

# 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 07 19 2008 through 09 30 2008

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 10 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
0	7

D	D
1	9

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	202280.02	1451054.79
(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)).....	202280.02	1445913.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	274304.16	690094.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1712.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	274304.16	688381.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	923612.41	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name  
Congressman Bart Gordon Committee

Report Covering the Period: From: 

M	M
0	7

D	D
1	9

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

13500.00

315241.54

(ii) Unitemized.....

300.00

51820.00

(iii) TOTAL of contributions

13800.00

367061.54

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

188480.02

1083993.25

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

202280.02

1451054.79

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

0.00

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

0.00

0.00

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

0.00

1712.57

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

6015.87

59523.12

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

208295.89

1513790.48

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	274304.16	690094.02
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.....	12750.00	368550.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	287054.16	1063785.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1002370.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	208295.89
25. SUBTOTAL (add Line 23 and Line 24).....	1210666.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	287054.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	923612.41

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 114  
(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)  
Abbott Laboratories PAC

Mailing Address Route 137 and Waukegan Road

City State Zip Code  
Abbott Park IL 60064

FEC ID number of contributing federal political committee. **C** C00040279

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  
 0 9 / 1 9 / 2 0 0 8

**Transaction ID:** 81011.C122207

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)  
Accenture PAC

Mailing Address 800 Connecticut Ave., NW  
Suite # 600

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00300707

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

**Transaction ID:** 81011.C122123

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)  
AGL Resources PAC

Mailing Address P.O. Box 4569

City State Zip Code  
Atlanta GA 30302

FEC ID number of contributing federal political committee. **C** C00145037

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  
 0 7 / 2 4 / 2 0 0 8

**Transaction ID:** 80724.C122055

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 6 / 114  
(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. Academy of Dermatology PAC  
Mailing Address 1350 I St., NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 9 / 2 0 0 8

**Transaction ID:** 81011.C122189

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)  
Am. Academy of Dermatology PAC  
Mailing Address 1350 I St., NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 9 / 2 0 0 8

**Transaction ID:** 81011.C122177

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)  
Am. Chemistry Council PAC  
Mailing Address 1300 Wilson Boulevard

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00252338

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 0 2 / 2 0 0 8

**Transaction ID:** 81011.C122148

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) ..... ► 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 7 / 114  
(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. College of Physician Services PAC

Mailing Address 25 Massachusetts Ave., NW Ste. 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 19 / 2008  
Transaction ID: 81011.C122209  
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. College of Surgeons PAC

Mailing Address 1640 Wisconsin Ave., NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 09 / 19 / 2008  
Transaction ID: 81011.C122178  
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)  
Am. Osteopathic Info. Assoc. PAC

Mailing Address 1090 Vermont Ave., NW, Suite 510

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 08 / 07 / 2008  
Transaction ID: 81011.C122116  
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 8 / 114  
(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. Pharmacists Assoc. PAC  
Mailing Address 2215 Constitution Ave., NW  
City Washington State DC Zip Code 20037  
FEC ID number of contributing federal political committee. **C** C00193854  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt MM / DD / YYYY 08 / 15 / 2008  
Transaction ID: 81011.C122131  
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)  
Amer. Public Power Assoc.  
Mailing Address 2301 M Street NW Suite 300  
City Washington State DC Zip Code 20037  
FEC ID number of contributing federal political committee. **C** C00161570  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY 09 / 19 / 2008  
Transaction ID: 81011.C122201  
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 Washington State DC Zip Code 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 ▼ 2000.00  
Date of Receipt MM / DD / YYYY 08 / 07 / 2008  
Transaction ID: 81011.C122117  
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 9 / 114  
(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 Bankers Association PAC  
Mailing Address 1120 Connecticut Ave. NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00004275  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00  
Date of Receipt 08 / 06 / 2008  
Transaction ID: 80806.C122101  
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)  
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 ▼ 2000.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: 80731.C122068  
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 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 ▼ 3000.00  
Date of Receipt 09 / 19 / 2008  
Transaction ID: 81011.C122194  
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 10 / 114  
(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 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 ▼ 8000.00

Date of Receipt 09 / 19 / 2008  
**Transaction ID:** 81011.C122206  
 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)  
American Electric Power

Mailing Address Comm. for Responsible Govt PAC  
801 Pennsylvania Ave., NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 09 / 26 / 2008  
**Transaction ID:** 81011.C122249  
 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 Federation of Teachers

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

City Washington State DC Zip Code 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 ▼ 5000.00

Date of Receipt 08 / 07 / 2008  
**Transaction ID:** 81011.C122107  
 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 11 / 114  
(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 Health Care Assoc. PAC  
Mailing Address 1201 L Street, NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00006080  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00  
Date of Receipt 08 / 06 / 2008  
Transaction ID: 80806.C122092  
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 Medical Assn. PAC  
Mailing Address 1101 Vermont Avenue, NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00000422  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00  
Date of Receipt 08 / 22 / 2008  
Transaction ID: 81011.C122140  
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 Nurses Assoc. PAC  
Mailing Address 600 Maryland Ave. SW  
Suite 100 West  
City Washington State DC Zip Code 20024  
FEC ID number of contributing federal political committee. **C** C00017525  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: 80731.C122083  
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 12 / 114

(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 Nurses Assoc. PAC

Mailing Address 600 Maryland Ave. SW  
Suite 100 West

City State Zip Code  
Washington DC 20024

FEC ID number of contributing federal political committee. **C** C00017525

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  
09 / 19 / 2008

Transaction ID: 81011.C122181

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)  
American Podiatric Medical Association

Mailing Address Political Action Committee  
9312 Old Georgetown Road

City State Zip Code  
Bethesda MD 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 ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2008

Transaction ID: 81011.C122204

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)  
Anheuser-Busch PAC

Mailing Address 1776 I Street, NW Suite 200

City State Zip Code  
Washington DC 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 ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 22 / 2008

Transaction ID: 81011.C122141

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) ..... ▶

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 13 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Applied Materials PAC		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 20 Park Road, Suite E		Transaction ID: 80731.C122073
	City Burlingame	State CA	Zip Code 94010
	FEC ID number of contributing federal political committee. <b>C</b> C00406892		Amount of Each Receipt this Period 2000.00
	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>B.</b>	Full Name (Last, First, Middle Initial) Arent Fox Civic PAC		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 1050 Connecticut Ave. NW		Transaction ID: 80731.C122079
	City Washington	State DC	Zip Code 20036
	FEC ID number of contributing federal political committee. <b>C</b> C00241380		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>C.</b>	Full Name (Last, First, Middle Initial) Areva PAC		Date of Receipt MM / DD / YYYY 09 / 10 / 2008
	Mailing Address One Bethesda Center 4800 Hampden Lane		Transaction ID: 81011.C122163
	City Bethesda	State MD	Zip Code 20814
	FEC ID number of contributing federal political committee. <b>C</b> C00395285		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> 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 / 114  
(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)  
Assoc. of Competitive Technology PAC

Mailing Address 1401 K Street, NW  
Suite 502

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00353284

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

Transaction ID: 80731.C122076

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)  
Baker Donelson PAC

Mailing Address 555 11th St NW  
6th Floor

City Washington State DC Zip Code 20004-1300

FEC ID number of contributing federal political committee. **C** C00431072

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
09 / 19 / 2008

Transaction ID: 81011.C122208

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)  
Blue Dog PAC

Mailing Address 6849 Old Dominion Dr.  
Suite 222

City Mc Lean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C** C00305318

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY  
09 / 19 / 2008

Transaction ID: 81011.C122196

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) ..... ▶ 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 15 / 114  
(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)  
Buchanan Ingersoll PAC

Mailing Address 1700 K St., NW  
Ste. 300

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00195388

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  
 0 9 / 1 9 / 2 0 0 8

**Transaction ID:** 81011.C122199

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)  
Build Political Action Committee

Mailing Address Natl Assoc. of HomeBuilders  
1201 15th Street NW

City State Zip Code  
Washington DC 20005-2800

FEC ID number of contributing federal political committee. **C** C00000901

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  
 0 7 / 3 1 / 2 0 0 8

**Transaction ID:** 80731.C122070

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)  
Calpine PAC

Mailing Address 50 West San Fernando Street

City State Zip Code  
San Jose CA 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 ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 1 0 / 2 0 0 8

**Transaction ID:** 81011.C122162

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) ..... ► **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 16 / 114

(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)  
Caremark PAC

Mailing Address 1300 I Stret, NW  
Suite 525 West

City State Zip Code  
Washington DC 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 ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2008

Transaction ID: 81011.C122104

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)  
CBS Corporation PAC

Mailing Address 601 Pennsylvania Avenue, N.W. Ste.

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00423442

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  
09 / 19 / 2008

Transaction ID: 81011.C122192

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)  
Cellular Telecommunications

Mailing Address Industry Association PAC  
1250 Connecticut Ave., NW Suite 20

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00262295

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  
08 / 06 / 2008

Transaction ID: 80806.C122091

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 17 / 114  
(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)  
Citigroup Federal PAC  
Mailing Address 1101 Pennsylvania Ave., NW Ste.100  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00008474  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 08 / 07 / 2008  
Transaction ID: 81011.C122103  
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)  
Coca-Cola Company PAC  
Mailing Address P.O. Drawer 1734  
City Atlanta State GA Zip Code 30301  
FEC ID number of contributing federal political committee. **C** C00012468  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 09 / 26 / 2008  
Transaction ID: 81011.C122246  
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)  
College of American Pathologists PAC  
Mailing Address 1350 I Street, NW, Ste. 590  
City Washington State DC Zip Code 20005-3305  
FEC ID number of contributing federal political committee. **C** C00274944  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00  
Date of Receipt 08 / 07 / 2008  
Transaction ID: 81011.C122118  
Amount of Each Receipt this Period 2220.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4720.00  
**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 / 114  
(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)  
Computer Science Corp PAC

Mailing Address 3110 Fairview Park Drive  
MC 441

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00101410

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  
 0 8 / 1 5 / 2 0 0 8

**Transaction ID:** 81011.C122129

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)  
Cosmetic, Toiletry & Fragrance PAC

Mailing Address 1101 17th., NW  
Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00113845

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  
 0 7 / 3 1 / 2 0 0 8

**Transaction ID:** 80731.C122087

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)  
Cricket PAC

Mailing Address 10307 Pacific Center Court

City San Diego State CA Zip Code 92121

FEC ID number of contributing federal political committee. **C** C00435222

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  
 0 9 / 1 9 / 2 0 0 8

**Transaction ID:** 81011.C122191

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 19 / 114

(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)  
CSX Transportation PAC

Mailing Address Suite 560, National Place  
1331 Pennsylvania Ave, NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. C C00163832

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  
0 8 / 0 6 / 2 0 0 8

**Transaction ID:** 80806.C122098

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)  
Cummins Inc Political Action Committee

Mailing Address 601 Pennsylvania Ave., NW  
North Bldg, Ste. 625

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. C C00377952

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  
0 7 / 3 1 / 2 0 0 8

**Transaction ID:** 80731.C122074

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)  
Dairy Farmers of America, Inc. DEPAC

Mailing Address 3253 E. Chestnut Expressway

City State Zip Code  
Springfield MO 65802

FEC ID number of contributing federal political committee. C C00001388

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  
0 8 / 0 6 / 2 0 0 8

**Transaction ID:** 80806.C122100

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 20 / 114  
(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)  
DowLohnes Government Strategies PAC

Mailing Address 1200 New Hampshire Ave., NW Ste. 8

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00346189

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  
 0 9 / 0 2 / 2 0 0 8

**Transaction ID:** 81011.C122150

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)  
eBay Committee for Responsible

Mailing Address Internet Commerce  
228 S. Washington St., Ste 115

City State Zip Code  
Alexandria VA 22314-5408

FEC ID number of contributing federal political committee. **C** C00342394

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 Y  
 0 7 / 2 4 / 2 0 0 8

**Transaction ID:** 80724.C122056

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)  
Foundation Coal PAC

Mailing Address 999 Corporate Boulevard, Ste. 300

City State Zip Code  
Linthicum Heights MD 21090

FEC ID number of contributing federal political committee. **C** C00348524

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  
 0 9 / 1 9 / 2 0 0 8

**Transaction ID:** 81011.C122175

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 21 / 114  
(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 Electric PAC  
Mailing Address 1299 Pennsylvania Ave. NW Suite 11  
City Washington State DC Zip Code 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 ▼ 6000.00  
Date of Receipt: MM / DD / YYYY 07 / 31 / 2008  
Transaction ID: 80731.C122067  
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)  
General Electric PAC  
Mailing Address 1299 Pennsylvania Ave. NW Suite 11  
City Washington State DC Zip Code 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 ▼ 8000.00  
Date of Receipt: MM / DD / YYYY 09 / 24 / 2008  
Transaction ID: 81011.C122230  
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)  
Herbalife International PAC  
Mailing Address 1800 Century Park East  
City Los Angeles State CA Zip Code 90067  
FEC ID number of contributing federal political committee. **C** C00393298  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: MM / DD / YYYY 09 / 02 / 2008  
Transaction ID: 81011.C122146  
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 22 / 114  
(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)  
Hogan & Hartson PAC  
Mailing Address 555 - 13th St., NW  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00261339  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: 80731.C122072  
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)  
Holcim PAC  
Mailing Address 201 Jones Road  
City Waltham State MA Zip Code 02451  
FEC ID number of contributing federal political committee. **C** C00213348  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt 09 / 26 / 2008  
Transaction ID: 81011.C122245  
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)  
Honeywell PAC  
Mailing Address 1100 Connecticut Ave., NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00096156  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00  
Date of Receipt 07 / 24 / 2008  
Transaction ID: 80724.C122054  
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 23 / 114

(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)  
Honeywell PAC

Mailing Address 1100 Connecticut Ave., NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt

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

Transaction ID: 81011.C122122

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)  
HSBC North America 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 ▼  
2000.00

Date of Receipt

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

Transaction ID: 80806.C122093

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)  
HSBC North America 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 ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: 81011.C122174

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) ..... ▶

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 24 / 114  
(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)  
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  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 81011.C122108

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)  
Intel PAC

Mailing Address 1634 I St., NW  
Ste. 300

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00125641

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  
0 8 / 1 5 / 2 0 0 8

Transaction ID: 81011.C122130

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)  
International Assoc of Firefighters PAC

Mailing Address 1750 New York Avenue, N.W.

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

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  
0 8 / 0 7 / 2 0 0 8

Transaction ID: 81011.C122119

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 114  
(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)  
International Assoc of Firefighters PAC

Mailing Address 1750 New York Avenue, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 09 / 19 / 2008  
**Transaction ID:** 81011.C122183

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)  
International Brotherhood of Boilermaker

Mailing Address Campaign Assistance Fund  
753 State Ave., Suite #565

City Kansas City State KS Zip Code 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 07 / 31 / 2008  
**Transaction ID:** 80731.C122085

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)  
International Brotherhood of Boilermaker

Mailing Address Campaign Assistance Fund  
753 State Ave., Suite #565

City Kansas City State KS Zip Code 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 09 / 22 / 2008  
**Transaction ID:** 81011.C122224

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 26 / 114

(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)  
International Paper PAC

Mailing Address 1101 Pennsylvania Ave., NW. Ste 20

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00034405

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  
0 8 / 1 1 / 2 0 0 8

Transaction ID: 81011.C122124

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)  
Ironworkers PAC

Mailing Address 1750 New York Ave. NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00027359

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  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 80801.C122089

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)  
Lockheed-Martin PAC

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

City State Zip Code  
Arlington VA 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 ▼  
7000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 0 8

Transaction ID: 81011.C122149

Amount of Each Receipt this Period

4000.00

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 27 / 114  
(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)  
Magazine Publishers of America PAC

Mailing Address 1211 Connecticut Ave., NW  
Suite 610

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035774

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** 80731.C122069

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)  
McGuireWoods PAC

Mailing Address 901 East Cary Street

City Richmond State VA Zip Code 23219

FEC ID number of contributing federal political committee. **C** C00225342

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
08 / 06 / 2008

**Transaction ID:** 80806.C122095

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)  
MedImmune PAC

Mailing Address 1 Medimmune Way

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. **C** C00399725

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
09 / 24 / 2008

**Transaction ID:** 81011.C122231

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 28 / 114

(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)  
Microsoft Corporation PAC

Mailing Address 16011 N. E. 36th Way  
Box 97017

City State Zip Code  
Redmond WA 98073-9717

FEC ID number of contributing federal political committee. **C** C00227546

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  
0 8 / 0 7 / 2 0 0 8

Transaction ID: 81011.C122166

Amount of Each Receipt this Period

3000.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Microsoft Corporation PAC

Mailing Address 16011 N. E. 36th Way  
Box 97017

City State Zip Code  
Redmond WA 98073-9717

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt

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

Transaction ID: 81011.C122165

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)  
Mirant PAC

Mailing Address 601 13th Street NW, Ste. 850N

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00365007

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: 80731.C122066

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) ..... ▶

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 29 / 114  
(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 Assn. of Psychiatric Health

Mailing Address Systems PAC  
701 13th St., NW, Ste. 950

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00107136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** 80731.C122084

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 Psychiatric Health

Mailing Address Systems PAC  
701 13th St., NW, Ste. 950

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00107136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY  
09 / 19 / 2008

**Transaction ID:** 81011.C122180

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)  
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 ▼ 10000.00

Date of Receipt MM / DD / YYYY  
09 / 19 / 2008

**Transaction ID:** 81011.C122202

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 30 / 114  
(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 Ground Water PAC

Mailing Address 601 Dempsey Road

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing federal political committee. **C** C00340836

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  
 07 / 31 / 2008

**Transaction ID:** 80731.C122078

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 Ocean Industries Association PAC

Mailing Address 1120 G Street, N.W. Ste. 900

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00409565

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 19 / 2008

**Transaction ID:** 81011.C122179

Amount of Each Receipt this Period  
750.00

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

**C.** Full Name (Last, First, Middle Initial)  
Natl Sand Stone & Gravel Assoc. PAC

Mailing Address 1605 King Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

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  
 09 / 02 / 2008

**Transaction ID:** 81011.C122147

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) ..... ► **3750.00**

**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 31 / 114  
(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 State Zip Code  
Arlington VA 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 ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 3 / 2 0 0 8

**Transaction ID:** 81011.C122126

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. Petrochemical & Refiners PAC

Mailing Address 1899 L St, NW Ste 1000

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00415026

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  
 0 7 / 3 1 / 2 0 0 8

**Transaction ID:** 80731.C122082

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 Association of

Mailing Address Insurance & Financial Advisors PAC  
2901 Telestar Court

City State Zip Code  
Falls Church VA 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 ▼ 7500.00

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

**Transaction ID:** 81011.C122110

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 32 / 114

(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 Broadcasters

Mailing Address 1771 N Street, NW

City State Zip Code  
Washington DC 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 ▼  
6500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: 80731.C122061

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 Postmasters PAC

Mailing Address 8 Herbert St.

City State Zip Code  
Alexandria VA 22305-2600

FEC ID number of contributing federal political committee. **C** C00100404

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  
09 / 19 / 2008

Transaction ID: 81011.C122205

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 Association of Realtors PAC

Mailing Address 430 N. Michigan Ave.

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

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  
08 / 07 / 2008

Transaction ID: 81011.C122109

Amount of Each Receipt this Period

3000.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 114  
(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 Automobile Dealers Assoc. PAC

Mailing Address 8400 Westpark Drive

City State Zip Code  
Mc Lean VA 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 ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2008

**Transaction ID:** 81011.C122182

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)  
National Propane Gas Assoc. PAC

Mailing Address 1150 17th Street, NW  
Suite 310

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00079681

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2008

**Transaction ID:** 81011.C122188

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)  
National Rifle Association

Mailing Address 1600 Rhode Island Ave., NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00053553

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  
09 / 10 / 2008

**Transaction ID:** 81011.C122164

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 34 / 114  
(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)  
National Rural Electric

Mailing Address Cooperation Association PAC  
1301 Wilson Boulevard

City Arlington State VA Zip Code 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 ▼ 10000.00

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

**Transaction ID:** 80801.C122090

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Weather Service

Mailing Address Employees Organization PAC  
601 Penn Ave., NW, Suite # 900

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00318311

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  
 0 9 / 1 9 / 2 0 0 8

**Transaction ID:** 81011.C122193

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)  
Natl. Venture Capital PAC

Mailing Address 1655 N. Fort Myer Dr.  
Ste. 850

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

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

**Transaction ID:** 81011.C122121

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 114

(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)  
Nelson Mullins PAC

Mailing Address 101 Constitution Ave NW Ste 900  
Suite 900

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00278895

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  
09 / 19 / 2008

Transaction ID: 81011.C122187

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)  
New York Mercantile Exchange PAC

Mailing Address 1050 Connecticut Ave., NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00230185

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2008

Transaction ID: 81011.C122152

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)  
Parsons PAC

Mailing Address 100 W. Walnut St.

City State Zip Code  
Pasadena CA 91124

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation  
Parsons Corporation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 06 / 2008

Transaction ID: 80806.C122094

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 36 / 114

(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)  
 Physician Insurers PAC  
 Mailing Address 2275 Research Blvd., Ste. 250  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C** C00319319  
 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  
 0 9 / 1 9 / 2 0 0 8  
**Transaction ID:** 81011.C122200  
 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)  
 Polsinelli PAC  
 Mailing Address 700 W. 47th St. Ste 1000  
 City State Zip Code  
 Kansas City MO 64112  
 FEC ID number of contributing federal political committee. **C** C00445981  
 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  
 0 8 / 2 2 / 2 0 0 8  
**Transaction ID:** 81011.C122139  
 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)  
 Praxair PAC  
 Mailing Address P.O. Box 2958  
 City State Zip Code  
 Danbury CT 06813  
 FEC ID number of contributing federal political committee. **C** C00283440  
 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  
 0 9 / 1 9 / 2 0 0 8  
**Transaction ID:** 81011.C122176  
 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 37 / 114  
(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)  
Professional Counseling Fund PAC  
Mailing Address 5703 S. Kenwood Avenue  
City Chicago State IL Zip Code 60637  
FEC ID number of contributing federal political committee. **C** C00399717  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: 80731.C122060  
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)  
Progress Energy PAC  
Mailing Address PO Box 1510  
City Raleigh State NC Zip Code 27602-1510  
FEC ID number of contributing federal political committee. **C** C00091884  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: 80731.C122081  
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)  
Progress Energy PAC  
Mailing Address PO Box 1510  
City Raleigh State NC Zip Code 27602-1510  
FEC ID number of contributing federal political committee. **C** C00091884  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: 80731.C122080  
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) ..... ► 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 38 / 114  
(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)  
Qwest PAC  
Mailing Address 4250 Fairfax Drive  
City Arlington State VA Zip Code 22203-1665  
FEC ID number of contributing federal political committee. **C** C00237156  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 07 / 31 / 2008  
Transaction ID: 80731.C122077  
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)  
Sallie Mae, Inc. PAC  
Mailing Address 12061 Bluemont Way  
City Reston State VA Zip Code 20190  
FEC ID number of contributing federal political committee. **C** C00331835  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00  
Date of Receipt: 09 / 19 / 2008  
Transaction ID: 81011.C122197  
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)  
Sempra Energy PAC  
Mailing Address 101 Ash Street  
City San Diego State CA Zip Code 92101  
FEC ID number of contributing federal political committee. **C** C00196915  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt: 08 / 07 / 2008  
Transaction ID: 81011.C122105  
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 39 / 114  
(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)  
Service Employees International

Mailing Address Union PAC  
1313 L. Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 08 / 07 / 2008  
**Transaction ID:** 81011.C122106  
 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)  
Sheet Metal Workers PAC

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 15 / 2008  
**Transaction ID:** 81011.C122128  
 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)  
Southern Company Services PAC

Mailing Address 241 Ralph McGill Blvd

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 09 / 19 / 2008  
**Transaction ID:** 81011.C122203  
 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) ..... ► 9000.00

**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 / 114  
(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)  
Southern Company Services PAC

Mailing Address 241 Ralph McGill Blvd

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 09 / 26 / 2008  
Transaction ID: 81011.C122248  
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)  
Sprint Nextel PAC

Mailing Address 2001 Edmund Halley Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 26 / 2008  
Transaction ID: 81011.C122247  
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)  
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 ▼ 2500.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: 80731.C122062  
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) ..... ▶ 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 41 / 114

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Symantec PAC		Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address 20330 Stevens Creek Blvd.		Transaction ID: 81011.C122226
	City State Zip Code Cupertino CA 95014	FEC ID number of contributing federal political committee. <b>C</b> C00394031	Amount of Each Receipt this Period 1500.00
	Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1500.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) T-Mobile PAC		Date of Receipt MM / DD / YYYY 09 / 02 / 2008
	Mailing Address 401 9th Street, NW Ste. 550		Transaction ID: 81011.C122145
	City State Zip Code Washington DC 20004	FEC ID number of contributing federal political committee. <b>C</b> C00361758	Amount of Each Receipt this Period 1500.00
	Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Technet PAC		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 1625 Eye Street, NW Suite 620		Transaction ID: 81011.C122113
	City State Zip Code Washington DC 20006	FEC ID number of contributing federal political committee. <b>C</b> C00328369	Amount of Each Receipt this Period 10.02
	Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10.02	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3010.02</b>
<b>TOTAL</b> 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 / 114

(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)  
Tesoro Petroleum Corporation PAC

Mailing Address 1001 Pennsylvania Ave. NW. Ste. 60

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00358366

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  
0 8 / 1 8 / 2 0 0 8

Transaction ID: 81011.C122138

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)  
The Home Depot PAC

Mailing Address 2455 Paces Ferry Rd., NW

City State Zip Code  
Atlanta GA 30339-4024

FEC ID number of contributing federal political committee. **C** C00284885

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  
0 8 / 1 8 / 2 0 0 8

Transaction ID: 81011.C122136

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)  
The MWW Group PAC

Mailing Address 700 13th St. NW, 10th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00413575

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  
0 8 / 1 8 / 2 0 0 8

Transaction ID: 81011.C122137

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 43 / 114

(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)  
TREA Senior Citizens League

Mailing Address 909 N. Washington St., Suite 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00327064

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  
07 / 31 / 2008

Transaction ID: 80731.C122065

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)  
Tyson Foods PAC

Mailing Address P.O. Drawer E

City State Zip Code  
Springdale AR 72764

FEC ID number of contributing federal political committee. **C** C00196915

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  
09 / 19 / 2008

Transaction ID: 81011.C122198

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)  
U.S. Telecom Association PAC

Mailing Address 1401 H Street, NW  
Suite 600

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00000984

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  
09 / 19 / 2008

Transaction ID: 81011.C122190

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 44 / 114

(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)  
UBS Americas Fund

Mailing Address for Better Govt. PAC  
1501 K Street, NW, Ste 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00012245

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  
07 / 25 / 2008

Transaction ID: 80725.C122057

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)  
United Health Group PAC

Mailing Address 701 Pennsylvania Ave., NW  
Ste. 530

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation  
United Health Group

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  
09 / 22 / 2008

Transaction ID: 81011.C122225

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 Technologies PAC

Mailing Address 1401 Eye Street, NW, Suite 600

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00035683

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  
08 / 11 / 2008

Transaction ID: 81011.C122120

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) ..... ▶

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 114

(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)  
Van Ness Feldman PC PAC

Mailing Address 1050 Thomas Jefferson ST NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00205369

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  
08 / 15 / 2008

Transaction ID: 81011.C122132

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)  
Verizon Wireless PAC

Mailing Address 180 Washington Valley Rd

City State Zip Code  
Bedminster NJ 07921

FEC ID number of contributing federal political committee. **C** C00363127

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  
07 / 31 / 2008

Transaction ID: 80731.C122086

Amount of Each Receipt this Period

3000.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Viacom Intl Inc. PAC

Mailing Address 1501 M Street NW, Suite 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00167759

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  
08 / 06 / 2008

Transaction ID: 80806.C122096

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 114

(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)  
WalMart PAC

Mailing Address 702 SW 8th Street

City State Zip Code  
Bentonville AR 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 ▼  
6000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2008

Transaction ID: 81011.C122184

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)  
Wine Institute PAC

Mailing Address 425 Market St., Suite 1000

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C** C00065219

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  
07 / 31 / 2008

Transaction ID: 80731.C122075

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) .....

188480.02

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 114

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Henry Bedford		Date of Receipt MM / DD / YYYY 09 / 05 / 2008		
	Mailing Address 5623 Pinewood Road		<b>Transaction ID:</b> 81011.C122161		
	City Franklin	State TN	Zip Code 37064	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 Southwestern Publishing		Occupation C.E.O.			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew Berzok		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address 2145 California Street NW, Apt 306		<b>Transaction ID:</b> 80731.C122071		
	City Washington	State DC	Zip Code 20008	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 Ryan, Phillips, Utrecht		Occupation Attorney			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) David Causer		Date of Receipt MM / DD / YYYY 09 / 05 / 2008		
	Mailing Address P. O. Box 305140		<b>Transaction ID:</b> 81011.C122255		
	City Nashville	State TN	Zip Code 37230	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 Southwestern Publishing		Occupation Vice President			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 / 114  
(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)  
Richard Coleman

Mailing Address 4305 Underwood Street

City State Zip Code  
University Park MD 20782-1184

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

Name of Employer Occupation  
Space Transportation Assn. Chairman

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2008

Transaction ID: 81011.C122212

Amount of Each Receipt this Period  
250.00

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

750.00

**B.** Full Name (Last, First, Middle Initial)  
Rolland Collins

Mailing Address 136 Meltor Lane

City State Zip Code  
Woodbury TN 37190

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

Name of Employer Occupation  
Occupation Requested

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2008

Transaction ID: 81011.C122251

Amount of Each Receipt this Period  
500.00

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

500.00

**C.** Full Name (Last, First, Middle Initial)  
Jock Covey

Mailing Address 1040 Chestnut Street

City State Zip Code  
San Francisco CA 94109

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

Name of Employer Occupation  
Bechtel-Jacobs Senior Vice President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2008

Transaction ID: 81011.C122217

Amount of Each Receipt this Period  
500.00

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

500.00

**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 49 / 114

(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)  
Sharon Daniels

Mailing Address 916 St. Michaels Drive

City State Zip Code  
Fort Howard MD 21052

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

Name of Employer Occupation  
The Gephardt Group consultant

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2008

Transaction ID: 81011.C122215

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)  
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) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 04 / 2008

Transaction ID: 80709.C121829

Amount of Each Receipt this Period

50.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Jimmy England

Mailing Address 305 East Franklin Street

City State Zip Code  
Gallatin TN 37066-2966

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

Name of Employer Occupation  
n/a retired

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2008

Transaction ID: 81011.C122211

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) ..... ▶

800.00

**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 50 / 114

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Faulkner		Date of Receipt MM / DD / YYYY 08 / 06 / 2008		
	Mailing Address 340 April Drive		<b>Transaction ID:</b> 80806.C122097		
	City Smithville	State TN	Zip Code 37166	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 n/a	Occupation retired	Election Cycle-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ron Gambill		Date of Receipt MM / DD / YYYY 09 / 19 / 2008		
	Mailing Address 237 Countryside Drive		<b>Transaction ID:</b> 81011.C122213		
	City Franklin	State TN	Zip Code 37069-4126	Amount of Each Receipt this Period 100.00	
	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 EdSouth	Occupation Vice President	Election Cycle-to-Date 650.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Bill Gavigan		Date of Receipt MM / DD / YYYY 08 / 22 / 2008		
	Mailing Address 1816 Cedar Lane		<b>Transaction ID:</b> 81011.C122144		
	City Nashville	State TN	Zip Code 37212	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 Baptist Hospital	Occupation surgeon	Election Cycle-to-Date 1000.00		

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

1350.00

**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 51 / 114
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Golsen		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 3330 Stonybrook Rd		Transaction ID: 80731.C122059
	City Oklahoma City	State OK	Zip Code 73120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer LSB Industries	Occupation executive	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Ben Hix		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address P. O. Box 998		Transaction ID: 81011.C122256
	City Gainesboro	State TN	Zip Code 38562
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Wellsco	Occupation Inspector	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mitchell Johnson		Date of Receipt MM / DD / YYYY 09 / 02 / 2008
	Mailing Address 109 Farrier Ln		Transaction ID: 81011.C122153
	City Franklin	State TN	Zip Code 37064-2117
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Tn. Education Assoc.	Occupation Assistant Exec. Director	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2350.00
<b>TOTAL</b> 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: <span style="float: right;">PAGE 52 / 114</span>
	(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wiley Rein LLP</p> <p>Mailing Address 1776 K Street, N.W.</p> <p>City State Zip Code Washington DC 20006</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 22 / 2008</span></p> <p><b>Transaction ID:</b> 81011.C122227</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) William Smith</p> <p>Mailing Address 1776 K Street</p> <p>City State Zip Code Washington DC 20006</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Wiley Rein, LLP Attorney</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 22 / 2008</span></p> <p><b>Transaction ID:</b> 81011.C122228</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Memo  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  <b>[MEMO ITEM]</b>                  Partnership-&gt;Wiley Rein LLP</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Todd Stansbury</p> <p>Mailing Address 1776 K Street NW</p> <p>City State Zip Code Washington DC 20006</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Wiley Rein, LLP Attorney</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 22 / 2008</span></p> <p><b>Transaction ID:</b> 81011.C122229</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Memo  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  <b>[MEMO ITEM]</b>                  Partnership-&gt;Wiley Rein LLP</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">500.00</span>
<b>TOTAL</b> 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 / 114  
(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)  
Linnea Lynch

Mailing Address 10507 Clipper Drive

City State Zip Code  
Fairfax Station VA 22039-1909

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

Name of Employer Occupation  
Fairfax Inova Hospital Nurse

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 80801.C122088

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)  
Deborah McFarland

Mailing Address P.O. Box 1106

City State Zip Code  
Carmel Valley CA 93924-1106

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

Name of Employer Occupation  
n/a retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2008

**Transaction ID:** 80806.C122099

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)  
Jim Muncy

Mailing Address 4539 Seminary Road

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
Constellation Services In-ll. VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2008

**Transaction ID:** 80723.C122053

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 54 / 114  
(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)  
Julia Powell  
Mailing Address 3712 Lascassas Pike  
City Murfreesboro State TN Zip Code 37130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Health Care Occupation Vice President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 12 / 2008  
Transaction ID: 81011.C122172  
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)  
Tom Ryan  
Mailing Address 1133 Connecticut Ave., NW, Ste 300  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ryan, Phillips, Utrecht Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 07 / 31 / 2008  
Transaction ID: 80731.C122063  
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)  
Mike Stanton  
Mailing Address 4025 Connecticut Ave NW Apt 502  
City Washington State DC Zip Code 20008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Assn. of Int. Auto. Manufact- Occupation President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 07 / 31 / 2008  
Transaction ID: 80731.C122064  
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 55 / 114  
(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)  
Harrison Wadsworth

Mailing Address 1101 Vermont Ave., NW  
Suite # 400

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
Washington Partners Principal

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

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2008

Transaction ID: 81011.C122214

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)  
Anna Durham Windrow

Mailing Address 4400 Belmont Park Terr # 179

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
Anna Windrow & Associates President

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

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2008

Transaction ID: 81011.C122143

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 56 / 114</span>
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Citizens Bank		Date of Receipt
	Mailing Address 100 McMurry Blvd.		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hartsville	TN	37074-1108
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80731.C122058
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="232.60"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="4797.26"/>	Other Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens Bank		Date of Receipt
	Mailing Address 100 McMurry Blvd.		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hartsville	TN	37074-1108
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81011.C122133
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="138.01"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="4935.27"/>	Other Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Citizens Bank		Date of Receipt
	Mailing Address 100 McMurry Blvd.		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hartsville	TN	37074-1108
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81011.C122154
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="240.36"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="5175.63"/>	Other Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="610.97"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 114

(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

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)  
Citizens Bank

Mailing Address 100 McMurry Blvd.

City State Zip Code  
Hartsville TN 37074-1108

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5292.41

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: 81011.C122221

Amount of Each Receipt this Period

116.78

Other Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Citizens Bank

Mailing Address 100 McMurry Blvd.

City State Zip Code  
Hartsville TN 37074-1108

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5532.77

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 8

Transaction ID: 81011.C122250

Amount of Each Receipt this Period

240.36

Other Receipt

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

Mailing Address 1386 North Main Street

City State Zip Code  
Crossville TN 38555-4082

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) ▼ 8120.36

Date of Receipt

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

Transaction ID: 81011.C122125

Amount of Each Receipt this Period

493.34

Other Receipt

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

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

850.48

**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 / 114  
(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)  
First National Bank  
Mailing Address 1386 North Main Street  
City Crossville State TN Zip Code 38555-4082  
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) ▼ 8613.70  
Date of Receipt 09 / 10 / 2008  
Transaction ID: 81011.C122170  
Amount of Each Receipt this Period 493.34  
Other Receipt  
 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  
Mailing Address 305 West Northfield Boulevard  
City Murfreesboro State TN Zip Code 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) ▼ 7374.09  
Date of Receipt 07 / 23 / 2008  
Transaction ID: 80723.C121982  
Amount of Each Receipt this Period 143.44  
Other Receipt  
 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  
Mailing Address 305 West Northfield Boulevard  
City Murfreesboro State TN Zip Code 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) ▼ 7501.13  
Date of Receipt 08 / 11 / 2008  
Transaction ID: 81011.C122114  
Amount of Each Receipt this Period 127.04  
Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **763.82**  
**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 / 114

(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

Mailing Address 305 West Northfield 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) ▼ 7649.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: 81011.C122142

Amount of Each Receipt this Period

148.22

Other Receipt

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

Mailing Address 305 West Northfield 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) ▼ 7776.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: 81011.C122171

Amount of Each Receipt this Period

127.05

Other Receipt

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

Mailing Address 305 West Northfield 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) ▼ 7924.63

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: 81011.C122223

Amount of Each Receipt this Period

148.23

Other Receipt

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

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

423.50

**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 / 114  
(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)  
Pinnacle Bank  
Mailing Address 114 West College Street  
City Murfreesboro State TN Zip Code 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) ▼ 7906.57  
Date of Receipt 08 / 07 / 2008  
Transaction ID: 81011.C122102  
Amount of Each Receipt this Period 250.68  
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 Murfreesboro State TN Zip Code 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) ▼ 8203.83  
Date of Receipt 09 / 10 / 2008  
Transaction ID: 81011.C122167  
Amount of Each Receipt this Period 297.26  
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 Portland State TN Zip Code 37148-1407  
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) ▼ 5161.08  
Date of Receipt 08 / 13 / 2008  
Transaction ID: 81011.C122127  
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) ..... ► 985.08  
**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 / 114  
(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)  
Volunteer State Bank  
Mailing Address 101 Highway 52 West  
City Portland State TN Zip Code 37148-1407  
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) ▼ 5433.71  
Date of Receipt 09 / 19 / 2008  
Transaction ID: 81011.C122220  
Amount of Each Receipt this Period 272.63  
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 Murfreesboro State TN Zip Code 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) ▼ 6446.38  
Date of Receipt 08 / 18 / 2008  
Transaction ID: 81011.C122134  
Amount of Each Receipt this Period 127.40  
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 Murfreesboro State TN Zip Code 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) ▼ 6518.30  
Date of Receipt 08 / 18 / 2008  
Transaction ID: 81011.C122135  
Amount of Each Receipt this Period 71.92  
Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 471.95  
**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 62 / 114

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wilson Bank & Trust	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 3110 Memorial Blvd	<b>Transaction ID:</b> 81011.C122222
	City State Zip Code Murfreesboro TN 37129-5117	Amount of Each Receipt this Period 127.39
	FEC ID number of contributing federal political committee. <b>C</b>	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest on	Occupation Certificate of Deposit	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6645.69	

<b>B.</b>	Full Name (Last, First, Middle Initial) Wilson Bank & Trust	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 3110 Memorial Blvd	<b>Transaction ID:</b> 81011.C122218
	City State Zip Code Murfreesboro TN 37129-5117	Amount of Each Receipt this Period 71.92
	FEC ID number of contributing federal political committee. <b>C</b>	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Interest on	Occupation Certificate of Deposit	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6717.61	

<b>C.</b>	Full Name (Last, First, Middle Initial) MidSouth Bank Money Mkt Acct.	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address One East College St. P.O. Box 7100	<b>Transaction ID:</b> 81011.C122111
	City State Zip Code Murfreesboro TN 37133-7100	Amount of Each Receipt this Period 159.82
	FEC ID number of contributing federal political committee. <b>C</b>	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 413.73	

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

**359.13**

**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 / 114  
(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)  
MidSouth Bank Money Mkt Acct.  
Mailing Address One East College St.  
P.O. Box 7100  
City Murfreesboro State TN Zip Code 37133-7100  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 490.85  
Date of Receipt 08 / 29 / 2008  
Transaction ID: 81011.C122168  
Amount of Each Receipt this Period 77.12  
Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MidSouth Bank Money Mkt Acct.  
Mailing Address One East College St.  
P.O. Box 7100  
City Murfreesboro State TN Zip Code 37133-7100  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 577.52  
Date of Receipt 09 / 30 / 2008  
Transaction ID: 81014.C122440  
Amount of Each Receipt this Period 86.67  
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 Money Mkt Acct.  
Mailing Address 100 E Vine Street  
City Murfreesboro State TN Zip Code 37130-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 121.38  
Date of Receipt 07 / 31 / 2008  
Transaction ID: 81011.C122112  
Amount of Each Receipt this Period 121.38  
Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.17**  
**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 / 114  
(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 Money Mkt Acct.  
Mailing Address 100 E Vine Street

City State Zip Code  
Murfreesboro TN 37130-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.52

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2008

Transaction ID: 81011.C122169

Amount of Each Receipt this Period  
254.14

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 Money Mkt Acct.  
Mailing Address 100 E Vine Street

City State Zip Code  
Murfreesboro TN 37130-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
656.73

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Transaction ID: 81011.C122285

Amount of Each Receipt this Period  
281.21

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  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8285.51

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2008

Transaction ID: 81011.C122115

Amount of Each Receipt this Period  
365.21

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.56**

**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 / 114
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of Putnam County	Date of Receipt
	Mailing Address P.O. Box 2809	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City State Zip Code Cookeville TN 38501-	<b>Transaction ID:</b> 81011.C122219
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="365.21"/>
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="8650.72"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="365.21"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="6015.87"/>

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Capital Advantage <hr/> Mailing Address 5520 James Gunnell Lane <hr/> City Alexandria State VA Zip Code 22310- <hr/> Purpose of Disbursement telephone consulting 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: 81011.E20593 Date of Disbursement 09 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 773.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE CONSULTING
<b>B.</b>	Full Name (Last, First, Middle Initial) Amanda Alexander <hr/> Mailing Address 578 Autumn Ct. <hr/> City La Vergne State TN Zip Code 37086- <hr/> Purpose of Disbursement wages 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: 80731.E20514 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 511.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
<b>C.</b>	Full Name (Last, First, Middle Initial) Amanda Alexander <hr/> Mailing Address 578 Autumn Ct. <hr/> City La Vergne State TN Zip Code 37086- <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: 81011.E20538 Date of Disbursement 08 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 62.66 <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) ..... ▶

1347.53

**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) Amanda Alexander	Transaction ID: 81011.E20539
	Mailing Address 578 Autumn Ct.	Date of Disbursement 08 / 15 / 2008
	City La Vergne State TN Zip Code 37086-	Amount of Each Disbursement this Period 654.60
	Purpose of Disbursement wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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: 81011.E20555
	Mailing Address 578 Autumn Ct.	Date of Disbursement 08 / 29 / 2008
	City La Vergne State TN Zip Code 37086-	Amount of Each Disbursement this Period 569.51
	Purpose of Disbursement wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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: 81011.E20597
	Mailing Address 578 Autumn Ct.	Date of Disbursement 09 / 19 / 2008
	City La Vergne State TN Zip Code 37086-	Amount of Each Disbursement this Period 468.89
	Purpose of Disbursement wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1693.00
<b>TOTAL</b> 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 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: 81011.E20661 Date of Disbursement 09 / 30 / 2008  Amount of Each Disbursement this Period 407.20  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>WAGES</b>
B.	Full Name (Last, First, Middle Initial) Screen Art  Mailing Address 502 Sunset Avenue  City Murfreesboro State TN Zip Code 37129-  Purpose of Disbursement T-shirts 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: 81011.E20558 Date of Disbursement 09 / 02 / 2008  Amount of Each Disbursement this Period 476.32  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>T-SHIRTS</b>
C.	Full Name (Last, First, Middle Initial) Cork Wine Bar  Mailing Address 1720 14th St. NW  City Washington State DC Zip Code 20009-  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: 81011.E20531 Date of Disbursement 07 / 30 / 2008  Amount of Each Disbursement this Period 13000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>RECEPTION EXPENSE</b>

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

**13883.52**

**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: 80731.E20513 Date of Disbursement 07 / 25 / 2008 Amount of Each Disbursement this Period 71.00 <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: 81011.E20561 Date of Disbursement 09 / 02 / 2008 Amount of Each Disbursement this Period 71.00 <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) 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: 81011.E20670 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 70.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	212.99
<b>TOTAL</b> 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)  
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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80723.E20485  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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)  
Southwest Air

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 75235-

Purpose of Disbursement  
travel expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80723.E20507  
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: TRAVEL EXPENSE

**C.** Full Name (Last, First, Middle Initial)  
United Air Lines

Mailing Address 2 North LaSalle Street

City Chicago State IL Zip Code 60602-

Purpose of Disbursement  
travel expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80723.E20495  
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: TRAVEL EXPENSE

**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) US Airways	Transaction ID: 80723.E20501 Date of Disbursement 06 / 27 / 2008
	Mailing Address 25 North Goodwin Avenue	Amount of Each Disbursement this Period 25.00
	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	<b>[MEMO ITEM]</b> 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: 80723.E20500 Date of Disbursement 06 / 27 / 2008
	Mailing Address 25 North Goodwin Avenue	Amount of Each Disbursement this Period 25.00
	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	<b>[MEMO ITEM]</b> 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: 80723.E20499 Date of Disbursement 06 / 27 / 2008
	Mailing Address 25 North Goodwin Avenue	Amount of Each Disbursement this Period 618.98
	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	<b>[MEMO ITEM]</b> 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	Transaction ID: 80723.E20498 Date of Disbursement 06 / 27 / 2008
	Mailing Address 25 North Goodwin Avenue	Amount of Each Disbursement this Period 618.98
	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	<b>[MEMO ITEM]</b> 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) Stones River Beverage Warehouse	Transaction ID: 80723.E20502 Date of Disbursement 06 / 27 / 2008
	Mailing Address 208 N. Thompson Lane	Amount of Each Disbursement this Period 16.44
	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	<b>[MEMO ITEM]</b> 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) ▼	

C.	Full Name (Last, First, Middle Initial) Chase Credit Card Services	Transaction ID: 80723.E20503 Date of Disbursement 07 / 01 / 2008
	Mailing Address P.O. Box 940414	Amount of Each Disbursement this Period 59.00
	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 annual membership fee Candidate Name	<b>[MEMO ITEM]</b> MEMO: ANNUAL MEMBERSHIP FEE
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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) MK Catering	Transaction ID: 80723.E20492 Date of Disbursement 06 / 16 / 2008
	Mailing Address 5724 Lafayette Place	Amount of Each Disbursement this Period 1011.59
	City Hyattsville State MD Zip Code 20781-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reception expense Candidate Name	<b>[MEMO ITEM]</b> 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: 80723.E20490 Date of Disbursement 06 / 17 / 2008
	Mailing Address 620 Ridgely Rd.	Amount of Each Disbursement this Period 175.58
	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	<b>[MEMO ITEM]</b> 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: 80723.E20506 Date of Disbursement 07 / 09 / 2008
	Mailing Address 620 Ridgely Rd.	Amount of Each Disbursement this Period 29.61
	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	<b>[MEMO ITEM]</b> 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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) Jimmy Kellys	Transaction ID: 80723.E20494
	Mailing Address 217 Louise Ave.	Date of Disbursement 06 / 23 / 2008
	City Nashville State TN Zip Code 37203-	Amount of Each Disbursement this Period 35.46
	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) ▼	Category/Type [MEMO ITEM] MEMO: STAFF MEALS

B.	Full Name (Last, First, Middle Initial) United States Post Office	Transaction ID: 80723.E20497
	Mailing Address 825 S. Church Street	Date of Disbursement 06 / 25 / 2008
	City Murfreesboro State TN Zip Code 37130-	Amount of Each Disbursement this Period 4.89
	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) ▼	Category/Type [MEMO ITEM] MEMO: POSTAGE

C.	Full Name (Last, First, Middle Initial) Toots Restaurant	Transaction ID: 80723.E20493
	Mailing Address 860 N.W. Broad St.	Date of Disbursement 06 / 23 / 2008
	City Murfreesboro State TN Zip Code 37129-	Amount of Each Disbursement this Period 91.53
	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) ▼	Category/Type [MEMO ITEM] MEMO: STAFF MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

<b>A.</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 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: 80806.E20521 Date of Disbursement 08 / 04 / 2008
	Amount of Each Disbursement this Period 474.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW

<b>B.</b> Full Name (Last, First, Middle Initial) The Chop House Mailing Address 541 North 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80806.E20525 Date of Disbursement 07 / 11 / 2008
	Amount of Each Disbursement this Period 47.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STAFF MEALS

<b>C.</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 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: 80806.E20522 Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period 49.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RECEPTION EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	474.69
<b>TOTAL</b> 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: 80806.E20526  
Date of Disbursement

Mailing Address 1810 Old Fort Parkway  
Suite D

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

City Murfreesboro State TN Zip Code 37130-

Amount of Each Disbursement this Period

127.31
--------

Purpose of Disbursement  
mobile phone service

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]

MEMO: MOBILE PHONE SERVICE

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Toots Restaurant

Transaction ID: 80806.E20528  
Date of Disbursement

Mailing Address 860 N.W. Broad St.

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

City Murfreesboro State TN Zip Code 37129-

Amount of Each Disbursement this Period

89.66
-------

Purpose of Disbursement  
staff meals

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]

MEMO: STAFF MEALS

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Ruby Tuesday

Transaction ID: 80806.E20523  
Date of Disbursement

Mailing Address 419 Memorial Blvd.

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

City Murfreesboro State TN Zip Code 37129-

Amount of Each Disbursement this Period

21.64
-------

Purpose of Disbursement  
staff meals

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]

MEMO: STAFF MEALS

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

0.00
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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)  
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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81011.E20675  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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)  
Carlyle Grand Cafe

Mailing Address 4000 28th St. South

City Arlington State VA Zip Code 22206-

Purpose of Disbursement  
reception expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81011.E20566  
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: RECEPTION EXPENSE

**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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81011.E20564  
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: FLOWERS FOR FUNERAL

**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) Renaissance Hotel	Transaction ID: 81011.E20572 Date of Disbursement 08 / 01 / 2008
	Mailing Address 999 9th Street, NW	Amount of Each Disbursement this Period 603.99
	City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	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) Northside Liquors	Transaction ID: 81011.E20573 Date of Disbursement 08 / 01 / 2008
	Mailing Address 220 W. Northfield Blvd.	Amount of Each Disbursement this Period 28.51
	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	<b>[MEMO ITEM]</b> MEMO: RECEPTION EXPENSE
	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) Johnnys Half Shell	Transaction ID: 81011.E20565 Date of Disbursement 07 / 15 / 2008
	Mailing Address 2002 P. St., NW	Amount of Each Disbursement this Period 385.00
	City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reception expense	<b>[MEMO ITEM]</b> MEMO: RECEPTION EXPENSE
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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) 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: 81011.E20559 Date of Disbursement 09 / 02 / 2008  Amount of Each Disbursement this Period 1264.01  <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) Southwest Air  Mailing Address P.O. Box 36647-1CR  City Dallas State TX Zip Code 75235-  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: 81011.E20577 Date of Disbursement 07 / 21 / 2008  Amount of Each Disbursement this Period 311.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) Southwest Air  Mailing Address P.O. Box 36647-1CR  City Dallas State TX Zip Code 75235-  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: 81011.E20582 Date of Disbursement 08 / 12 / 2008  Amount of Each Disbursement this Period 20.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1264.01
<b>TOTAL</b> 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

<b>A.</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 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: 81011.E20581 Date of Disbursement 08 / 08 / 2008
	Amount of Each Disbursement this Period 6.50
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

<b>B.</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: 81011.E20586 Date of Disbursement 08 / 14 / 2008
	Amount of Each Disbursement this Period 57.49
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: STAFF MEALS

<b>C.</b> Full Name (Last, First, Middle Initial) Sunset Grill Mailing Address 2001 Belcourt Ave. City Nashville State TN Zip Code 37212- 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: 81011.E20587 Date of Disbursement 08 / 19 / 2008
	Amount of Each Disbursement this Period 385.02
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: RECEPTION EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) T-Mobile Phone Service</p> <p>Mailing Address 1810 Old Fort Parkway Suite D</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement mobile phone service</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><b>Transaction ID:</b> 81011.E20584</p> <p>Date of Disbursement 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 113.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MOBILE PHONE SERVICE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) P.F. Changs Restaurant</p> <p>Mailing Address 2525 West End Ave.</p> <p>City Nashville State TN Zip Code 37203-</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81011.E20585</p> <p>Date of Disbursement 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 87.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: STAFF MEALS</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ruby Tuesday</p> <p>Mailing Address 419 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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81011.E20578</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 42.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: STAFF MEALS</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

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

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81011.E20604

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

6937.38

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)  
Southwest Air

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 75235-

Purpose of Disbursement  
travel expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81011.E20623

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

278.50

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)  
United Air Lines

Mailing Address 2 North LaSalle Street

City Chicago State IL Zip Code 60602-

Purpose of Disbursement  
travel expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81011.E20610

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1694.00

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) ▶

6937.38

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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	Transaction ID: 81011.E20621 Date of Disbursement 08 / 28 / 2008
	Mailing Address 2500 Victory Avenue	Amount of Each Disbursement this Period 958.50
	City Dallas State TX Zip Code 75219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
	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) Office Depot	Transaction ID: 81011.E20624 Date of Disbursement 09 / 11 / 2008
	Mailing Address 620 Ridgely Rd.	Amount of Each Disbursement this Period 149.79
	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	<b>[MEMO ITEM]</b> 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) ▼

C.	Full Name (Last, First, Middle Initial) Through the Grapevine	Transaction ID: 81011.E20611 Date of Disbursement 09 / 22 / 2008
	Mailing Address 630 Broadmore Blvd.	Amount of Each Disbursement this Period 69.05
	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	<b>[MEMO ITEM]</b> 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**

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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) Kroger Grocery Store	Transaction ID: 81011.E20608 Date of Disbursement 08 / 22 / 2008
	Mailing Address 1776 East Northfield Boulevard	Amount of Each Disbursement this Period 106.33
	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) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

B.	Full Name (Last, First, Middle Initial) Marriott Hotel	Transaction ID: 81011.E20620 Date of Disbursement 08 / 29 / 2008
	Mailing Address 4900 S Syracuse St	Amount of Each Disbursement this Period 975.06
	City Denver State CO Zip Code 80237- Purpose of Disbursement travel 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) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

C.	Full Name (Last, First, Middle Initial) Marriott Hotel	Transaction ID: 81011.E20612 Date of Disbursement 08 / 25 / 2008
	Mailing Address 4900 S Syracuse St	Amount of Each Disbursement this Period 32.75
	City Denver State CO Zip Code 80237- Purpose of Disbursement travel 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) ▼	<b>[MEMO ITEM]</b> 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

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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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Marriott Hotel</p> <p>Mailing Address 4900 S Syracuse St</p> <p>City Denver State CO Zip Code 80237-</p> <p>Purpose of Disbursement travel 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><b>Transaction ID:</b> 81011.E20606</p> <p>Date of Disbursement 08 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 302.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Marriott Hotel</p> <p>Mailing Address 4900 S Syracuse St</p> <p>City Denver State CO Zip Code 80237-</p> <p>Purpose of Disbursement travel 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><b>Transaction ID:</b> 81011.E20607</p> <p>Date of Disbursement 08 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 264.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Marriott Hotel</p> <p>Mailing Address 4900 S Syracuse St</p> <p>City Denver State CO Zip Code 80237-</p> <p>Purpose of Disbursement travel 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><b>Transaction ID:</b> 81011.E20622</p> <p>Date of Disbursement 08 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1103.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL 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**

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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) Central Parking	Transaction ID: 81011.E20605 Date of Disbursement 08 / 14 / 2008
	Mailing Address 937 Church St.	Amount of Each Disbursement this Period 10.00
	City Nashville State TN Zip Code 37203-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement parking	<b>[MEMO ITEM]</b> MEMO: PARKING
	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) Dollar Rent A Car	Transaction ID: 81011.E20618 Date of Disbursement 08 / 30 / 2008
	Mailing Address Denver International Airport	Amount of Each Disbursement this Period 695.46
	City Denver State CO Zip Code 80207-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
	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) McCormick & Schmick Seafood Restaurant	Transaction ID: 81011.E20616 Date of Disbursement 08 / 27 / 2008
	Mailing Address 8100 E Union Ave	Amount of Each Disbursement this Period 126.21
	City Denver State CO Zip Code 80237-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement staff meals	<b>[MEMO ITEM]</b> 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**

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(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

<b>A.</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 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: 81011.E20632 Date of Disbursement 09 / 26 / 2008
	Amount of Each Disbursement this Period 1375.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW

<b>B.</b> Full Name (Last, First, Middle Initial) Marriott Hotel Mailing Address 4900 S Syracuse St City Denver State CO Zip Code 80237- 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: 81011.E20640 Date of Disbursement 08 / 28 / 2008
	Amount of Each Disbursement this Period 8.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE

<b>C.</b> Full Name (Last, First, Middle Initial) Marriott Hotel Mailing Address 4900 S Syracuse St City Denver State CO Zip Code 80237- 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: 81011.E20641 Date of Disbursement 08 / 30 / 2008
	Amount of Each Disbursement this Period 792.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1375.82
<b>TOTAL</b> 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) Marriott Hotel	Transaction ID: 81011.E20635 Date of Disbursement 08 / 27 / 2008
	Mailing Address 4900 S Syracuse St	Amount of Each Disbursement this Period 27.50
	City Denver State CO Zip Code 80237-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense Candidate Name	<b>[MEMO ITEM]</b> 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) Marriott Hotel	Transaction ID: 81011.E20638 Date of Disbursement 08 / 28 / 2008
	Mailing Address 4900 S Syracuse St	Amount of Each Disbursement this Period 16.25
	City Denver State CO Zip Code 80237-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense Candidate Name	<b>[MEMO ITEM]</b> 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) Central Parking	Transaction ID: 81011.E20637 Date of Disbursement 08 / 28 / 2008
	Mailing Address 937 Church St.	Amount of Each Disbursement this Period 32.00
	City Nashville State TN Zip Code 37203-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement parking Candidate Name	<b>[MEMO ITEM]</b> MEMO: PARKING
	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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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

<b>A.</b> Full Name (Last, First, Middle Initial) T-Mobile Phone Service	Transaction ID: 81011.E20645 Date of Disbursement 09 / 14 / 2008
	Amount of Each Disbursement this Period 135.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM] MEMO: MOBILE PHONE SERVICE

<b>B.</b> Full Name (Last, First, Middle Initial) Jim N Nicks Restaurant	Transaction ID: 81011.E20642 Date of Disbursement 08 / 29 / 2008
	Amount of Each Disbursement this Period 57.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Mailing Address 436 N Thompson Ln City Murfreesboro State TN Zip Code 37129-4310 Purpose of Disbursement staff meals 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:	[MEMO ITEM] MEMO: STAFF MEALS

<b>C.</b> Full Name (Last, First, Middle Initial) McCormick & Schmick Seafood Restaurant	Transaction ID: 81011.E20636 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 126.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Mailing Address 8100 E Union Ave City Denver State CO Zip Code 80237- Purpose of Disbursement staff meals 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:	[MEMO ITEM] MEMO: STAFF MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Aramark Catering</p> <p>Mailing Address 600 New Hampshire Ave., NW</p> <p>City Washington State DC Zip Code 20037-</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><b>Transaction ID:</b> 80723.E20508</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 232.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>RECEPTION EXPENSE</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sams Club</p> <p>Mailing Address 125 John R. Rice Blvd.</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement office supplies</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><b>Transaction ID:</b> 81011.E20595</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 131.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OFFICE SUPPLIES</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Fletcher, Rowley, Chao Consulting</p> <p>Mailing Address 223 8th Avenue, North</p> <p>City Nashville State TN Zip Code 37203-</p> <p>Purpose of Disbursement Media Consulting</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><b>Transaction ID:</b> 81011.E20646</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 170000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEDIA CONSULTING</b></p>

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

**170363.18**

**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) Fletcher, Rowley, Chao Consulting	Transaction ID: 81015.E20681 Date of Disbursement 09 / 30 / 2008
	Mailing Address 223 8th Avenue, North	Amount of Each Disbursement this Period 15000.00
	City Nashville State TN Zip Code 37203-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Consulting	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) ▼
		MEDIA CONSULTING

B.	Full Name (Last, First, Middle Initial) Fletcher, Rowley, Chao Consulting	Transaction ID: 81014.E20676 Date of Disbursement 09 / 30 / 2008
	Mailing Address 223 8th Avenue, North	Amount of Each Disbursement this Period 15755.41
	City Nashville State TN Zip Code 37203-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Consulting	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) ▼
		MEDIA CONSULTING

C.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: 81011.E20530 Date of Disbursement 08 / 07 / 2008
	Mailing Address 30 Ivy St. SE	Amount of Each Disbursement this Period 2683.58
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reception expense	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) ▼
		RECEPTION EXPENSE

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

33438.99

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

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

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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Leadership Directories  Mailing Address 1001 G Street, NW Ste. 200 East  City Washington State DC Zip Code 20001-4545  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: 81011.E20560 Date of Disbursement 09 / 02 / 2008  Amount of Each Disbursement this Period 355.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SUBSCRIPTION
<b>B.</b>	Full Name (Last, First, Middle Initial) Murfreesboro Electric Department  Mailing Address 205 N. Walnut St. P.O. Box 9  City Murfreesboro State TN Zip Code 37133-0009  Purpose of Disbursement utilities 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: 80723.E20510 Date of Disbursement 07 / 23 / 2008  Amount of Each Disbursement this Period 99.53  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES
<b>C.</b>	Full Name (Last, First, Middle Initial) Murfreesboro Electric Department  Mailing Address 205 N. Walnut St. P.O. Box 9  City Murfreesboro State TN Zip Code 37133-0009  Purpose of Disbursement utilities 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: 81011.E20551 Date of Disbursement 08 / 22 / 2008  Amount of Each Disbursement this Period 103.55  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	558.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Murfreesboro Electric Department  Mailing Address 205 N. Walnut St. P.O. Box 9  City Murfreesboro State TN Zip Code 37133-0009  Purpose of Disbursement utilities  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: 81011.E20630 Date of Disbursement 09 / 26 / 2008  Amount of Each Disbursement this Period 84.34  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES
<b>B.</b>	Full Name (Last, First, Middle Initial) Tenn. Dept of Employment Security  Mailing Address 313 Cordell Hull Bldg.  City Nashville State TN Zip Code 37219-  Purpose of Disbursement employment insurance  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: 81011.E20537 Date of Disbursement 07 / 31 / 2008  Amount of Each Disbursement this Period 364.04  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  EMPLOYMENT INSURANCE
<b>C.</b>	Full Name (Last, First, Middle Initial) Atmos Energy  Mailing Address P.O. Box 1313  City Murfreesboro State TN Zip Code 37133-  Purpose of Disbursement utilities  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: 80725.E20511 Date of Disbursement 07 / 24 / 2008  Amount of Each Disbursement this Period 30.90  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES

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

**479.28**

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

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

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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) Atmos Energy	Transaction ID: 81011.E20552 Date of Disbursement 08 / 22 / 2008
	Mailing Address P.O. Box 1313	Amount of Each Disbursement this Period 30.90
	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	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) Atmos Energy	Transaction ID: 81011.E20628 Date of Disbursement 09 / 22 / 2008
	Mailing Address P.O. Box 1313	Amount of Each Disbursement this Period 30.90
	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	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) Air Gas	Transaction ID: 81011.E20532 Date of Disbursement 08 / 08 / 2008
	Mailing Address 411 West College St.	Amount of Each Disbursement this Period 23.71
	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	
	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) ▼
		HELIUM

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>85.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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<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) Air Gas	Transaction ID: 81011.E20553 Date of Disbursement 08 / 22 / 2008
	Mailing Address 411 West College St.	Amount of Each Disbursement this Period 522.41
	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 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) ▼
		HELIUM

B.	Full Name (Last, First, Middle Initial) Air Gas	Transaction ID: 81011.E20627 Date of Disbursement 09 / 22 / 2008
	Mailing Address 411 West College St.	Amount of Each Disbursement this Period 195.44
	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 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) ▼
		HELIUM

C.	Full Name (Last, First, Middle Initial) Air Gas	Transaction ID: 81011.E20631 Date of Disbursement 09 / 26 / 2008
	Mailing Address 411 West College St.	Amount of Each Disbursement this Period 100.81
	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 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) ▼
		HELIUM

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>818.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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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) Nathaniel Greene  Mailing Address 453 Jones Mill Road  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: 81011.E20668 Date of Disbursement 09 / 30 / 2008  Amount of Each Disbursement this Period 83.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>WAGES</b>
B.	Full Name (Last, First, Middle Initial) Nat'l. Federation of Independent Busines  Mailing Address 53 Century Blvd.  City Nashville State TN Zip Code 37214-  Purpose of Disbursement membership dues 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: 80806.E20519 Date of Disbursement 08 / 04 / 2008  Amount of Each Disbursement this Period 252.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>MEMBERSHIP DUES</b>
C.	Full Name (Last, First, Middle Initial) Aristotle Industries  Mailing Address 205 Pennsylvania Ave. SE  City Washington State DC Zip Code 20003-  Purpose of Disbursement credit card transaction fee 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: 80723.E20509 Date of Disbursement 07 / 22 / 2008  Amount of Each Disbursement this Period 71.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CREDIT CARD TRANSACTION FEE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	406.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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) Daily News Journal	Transaction ID: 81011.E20535 Date of Disbursement 08 / 13 / 2008
	Mailing Address 224 North Walnut Street	Amount of Each Disbursement this Period 8.00
	City Murfreesboro State TN Zip Code 37130- 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

B.	Full Name (Last, First, Middle Initial) Daily News Journal	Transaction ID: 81011.E20592 Date of Disbursement 09 / 10 / 2008
	Mailing Address 224 North Walnut Street	Amount of Each Disbursement this Period 8.00
	City Murfreesboro State TN Zip Code 37130- 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) Anna Kelma	Transaction ID: 80806.E20515 Date of Disbursement 07 / 31 / 2008
	Mailing Address 1345 Wenlon Drive	Amount of Each Disbursement this Period 380.18
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>396.18</b>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anna Kelma <hr/> Mailing Address 1345 Wenlon 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81011.E20540 Date of Disbursement 08 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 318.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>WAGES</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Anna Kelma <hr/> Mailing Address 1345 Wenlon 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81011.E20563 Date of Disbursement 09 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 243.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>WAGES</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Anna Kelma <hr/> Mailing Address 1345 Wenlon 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81011.E20599 Date of Disbursement 09 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 206.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>WAGES</b>

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

**767.82**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)  
Anna Kelma

Mailing Address 1345 Wenlon Drive

City Murfreesboro State TN Zip Code 37130-

Purpose of Disbursement  
wages

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81011.E20667  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

302.45

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WAGES

B.

Full Name (Last, First, Middle Initial)  
Laser One

Mailing Address 800 4th Ave., South

City Nashville State TN Zip Code 37210-

Purpose of Disbursement  
office equipment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81011.E20671  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1400.53

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

OFFICE EQUIPMENT

C.

Full Name (Last, First, Middle Initial)  
Joe Patterson

Mailing Address 152 Brawley Circle

City Readyville State TN Zip Code 37149-

Purpose of Disbursement  
mileage reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81011.E20660  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

165.87

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶

1868.85

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) Lauren Perry	Transaction ID: 81011.E20600 Date of Disbursement 09 / 19 / 2008
	Mailing Address 712 Fairview Avenue	Amount of Each Disbursement this Period 143.37
	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

B.	Full Name (Last, First, Middle Initial) Lauren Perry	Transaction ID: 81011.E20673 Date of Disbursement 09 / 30 / 2008
	Mailing Address 712 Fairview Avenue	Amount of Each Disbursement this Period 203.63
	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) AT & T	Transaction ID: 80731.E20512 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 55000	Amount of Each Disbursement this Period 586.27
	City Detroit State MI Zip Code 48255-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone service	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) ▼
		TELEPHONE SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>933.27</b>
<b>TOTAL</b> 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 103 / 114

<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) AT & T	Transaction ID: 81011.E20562
	Mailing Address P.O. Box 55000	Date of Disbursement 09 / 02 / 2008
	City Detroit State MI Zip Code 48255-	Amount of Each Disbursement this Period 611.56
	Purpose of Disbursement telephone service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼
		TELEPHONE SERVICE

B.	Full Name (Last, First, Middle Initial) AT & T	Transaction ID: 81011.E20669
	Mailing Address P.O. Box 55000	Date of Disbursement 09 / 30 / 2008
	City Detroit State MI Zip Code 48255-	Amount of Each Disbursement this Period 645.88
	Purpose of Disbursement telephone service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼
		TELEPHONE SERVICE

C.	Full Name (Last, First, Middle Initial) United States Post Office	Transaction ID: 81011.E20647
	Mailing Address 825 S. Church Street	Date of Disbursement 09 / 22 / 2008
	City Murfreesboro State TN Zip Code 37130-	Amount of Each Disbursement this Period 1050.00
	Purpose of Disbursement postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼
		POSTAGE

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

2307.44

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) United States Post Office</p> <p>Mailing Address 825 S. Church Street</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement postage</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><b>Transaction ID:</b> 81011.E20666</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 604.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>POSTAGE</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Courier Printing</p> <p>Mailing Address 1 Courier Place</p> <p>City Smyrna State TN Zip Code 37167-</p> <p>Purpose of Disbursement printing</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><b>Transaction ID:</b> 81011.E20601</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1288.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PRINTING</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Argy, Wiltse &amp; Robinson</p> <p>Mailing Address 8300 Greensboro Dr.</p> <p>City Mc Lean State VA Zip Code 22102-</p> <p>Purpose of Disbursement Accounting Services</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><b>Transaction ID:</b> 81011.E20591</p> <p>Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 3025.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>ACCOUNTING SERVICES</b></p>

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

**4918.16**

**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)

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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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Department of the Treasury</p> <p>City Memphis State TN Zip Code 37501-</p> <p>Purpose of Disbursement tax payment</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><b>Transaction ID:</b> 81011.E20536</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 3905.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TAX PAYMENT</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mike Terry</p> <p>Mailing Address 1485 Bradberry Drive</p> <p>City Murfreesboro State TN Zip Code 37130-</p> <p>Purpose of Disbursement mileage reimbursement</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><b>Transaction ID:</b> 80806.E20517</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 432.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MILEAGE REIMBURSEMENT</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Terry</p> <p>Mailing Address 1485 Bradberry Drive</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80806.E20516</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2525.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>WAGES</b></p>

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

6862.65

**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) Mike Terry	Transaction ID: 81011.E20556 Date of Disbursement 08 / 31 / 2008
	Mailing Address 1485 Bradberry Drive	Amount of Each Disbursement this Period 2525.28
	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) Mike Terry	Transaction ID: 81011.E20589 Date of Disbursement 09 / 04 / 2008
	Mailing Address 1485 Bradberry Drive	Amount of Each Disbursement this Period 198.77
	City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mileage reimbursement 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) ▼	MILEAGE REIMBURSEMENT

C.	Full Name (Last, First, Middle Initial) Mike Terry	Transaction ID: 81011.E20596 Date of Disbursement 09 / 17 / 2008
	Mailing Address 1485 Bradberry Drive	Amount of Each Disbursement this Period 252.84
	City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mileage reimbursement 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) ▼	MILEAGE REIMBURSEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2976.89
<b>TOTAL</b> 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) Mike Terry	Transaction ID: 81011.E20650 Date of Disbursement 09 / 30 / 2008
	Mailing Address 1485 Bradberry Drive	Amount of Each Disbursement this Period 12845.44
	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

B.	Full Name (Last, First, Middle Initial) Mike Terry	Transaction ID: 81011.E20665 Date of Disbursement 09 / 30 / 2008
	Mailing Address 1485 Bradberry Drive	Amount of Each Disbursement this Period 112.96
	City Murfreesboro State TN Zip Code 37130- Purpose of Disbursement mileage reimbursement 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) ▼	MILEAGE REIMBURSEMENT

C.	Full Name (Last, First, Middle Initial) Robertson County Times	Transaction ID: 81011.E20629 Date of Disbursement 09 / 24 / 2008
	Mailing Address P.O. Box 637	Amount of Each Disbursement this Period 44.49
	City Springfield State TN Zip Code 37172- 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13002.89</b>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth Willey  Mailing Address 254 Barker Road  City Readyville State TN Zip Code 37149-  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: 81011.E20653 Date of Disbursement 09 / 30 / 2008  Amount of Each Disbursement this Period 32.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>WAGES</b>
<b>B.</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: 80806.E20520 Date of Disbursement 08 / 04 / 2008  Amount of Each Disbursement this Period 188.78  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>MOBILE PHONE SERVICE</b>
<b>C.</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: 81011.E20557 Date of Disbursement 09 / 02 / 2008  Amount of Each Disbursement this Period 187.32  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>MOBILE PHONE SERVICE</b>

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

**408.60**

**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) Verizon Wireless	Transaction ID: 81011.E20672
	Mailing Address P.O. Box 33050	Date of Disbursement 09 / 30 / 2008
	City Saint Petersburg State FL Zip Code 33733-	Amount of Each Disbursement this Period 190.44
	Purpose of Disbursement mobile phone service 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) ▼
		MOBILE PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Queenie Woods	Transaction ID: 81011.E20541
	Mailing Address 441 Evergreen Street	Date of Disbursement 08 / 18 / 2008
	City Murfreesboro State TN Zip Code 37130-	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement cleaning service 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) ▼
		CLEANING SERVICE

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

265.44

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

273650.64

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81011.E20542  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Jackson County Democratic Party

Mailing Address P.O. Box 917

City Gainesboro State TN Zip Code 38562-

Purpose of Disbursement  
DONATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81011.E20649  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Macon County Democratic Party

Mailing Address 200 Bypass West

City Lafayette State TN Zip Code 37083-

Purpose of Disbursement  
DONATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81011.E20664  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**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)

PAGE 111 / 114

<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)  
Tennessee Democratic Party

Mailing Address 223 8th Avenue, North, Suite 200

City Nashville State TN Zip Code 37203-

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: 81011.E20590  
Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Wilson Co. Democratic Party

Mailing Address P.O. Box 623

City Lebanon State TN Zip Code 37088-

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81011.E20648  
Date of Disbursement

09 / 27 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Andy Allman For State House

Mailing Address 343 Indian Lank Road

City Hendersonville State TN Zip Code 37075-

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81011.E20547  
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2750.00

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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bob Bibb For State House  Mailing Address Tennessee House District 66 4518 Hwy. 431, North  City Springfield State TN Zip Code 37172-  Purpose of Disbursement DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81011.E20544 Date of Disbursement 08 / 20 / 2008  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
<b>B.</b>	Full Name (Last, First, Middle Initial) Cleveland Bain For State House  Mailing Address TN State House District 40 1271 S. Mountain St.  City Smithville State TN Zip Code 37166-  Purpose of Disbursement DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81011.E20546 Date of Disbursement 08 / 20 / 2008  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
<b>C.</b>	Full Name (Last, First, Middle Initial) John Greeter For State House  Mailing Address Tennessee State House District 47 1302 McArthur St., Ste. B  City Manchester State TN Zip Code 37355-  Purpose of Disbursement DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81011.E20550 Date of Disbursement 08 / 20 / 2008  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

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

1500.00

**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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tim Tipps For State House <hr/> Mailing Address Tennessee State House District 48 P.O. Box 331021 <hr/> City Murfreesboro State TN Zip Code 37133- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81011.E20543 Date of Disbursement 08 / 20 / 2008 <hr/> 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
<b>B.</b>	Full Name (Last, First, Middle Initial) Stratton Bone For State Rep. <hr/> Mailing Address Tennessee State House District 46 2455 Carthage Hwy. <hr/> City Lebanon State TN Zip Code 37087- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81011.E20545 Date of Disbursement 08 / 20 / 2008 <hr/> 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
<b>C.</b>	Full Name (Last, First, Middle Initial) Jean Anne Rogers For State Senate <hr/> Mailing Address Tennessee State Senate District 16 P.O. Box 11097 <hr/> City Murfreesboro State TN Zip Code 37129- <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81011.E20548 Date of Disbursement 08 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2000.00

**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)  
Bob Tuke For U.S Senate

Transaction ID: 81011.E20549  
Date of Disbursement

Mailing Address State of Tennessee  
222 4th Ave North

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

City State Zip Code  
Nashville TN 37219-

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
DONATION

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Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
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TOTAL This Period (last page this line number only) ..... ►

12750.00
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