Accounting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1500.00

Transaction ID : BDD8E57AAD8784E4B95F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

2872.57

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

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

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

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NAME OF COMMITTEE (In Full)

Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial)

A. The Congressional InstituteMailing Address 1700 Diagonal Rd
Ste 730City
AlexandriaState
VAZip Code
22314-2843Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3758.82

Transaction ID : BA8F450D39815485FBE4

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. United States Postal Service

Mailing Address 4501 Charlotte Ave

City
NashvilleState
TNZip Code
37209-3885Purpose of Disbursement
Postage

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

33.65

Transaction ID : B09AA93BFB8AB4EDB828

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

3792.47

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

11300.34

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

PAGE 9 OF 9

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

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NAME OF COMMITTEE (In Full)

Friends of Scott DesJarlais

Full Name (Last, First, Middle Initial)

A. Shane Reeves for Tennessee

Mailing Address PO Box 10807

Date of Disbursement

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

City
MurfreesboroState
TNZip Code
37129-0017

FEC Identification Number

Purpose of Disbursement
Refund of Contribution

010

Amount of Each Disbursement this Period

Transaction ID : B4697FBB673B44C1ABA6

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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