

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
05 JUL 15 PM 2:24 HD
Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: if typing, type over the lines

[Empty box for mailing label]

Alexander for Senate 2006, Inc.

ADDRESS (number and street)

228 South Washington St. Suite 115

Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

CD0383746

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TN

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

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

04

01

2005

through

06

30

2005

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

Keith Davis

Signature of Treasurer

Electronically filed by Keith Davis

Date

07

14

2005

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

Office Use Only

FEC FORM 3
(Revised 02/2006)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Alexander for Senate 2006, Inc.

Report Covering the Period: From:

MM	DD	YYYY
04	01	2005

 To:

MM	DD	YYYY
06	30	2005

	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)).....	47805.00	1797513.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	18708.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	47805.00	1778805.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	56909.41	895102.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	585.51	12569.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56323.90	882533.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	157504.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20469

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

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name
Alexander for Senate 2008, Inc.

Report Covering the Period: From: MM D4 DD 01 YYYY 2005 To: MM 08 DD 30 YYYY 2005

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	13100.00	1493433.00
(i) Itemized (use Schedule A).....	7305.00	14125.00
(ii) Unitemized.....	20405.00	1507558.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	27200.00	289955.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	47605.00	1797513.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))	0.00	10000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	585.51	12569.17
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	233.78	445.74
16. TOTAL RECEIPTS (add Lines 11 (e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	48424.29	1820527.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56909.41	895102.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	727462.42
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	16706.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	18708.00
21. OTHER DISBURSEMENTS.....	18500.00	21750.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	75409.41	1663022.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	184490.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	48424.29
25. SUBTOTAL (add Line 23 and Line 24).....	232914.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	75409.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	157504.95

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

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

FOR LINE NUMBER: PAGE 5 / 49

(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 committees.

NAME OF COMMITTEE (in Full)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
AGSH&F Civic Action Committee

Mailing Address Mr. Barney Skladany
1333 New Hampshire Ave., NW

City Washington State DC Zip Code 20036-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt
06 / 30 / 2005

Transaction ID: 50705.C12061

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address Mr. Rich Goldstein
P.O. Box 441

City Trexlertown State PA Zip Code 18087-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11856

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Chemistry Council PAC

Mailing Address Mr. Charles Van Vlack
1300 Wilson Boulevard

City Arlington State VA Zip Code 22208-

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

Name of Employer Occupation
Political Action Committee

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11860

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

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

4500.00

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

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

FOR LINE NUMBER: PAGE 6 / 49

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

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

A. American Forest & Paper Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address Ms. Donna Harmon
1111 19th Street, NW, Suite 800

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer Occupation
Political Action Committee

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11851

Amount of Each Receipt this Period
1000.00

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

B. Apollo Group, Inc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address Ms. Eileen Kean
4615 East Elwood Street, Suite 400

City Phoenix State AZ Zip Code 85040

FEC ID number of contributing federal political committee. **C** C00309781

Name of Employer Occupation
Political Action Committee

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11894

Amount of Each Receipt this Period
200.00

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

C. Ashland Inc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address Ms. Brenda Anderson
P.O. Box 391

City Ashland State KY Zip Code 41114

FEC ID number of contributing federal political committee. **C** C00075994

Name of Employer Occupation
Political Action Committee

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11862

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

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

2200.00

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

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

FOR LINE NUMBER: PAGE 7 / 49

(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)
Alexander for Senate 2008, Inc.

A. BASF Employees PAC

Full Name (Last, First, Middle Initial)
Mailing Address Mr. Tom Coleman
601 13th Street, NW, Suite 200 N

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2008

Transaction ID: 50829.C11839

Amount of Each Receipt this Period
1000.00

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

B. Celigie Corporation PAC

Full Name (Last, First, Middle Initial)
Mailing Address Mr. Mike Bradley
50 West San Fernando St.

City San Jose State CA Zip Code 95113

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2008

Transaction ID: 50829.C11908

Amount of Each Receipt this Period
1000.00

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

C. Chery PAC

Full Name (Last, First, Middle Initial)
Mailing Address Mrs. Mary Kenkel
1301 Pennsylvania Ave. NW, Ste. 10

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2008

Transaction ID: 50829.C11906

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

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

3000.00

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

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

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Corrections Corporation of America PAC

Mailing Address Mr. Jeremy Wiley
10 Burton Hills Boulevard

City State Zip Code
Nashville TN 37215

FEC ID number of contributing federal political committee. **C** CD0366486

Name of Employer Occupation
Political Action Committee

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt
06 / 16 / 2005

Transaction ID: 50629.C12052

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

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

Mailing Address Ms. Michele Famiglietti
1250 Eye Street, NW, Suite 400

City State Zip Code
Washington DC 20005-3998

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

Name of Employer Occupation
PAC

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
06 / 30 / 2005

Transaction ID: 50705.C12060

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

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

Mailing Address Mr. Peter Molinero
2030 Dow Center

City State Zip Code
Midland MI 48674

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

Name of Employer Occupation
PAC

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11953

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-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)
of each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 49

(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)

Alexander for Senate 2008, Inc.

A. Dupont Good Government Fund Full Name (Last, First, Middle Initial) Mailing Address Mr. Michael Parr 1007 Market Street, Room D-1107B City Wilmington State DE Zip Code 19808-		Date of Receipt 05 / 28 / 2005 Transaction ID: 50629.C11907 Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C C00171926		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Political Action Committee Election Cycle-to-Date ▼ 5000.00	

B. Holland and Knight PAC Full Name (Last, First, Middle Initial) Mailing Address Mr. Richard Gold 2099 Pennsylvania Ave., NW, Ste. 1 City Washington State DC Zip Code 20006-		Date of Receipt 06 / 18 / 2005 Transaction ID: 50629.C11859 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)(4)(A)-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PAC Election Cycle-to-Date ▼ 1000.00	

C. Honeywell PAC Full Name (Last, First, Middle Initial) Mailing Address Mr. Paul Zurawski 5518 Dorsey Lane City Bethesda State MD Zip Code 20816-		Date of Receipt 05 / 18 / 2005 Transaction ID: 50629.C11850 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)(4)(A)-1)
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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Jim Beam Brands PAC		Date of Receipt 06 / 30 / 2005 Transaction ID: 50705.C12064 Amount of Each Receipt this Period 1000.00	
Mailing Address Mr. David Wagner 610 Lake Cook Rd. City State Zip Code Deerfield IL 60015-4964		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation PAC		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
Full Name (Last, First, Middle Initial) B. Nova Chemicals CPAE		Date of Receipt 05 / 18 / 2005 Transaction ID: 50629.C11852 Amount of Each Receipt this Period 1000.00	
Mailing Address Ms. Kathleen Ambrose 1550 Coraopolis Heights Rd. City State Zip Code Coraopolis PA 15108-		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)	
FEC ID number of contributing federal political committee. C C00335000		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation PAC		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
Full Name (Last, First, Middle Initial) C. Praxair PAC		Date of Receipt 05 / 10 / 2005 Transaction ID: 50629.C11835 Amount of Each Receipt this Period 1000.00	
Mailing Address Ms. Valerie King P.O. Box 2958 City State Zip Code Danbury CT 06813-2958		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation PAC		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
Alexander for Senate 2006, Inc.

A. Rohm and Haas Company PAC

Full Name (Last, First, Middle Initial)
Mailing Address Mr. Geoffrey Hurwitz
100 Independence Mall West

City Philadelphia State PA Zip Code 19106-

FEC ID number of contributing federal political committee. **C** C00099057

Name of Employer Occupation
Political Action Committee
Election Cycle-to-Date

Receipt For: 2008
 Primary General
 Other (specify) ▼

Date of Receipt 06 / 21 / 2006
Transaction ID: 50629.C12059
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. Smithfield Foods Inc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address Mr. Richard Paulson
499 Park Avenue, 5th Floor

City New York State NY Zip Code 10022-

FEC ID number of contributing federal political committee. **C** C00359075

Name of Employer Occupation
Political Action Committee
Election Cycle-to-Date

Receipt For: 2008
 Primary General
 Other (specify) ▼

Date of Receipt 05 / 02 / 2006
Transaction ID: 50629.C11793
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. The Bond Market Assoc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address Mr. John Vogt
1399 New York Avenue, NW

City Washington State DC Zip Code 20005-4711

FEC ID number of contributing federal political committee. **C** C00158980

Name of Employer Occupation
Political Action Committee
Election Cycle-to-Date

Receipt For: 2008
 Primary General
 Other (specify) ▼

Date of Receipt 05 / 18 / 2006
Transaction ID: 50629.C11861
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

A. The Farm Credit Council PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address Mr. Kenneth Auer
 50 F Street, NW, Suite 900
 City Washington State DC Zip Code 20001-
 FEC ID number of contributing federal political committee. **C** C00193631
 Name of Employer Occupation Political Action Committee
 Receipt For: 2008
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 05 / 16 / 2008
 Transaction ID: 50629.C11838
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)/441a-1)

B. Van Ness Feldman PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address Mr. Tom Roberts
 1050 Thomas Jefferson St., NW
 City Washington State DC Zip Code 20007-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 05 / 16 / 2008
 Transaction ID: 50629.C11855
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2000.00
 TOTAL This Period (last page this line number only) 27200.00

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

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

FOR LINE NUMBER:		PAGE 13 / 49	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Charles Anderson, Jr.
Mailing Address 5217 Whitehorse Road
City Knoxville State TN Zip Code 37818
FEC ID number of contributing federal political committee. C
Name of Employer Anderson News Corporation Occupation President & CEO
Receipt For: 2008
 Primary General
 Other (specify)
Election Cycle-to-Date 4000.00

Date of Receipt 05 / 03 / 2005
Transaction ID: 50629.C11788
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles Anderson, Sr.
Mailing Address 202 North Court Street
City Florence State AL Zip Code 35630
FEC ID number of contributing federal political committee. C
Name of Employer Self-Employed Occupation Businessman
Receipt For: 2008
 Primary General
 Other (specify)
Election Cycle-to-Date 4000.00

Date of Receipt 04 / 11 / 2005
Transaction ID: 50629.C11778
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)/441a-1)

C. Full Name (Last, First, Middle Initial)
Patricia Beasley
Mailing Address 1025 Spy Glass Way
City Knoxville State TN Zip Code 37922
FEC ID number of contributing federal political committee. C
Name of Employer Proteamp Staffing Services Occupation Owner
Receipt For: 2008
 Primary General
 Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 04 / 11 / 2005
Transaction ID: 50629.C11777
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)/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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Jay Diskay

Mailing Address 10013 Tenbrook Drive

City State Zip Code
Silver Spring MD 20901-

FEC ID number of contributing federal political committee: C

Name of Employer: Diskay & Associates
Occupation: Consulting

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11858

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1B-1))

B. Full Name (Last, First, Middle Initial)
Terry Harla

Mailing Address 519 Ft. Williams Pkwy

City State Zip Code
Alexandria VA 22304-

FEC ID number of contributing federal political committee: C

Name of Employer: American Council On Education
Occupation: Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11869

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1B-1))

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

Mailing Address 8903 Chequers Way

City State Zip Code
Mc Lean VA 22102-

FEC ID number of contributing federal political committee: C

Name of Employer: Labat-Anderson Inc.
Occupation: Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
05 / 02 / 2005

Transaction ID: 50629.C11795

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1B-1))

SUBTOTAL of Receipts This Page (optional) ▶

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

2250.00

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

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

FOR LINE NUMBER: PAGE 15 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Robert Marsh

Mailing Address 308 West St.

City State Zip Code
Vienna VA 22180

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

Name of Employer
The CB-C Group, LLC

Occupation
Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11857

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(A-1))

B. Full Name (Last, First, Middle Initial)
John D. Mihs

Mailing Address P.O. Box 45

City State Zip Code
Farma IL 62838

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

Name of Employer
Capitol Management

Occupation
Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11854

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(A-1))

C. Full Name (Last, First, Middle Initial)
Ellin Nolan

Mailing Address 7503 Lynn Drive

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer
Washington Partners, LLC

Occupation
Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
05 / 18 / 2005

Transaction ID: 50629.C11883

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(A-1))

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 40

(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)
Alexander for Senate 2008, Inc.

A. Richard Robinson
Full Name (Last, First, Middle Initial)
Mailing Address 524 Broadway, Suite 929
City New York State NY Zip Code 10012-
FEC ID number of contributing federal political committee. C
Name of Employer Scholastic, Inc. Occupation Chairman of the Board
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 16 / 2005
Transaction ID: 50629.C11840
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

B. Ann Morgan Vickary
Full Name (Last, First, Middle Initial)
Mailing Address 2733 Willow Drive
City Vienna State VA Zip Code 22181-
FEC ID number of contributing federal political committee. C
Name of Employer Hogan & Harrison, LLP Occupation Attorney
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2005
Transaction ID: 50705.C12083
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

C. Raymond Vickary
Full Name (Last, First, Middle Initial)
Mailing Address 2733 Willow Drive
City Vienna State VA Zip Code 22181-5310
FEC ID number of contributing federal political committee. C
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 30 / 2005
Transaction ID: 50705.C12062
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Geoffrey Vincent

Mailing Address 507 High Street

City Alexandria State VA Zip Code 22302

FEC ID number of contributing federal political committee. C

Name of Employer Vanderbilt University Occupation Assistant Vice Chancellor

Receipt For: 2008
 Primary General
 Other (specify) _____

Election Cycle-to-Date
600.00

Date of Receipt
05 18 2008

Transaction ID: 50629.C11866

Amount of Each Receipt this Period
600.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(1)(4)(A-1))

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	13100.00

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

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

FOR LINE NUMBER:				PAGE 18 / 49	
(check only one)					
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input checked="" type="checkbox"/>	14
					15

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Tenn PAC, Inc		Date of Receipt 06 / 20 / 2005	
Mailing Address 811 Commerce Street Suite 2920		Transaction ID: 50629.C12057	
City Nashville	State TN	Zip Code 37203	Amount of Each Receipt This Period 585.51
FEC ID number of contributing federal political committee. C		Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(1)(441a-1)	
Name of Employer	Occupation	NOTE: Reimb for Critical Impressions	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 585.51		

SUBTOTAL of Receipts This Page (optional)	585.51
TOTAL This Period (last page this line number only)	585.51

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

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

FOR LINE NUMBER:		PAGE 19 / 49	
(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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Pinnacle National Bank

Mailing Address **211 Commerce Street, Suite 300**

City **Nashville** State **TN** Zip Code **37201**

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

Name of Employer _____ Occupation _____

Receipt For: **2008**
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
296.98

Date of Receipt
04 / 30 / 2005

Transaction ID: **50629.C11796**

Amount of Each Receipt this Period
59.61

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

NOTE: Interest

B. Full Name (Last, First, Middle Initial)
Pinnacle National Bank

Mailing Address **211 Commerce Street, Suite 300**

City **Nashville** State **TN** Zip Code **37201**

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

Name of Employer _____ Occupation _____

Receipt For: **2008**
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
374.24

Date of Receipt
05 / 31 / 2005

Transaction ID: **50629.C12054**

Amount of Each Receipt this Period
76.26

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

NOTE: Interest

C. Full Name (Last, First, Middle Initial)
Pinnacle National Bank

Mailing Address **211 Commerce Street, Suite 300**

City **Nashville** State **TN** Zip Code **37201**

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

Name of Employer _____ Occupation _____

Receipt For: **2008**
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
470.15

Date of Receipt
06 / 30 / 2005

Transaction ID: **50705.C12056**

Amount of Each Receipt this Period
95.91

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

NOTE: Interest

SUBTOTAL of Receipts This Page (optional)	233.78
TOTAL This Period (last page this line number only)	233.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2006, Inc.

A. Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
COMPUTER EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50629.E4153
Date of Disbursement 04 / 01 / 2005

Amount of Each Disbursement this Period 1800.00

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

COMPUTER EXPENSE

B. Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Mailing Address 205 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
COMPUTER EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50629.E4855
Date of Disbursement 06 / 20 / 2005

Amount of Each Disbursement this Period 1800.00

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

COMPUTER EXPENSE

C. Full Name (Last, First, Middle Initial)
AT&T

Mailing Address P. O. Box 9001309

City Louisville State KY Zip Code 40290-1310

Purpose of Disbursement
TELEPHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50629.E4298
Date of Disbursement 05 / 02 / 2005

Amount of Each Disbursement this Period 23.95

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

TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) 3623.95

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"/> 18a	<input type="checkbox"/> 18b
<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)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: 50629.E4473 Date of Disbursement MM / DD / YYYY 08 / 02 / 2005
Mailing Address P. O. Box 9001309		Amount of Each Disbursement this Period 81.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville	State KY	
Zip Code 40290-1310	Purpose of Disbursement TELEPHONE EXPENSE	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:	TELEPHONE EXPENSE

Full Name (Last, First, Middle Initial) B. Bell South		Transaction ID: 50629.E4544 Date of Disbursement MM / DD / YYYY 04 / 01 / 2005
Mailing Address P. O. Box 105262		Amount of Each Disbursement this Period 317.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta	State GA	
Zip Code 30348-5262	Purpose of Disbursement TELEPHONE EXPENSE	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:	TELEPHONE EXPENSE

Full Name (Last, First, Middle Initial) C. Bell South		Transaction ID: 50629.E4530 Date of Disbursement MM / DD / YYYY 05 / 09 / 2005
Mailing Address P. O. Box 105262		Amount of Each Disbursement this Period 252.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta	State GA	
Zip Code 30348-5262	Purpose of Disbursement TELEPHONE EXPENSE	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:	TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional)	651.62
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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Bell South

Mailing Address P. O. Box 105262

City Atlanta State GA Zip Code 30348-5262

Purpose of Disbursement
TELEPHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4585
Date of Disbursement
06 / 09 / 2005

Amount of Each Disbursement this Period
261.03

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

TELEPHONE EXPENSE

B. Full Name (Last, First, Middle Initial)
Critical Impressions

Mailing Address 7104 Crossroads Boulevard, Suite 1

City Brentwood State TN Zip Code 37027-

Purpose of Disbursement
PRINTING-REIMBURSED-SEE LINE 14

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4299
Date of Disbursement
05 / 02 / 2005

Amount of Each Disbursement this Period
585.51

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

PRINTING-REIMBURSED-SEE
LINE 14

C. Full Name (Last, First, Middle Initial)
Candice Douglas

Mailing Address P. O. Box 242

City Brentwood State TN Zip Code 37024-

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4236
Date of Disbursement
04 / 08 / 2005

Amount of Each Disbursement this Period
800.00

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

ADMINISTRATIVE CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶

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

1446.54

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Candice Douglas		Transaction ID: 50629.E4268 Date of Disbursement 04 / 15 / 2005
Mailing Address P. O. Box 242		Amount of Each Disbursement this Period 50.00
City Brentwood	State TN	Zip Code 37024-
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:	TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) B. Candice Douglas		Transaction ID: 50629.E4269 Date of Disbursement 04 / 15 / 2005
Mailing Address P. O. Box 242		Amount of Each Disbursement this Period 687.50
City Brentwood	State TN	Zip Code 37024-
Purpose of Disbursement ADMINISTRATIVE CONSULTING	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:	ADMINISTRATIVE CONSULTING	

Full Name (Last, First, Middle Initial) C. Candice Douglas		Transaction ID: 50629.E4300 Date of Disbursement 05 / 09 / 2005
Mailing Address P. O. Box 242		Amount of Each Disbursement this Period 116.00
City Brentwood	State TN	Zip Code 37024-
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:	TRAVEL EXPENSE	

SUBTOTAL of Disbursements This Page (optional)	853.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 21	

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NAME OF COMMITTEE (in Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Candice Douglas		Transaction ID: 50829.E4387 Date of Disbursement 05 / 05 / 2005	
Mailing Address P. O. Box 242		Amount of Each Disbursement this Period 762.50	
City Brentwood	State TN	Zip Code 37024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/Type	
Candidate Name		ADMINISTRATIVE CONSULTING	
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Candice Douglas		Transaction ID: 50829.E4463 Date of Disbursement 05 / 12 / 2005	
Mailing Address P. O. Box 242		Amount of Each Disbursement this Period 600.00	
City Brentwood	State TN	Zip Code 37024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/Type	
Candidate Name		ADMINISTRATIVE CONSULTING	
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Candice Douglas		Transaction ID: 50829.E4464 Date of Disbursement 05 / 12 / 2005	
Mailing Address P. O. Box 242		Amount of Each Disbursement this Period 72.59	
City Brentwood	State TN	Zip Code 37024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL EXPENSE		Category/Type	
Candidate Name		TRAVEL EXPENSE	
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1435.09
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"/> 18a	<input type="checkbox"/> 18b
<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)
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Candice Douglas

Mailing Address P. O. Box 242

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4468
Date of Disbursement
05 / 20 / 2008

Amount of Each Disbursement this Period
812.50

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

ADMINISTRATIVE CONSULTING

B. Full Name (Last, First, Middle Initial)
Candice Douglas

Mailing Address P. O. Box 242

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4470
Date of Disbursement
05 / 27 / 2008

Amount of Each Disbursement this Period
337.50

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

ADMINISTRATIVE CONSULTING

C. Full Name (Last, First, Middle Initial)
Candice Douglas

Mailing Address P. O. Box 242

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4556
Date of Disbursement
06 / 03 / 2008

Amount of Each Disbursement this Period
362.50

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

ADMINISTRATIVE CONSULTING

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1512.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 26 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Candice Douglas		Transaction ID: 50629.E4575	
Mailing Address P. O. Box 242		Date of Disbursement 08 / 08 / 2005	
City Brentwood	State TN	Zip Code 37024	Amount of Each Disbursement this Period 64.00
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRAVEL EXPENSE
State: District:			

Full Name (Last, First, Middle Initial) B. Candice Douglas		Transaction ID: 50629.E4579	
Mailing Address P. O. Box 242		Date of Disbursement 08 / 09 / 2005	
City Brentwood	State TN	Zip Code 37024	Amount of Each Disbursement this Period 612.50
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ADMINISTRATIVE CONSULTING
State: District:			

Full Name (Last, First, Middle Initial) C. Candice Douglas		Transaction ID: 50629.E4605	
Mailing Address P. O. Box 242		Date of Disbursement 08 / 17 / 2005	
City Brentwood	State TN	Zip Code 37024	Amount of Each Disbursement this Period 337.50
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ADMINISTRATIVE CONSULTING
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1014.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial)

A. Candice Douglas

Mailing Address P. O. Box 242

City Brentwood State TN Zip Code 37024-

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50629.E4658

Date of Disbursement

08 / 23 / 2005

Amount of Each Disbursement this Period

862.50

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

ADMINISTRATIVE CONSULTING

Full Name (Last, First, Middle Initial)

B. Candice Douglas

Mailing Address P. O. Box 242

City Brentwood State TN Zip Code 37024-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50629.E4657

Date of Disbursement

06 / 24 / 2005

Amount of Each Disbursement this Period

158.00

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

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

C. Candice Douglas

Mailing Address P. O. Box 242

City Brentwood State TN Zip Code 37024-

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50705.E4664

Date of Disbursement

06 / 30 / 2005

Amount of Each Disbursement this Period

712.50

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

ADMINISTRATIVE CONSULTING

SUBTOTAL of Disbursements This Page (optional)

1731.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Alexander for Senate 2006, Inc.

A. Full Name (Last, First, Middle Initial)
Huckaby Davis Lisker

Mailing Address 228 South Washington Street, Suite

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
CONSULTANT/ACCOUNTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4597
Date of Disbursement
04 / 11 / 2005

Amount of Each Disbursement this Period
1736.33

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

CONSULTANT/ACCOUNTING

B. Full Name (Last, First, Middle Initial)
Huckaby Davis Lisker

Mailing Address 228 South Washington Street, Suite

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
CONSULTANT/ACCOUNTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4588
Date of Disbursement
05 / 09 / 2005

Amount of Each Disbursement this Period
1737.42

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

CONSULTANT/ACCOUNTING

C. Full Name (Last, First, Middle Initial)
Huckaby Davis Lisker

Mailing Address 228 South Washington Street, Suite

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
CONSULTANT/ACCOUNTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4603
Date of Disbursement
06 / 16 / 2005

Amount of Each Disbursement this Period
587.77

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

CONSULTANT/ACCOUNTING

SUBTOTAL of Disbursements This Page (optional) ▶ 4061.52

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)				PAGE 29 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 18b 21	

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Mr. Tom Ingram		Transaction ID: 50629.E4248	
Mailing Address 7305 Lorimar Place		Date of Disbursement 04 / 01 / 2005	
City Knoxville	State TN	Zip Code 37919-	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement POLITICAL CONSULTING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type POLITICAL CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Mr. Tom Ingram		Transaction ID: 50629.E4270	
Mailing Address 7305 Lorimar Place		Date of Disbursement 05 / 02 / 2005	
City Knoxville	State TN	Zip Code 37919-	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement POLITICAL CONSULTING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type POLITICAL CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Mr. Tom Ingram		Transaction ID: 50629.E4288	
Mailing Address 7305 Lorimar Place		Date of Disbursement 05 / 02 / 2005	
City Knoxville	State TN	Zip Code 37919-	Amount of Each Disbursement this Period 534.30
Purpose of Disbursement TRAVEL EXPENSES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type TRAVEL EXPENSES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4534.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(a) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Mr. Tom Ingram		Transaction ID: 50629.E4469
Mailing Address 7305 Lorimar Place		Date of Disbursement 06 / 02 / 2005
City Knoxville	State TN	Zip Code 37919-
Purpose of Disbursement POLITICAL CONSULTING	Category/ Type	Amount of Each Disbursement this Period 2000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	POLITICAL CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Tom Ingram		Transaction ID: 50629.E4658
Mailing Address 7305 Lorimar Place		Date of Disbursement 06 / 27 / 2005
City Knoxville	State TN	Zip Code 37919-
Purpose of Disbursement POLITICAL CONSULTING	Category/ Type	Amount of Each Disbursement this Period 2000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	POLITICAL CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Tom Ingram		Transaction ID: 50629.E4661
Mailing Address 7305 Lorimar Place		Date of Disbursement 06 / 27 / 2005
City Knoxville	State TN	Zip Code 37919-
Purpose of Disbursement TRAVEL EXPENSES	Category/ Type	Amount of Each Disbursement this Period 255.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	TRAVEL EXPENSES
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4255.00
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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17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial)

A. Patrick Jaynes

Mailing Address 2963 Hodges Landing Drive

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50629.E4389

Date of Disbursement

05 / 09 / 2005

Amount of Each Disbursement this Period

687.05

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

TRAVEL EXPENSES

Full Name (Last, First, Middle Initial)

B. Kaegi Resources

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37089-

Purpose of Disbursement
TRAVEL/EVENT CATERING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50629.E4578

Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

3948.64

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

TRAVEL/EVENT CATERING

Full Name (Last, First, Middle Initial)

C. Latimore, Black, Morgan, & Cain, P.C.

Mailing Address LBMC Financial Center
5250 Virginia Way, Box 1869

City Brentwood State TN Zip Code 37024-1869

Purpose of Disbursement
PROFESSIONAL FEES/ACCOUNTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50629.E4474

Date of Disbursement

06 / 02 / 2005

Amount of Each Disbursement this Period

8925.00

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

PROFESSIONAL FEES/ACCOUNTING

SUBTOTAL of Disbursements This Page (optional)

13458.69

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 32 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) Lattimore, Black, Morgan, & Cain, P.C.		Transaction ID: 50705.E4666	
Mailing Address LBMC Financial Center 5250 Virginia Way, Box 1869		Date of Disbursement 06 / 30 / 2005	
City Brentwood	State TN	Zip Code 37024-1869	Amount of Each Disbursement this Period 460.00
Purpose of Disbursement PROFESSIONAL FEES/ACCOUNTING		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PROFESSIONAL FEES/ACCOUNTING
State: District:			

Full Name (Last, First, Middle Initial) LogiCom Project Management LLC		Transaction ID: 50629.E4239	
Mailing Address P. O. Box 111897		Date of Disbursement 04 / 07 / 2005	
City Nashville	State TN	Zip Code 37222-	Amount of Each Disbursement this Period 1546.99
Purpose of Disbursement TRANSPORTATION EXPENSES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRANSPORTATION EXPENSES
State: District:			

Full Name (Last, First, Middle Initial) Lukes Printing		Transaction ID: 50629.E4060	
Mailing Address 2508 Highland Blvd.		Date of Disbursement 04 / 01 / 2005	
City Staten Island	State NY	Zip Code 10306-	Amount of Each Disbursement this Period 450.00
Purpose of Disbursement PRINTING		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PRINTING
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2456.99
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)
Alexander for Senate 2008, Inc.

A. Lana Moore

Full Name (Last, First, Middle Initial)
Lana Moore

Mailing Address 707 E. Unaka Avenue #4

City Johnson City State TN Zip Code 37601-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4297
Date of Disbursement
05 / 02 / 2005

Amount of Each Disbursement this Period
211.75

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

TRAVEL EXPENSE

B. Lana Moore

Full Name (Last, First, Middle Initial)
Lana Moore

Mailing Address 707 E. Unaka Avenue #4

City Johnson City State TN Zip Code 37601-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4475
Date of Disbursement
06 / 02 / 2005

Amount of Each Disbursement this Period
38.85

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

TRAVEL EXPENSE

C. Lana Moore

Full Name (Last, First, Middle Initial)
Lana Moore

Mailing Address 707 E. Unaka Avenue #4

City Johnson City State TN Zip Code 37601-

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4654
Date of Disbursement
08 / 22 / 2005

Amount of Each Disbursement this Period
21.70

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

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

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

272.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

A. National Republican Senatorial Committee

Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address **Accounting Division
P.O. Box 75103**

City **Washington** State **DC** Zip Code **20013-**

Purpose of Disbursement
PRINTING EXPENSE

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4221
Date of Disbursement
04 / 01 / 2005

Amount of Each Disbursement this Period
622.09

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

PRINTING EXPENSE

B. Paychex Payroll Services

Full Name (Last, First, Middle Initial)
Paychex Payroll Services

Mailing Address **P. O. Box 292007**

City **Nashville** State **TN** Zip Code **37229-2007**

Purpose of Disbursement
PAYROLL SERVICES

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4302
Date of Disbursement
04 / 04 / 2005

Amount of Each Disbursement this Period
26.14

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

PAYROLL SERVICES

C. Pilot Corporation

Full Name (Last, First, Middle Initial)
Pilot Corporation

Mailing Address **5508 Lonas Road**

City **Knoxville** State **TN** Zip Code **37909-**

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50705.E4685
Date of Disbursement
04 / 20 / 2005

Amount of Each Disbursement this Period
349.20

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

TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **997.43**

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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial)
A. Pinnacle National Bank

Mailing Address 211 Commerce Street, Suite 300

City Nashville State TN Zip Code 37201-

Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4305
Date of Disbursement

04 / 13 / 2005

Amount of Each Disbursement this Period

77.00

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

PRINTING EXPENSE

Full Name (Last, First, Middle Initial)
B. Pinnacle National Bank

Mailing Address 211 Commerce Street, Suite 300

City Nashville State TN Zip Code 37201-

Purpose of Disbursement
PETTY CASH-NO ITEM. REQ.

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4301
Date of Disbursement

05 / 03 / 2005

Amount of Each Disbursement this Period

100.00

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

PETTY CASH-NO ITEM. REQ.

Full Name (Last, First, Middle Initial)
C. Richards & Richards

Mailing Address Office Records Management, Inc.
P.O. Box 17070

City Nashville State TN Zip Code 37217-

Purpose of Disbursement
STORAGE

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4466
Date of Disbursement

05 / 19 / 2005

Amount of Each Disbursement this Period

1494.19

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

STORAGE

SUBTOTAL of Disbursements This Page (optional)

1671.19

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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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2006, Inc.

A. Richards & Richards

Full Name (Last, First, Middle Initial)
Richards & Richards

Mailing Address Office Records Management, Inc.
P.O. Box 17070

City Nashville State TN Zip Code 37217-

Purpose of Disbursement STORAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4577
Date of Disbursement 06 / 08 / 2005

Amount of Each Disbursement this Period 1483.51

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

STORAGE

Category/Type

B. SunTrust Bankcard, N. A.

Full Name (Last, First, Middle Initial)
SunTrust Bankcard, N. A.

Mailing Address P. O. Box 791250

City Baltimore State MD Zip Code 21279-

Purpose of Disbursement CREDIT CARD:SEE BELOW ITEMIZATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4306
Date of Disbursement 04 / 01 / 2005

Amount of Each Disbursement this Period 2533.82

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

CREDIT CARD:SEE BELOW ITEMIZATION

Category/Type

C. Amtrak Go USA

Full Name (Last, First, Middle Initial)
Amtrak Go USA

Mailing Address 6D Mass. Ave., NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4313
Date of Disbursement 04 / 01 / 2005

Amount of Each Disbursement this Period 141.00

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

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

Category/Type

SUBTOTAL of Disbursements This Page (optional) 4017.33

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial)
A. Carey Worldwide Chauffeured Services

Mailing Address P. O. Box 531414

City Baltimore State MD Zip Code 21263-1414

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4314
Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

109.75

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

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)
B. Federal Express

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement
DELIVERY EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4438
Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

119.08

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

[MEMO ITEM]
MEMO: DELIVERY EXPENSE

Full Name (Last, First, Middle Initial)
C. Holiday Inn

Mailing Address 1315 Kirby Road

City Knoxville State TN Zip Code 37909

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4308
Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

68.70

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

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Jimmy Kellys Restaurant		Transaction ID: 50629.E4311 Date of Disbursement 04 / 01 / 2005	
Mailing Address 217 Louise Avenue		Amount of Each Disbursement this Period 197.95	
City Nashville State TN Zip Code 37203	Purpose of Disbursement CATERING EXPENSES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING EXPENSES	
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) ▼		

Full Name (Last, First, Middle Initial) B. The Monocle		Transaction ID: 50629.E4384 Date of Disbursement 04 / 01 / 2005	
Mailing Address Capitol Hill		Amount of Each Disbursement this Period 188.35	
City Washington State DC Zip Code 20510	Purpose of Disbursement CATERING EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING 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) ▼		

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 50629.E4307 Date of Disbursement 04 / 01 / 2005	
Mailing Address P. O. Box 2502		Amount of Each Disbursement this Period 620.60	
City Winston Salem State NC Zip Code 27105	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)

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

Use separate schedules 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)
Alexander for Senate 2008, Inc.

A. United States Senate Restaurant

Full Name (Last, First, Middle Initial)
United States Senate Restaurant

Mailing Address Senate Office Buildings
1st & C Streets, N.E.

City Washington State DC Zip Code 20510-

Purpose of Disbursement
CATERING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4385
Date of Disbursement
04 / 01 / 2005

Amount of Each Disbursement this Period
922.00

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

[MEMO ITEM]
MEMO: CATERING EXPENSE

B. SunTrust Bankcard, N. A.

Full Name (Last, First, Middle Initial)
SunTrust Bankcard, N. A.

Mailing Address P. O. Box 791250

City Baltimore State MD Zip Code 21279-

Purpose of Disbursement
CREDIT CARD:SEE BELOW ITEMIZATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4807
Date of Disbursement
05 / 03 / 2005

Amount of Each Disbursement this Period
317.03

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

CREDIT CARD:SEE BELOW ITEMIZATION

C. Federal Express

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement
DELIVERY EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 50629.E4609
Date of Disbursement
05 / 03 / 2005

Amount of Each Disbursement this Period
9.83

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

[MEMO ITEM]
MEMO: DELIVERY EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ 317.03

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial)

A. US Airways

Transaction ID: 50629.E4608

Date of Disbursement

05 / 03 / 2005

Mailing Address P. O. Box 2502

Amount of Each Disbursement this Period

307.20

City Winston Salem State NC Zip Code 27105-

Purpose of Disbursement
TRAVEL EXPENSE

Category/
Type

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

Candidate Name

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. SunTrust Bankcard, N. A.

Transaction ID: 50629.E4611

Date of Disbursement

06 / 06 / 2005

Mailing Address P. O. Box 791250

Amount of Each Disbursement this Period

2120.95

City Baltimore State MD Zip Code 21279-

Purpose of Disbursement
CREDIT CARD:SEE BELOW ITEMIZATION

Category/
Type

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

Candidate Name

CREDIT CARD:SEE BELOW ITE-
MIZATION

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Central Liquor

Transaction ID: 50629.E4618

Date of Disbursement

06 / 06 / 2005

Mailing Address 917 F Street, NW

Amount of Each Disbursement this Period

53.03

City Washington State DC Zip Code 20004-

Purpose of Disbursement
EVENT CATERING

Category/
Type

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

Candidate Name

[MEMO ITEM]
MEMO: EVENT CATERING

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2120.95

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 41 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 50629.E4617 Date of Disbursement															
Mailing Address P. O. Box 1140		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>0</td><td>6</td><td>2</td><td>0</td><td>0</td> </tr> </table>		M	M	D	D	Y	Y	Y	0	6	0	6	2	0	0
M	M	D	D	Y	Y	Y											
0	6	0	6	2	0	0											
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 130.32														
Purpose of Disbursement DELIVERY EXPENSE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53														
Candidate Name			[MEMO ITEM] MEMO: DELIVERY EXPENSE														
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼																
State: District:																	

Full Name (Last, First, Middle Initial) B. Hotel George		Transaction ID: 50629.E4650 Date of Disbursement															
Mailing Address 15 E Street, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>0</td><td>6</td><td>2</td><td>0</td><td>0</td> </tr> </table>		M	M	D	D	Y	Y	Y	0	6	0	6	2	0	0
M	M	D	D	Y	Y	Y											
0	6	0	6	2	0	0											
City Washington	State DC	Zip Code 20001-	Amount of Each Disbursement this Period 1779.55														
Purpose of Disbursement CATERING EXPENSE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53														
Candidate Name			[MEMO ITEM] MEMO: CATERING EXPENSE														
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼																
State: District:																	

Full Name (Last, First, Middle Initial) C. Hex for Flowers		Transaction ID: 50629.E4612 Date of Disbursement															
Mailing Address 4542 Harding Road		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>0</td><td>5</td><td>2</td><td>0</td><td>0</td> </tr> </table>		M	M	D	D	Y	Y	Y	0	6	0	5	2	0	0
M	M	D	D	Y	Y	Y											
0	6	0	5	2	0	0											
City Nashville	State TN	Zip Code 37205-	Amount of Each Disbursement this Period 125.84														
Purpose of Disbursement FLOWERS		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53														
Candidate Name			[MEMO ITEM] MEMO: FLOWERS														
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼																
State: District:																	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (in Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial)
A. The Caucus Room

Mailing Address 1st & C Streets, N. E.

City Washington State DC Zip Code 20515

Purpose of Disbursement
CATERING EXPENSE

Candidate Name

Category
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50629.E4614
Date of Disbursement

08 / 06 / 2005

Amount of Each Disbursement this Period

211.83

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

[MEMO ITEM]
MEMO: CATERING EXPENSE

Full Name (Last, First, Middle Initial)
B. The Monocle

Mailing Address Capitol Hill

City Washington State DC Zip Code 20510

Purpose of Disbursement
CATERING EXPENSE

Candidate Name

Category
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50629.E4616
Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

271.33

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

[MEMO ITEM]
MEMO: CATERING EXPENSE

Full Name (Last, First, Middle Initial)
C. United States Senate Restaurant

Mailing Address Senate Office Buildings
1st & C Streets, N.E.

City Washington State DC Zip Code 20510

Purpose of Disbursement
CATERING REFUND

Candidate Name

Category
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50629.E4653
Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

-922.00

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

[MEMO ITEM]
MEMO: CATERING REFUND

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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. United States Senate Restaurant		Transaction ID: 50629.E4298 Date of Disbursement MM / DD / YYYY 05 / 02 / 2005	
Mailing Address Senate Office Buildings 1st & C Streets, N.E.		Amount of Each Disbursement this Period 470.35	
City Washington	State DC	Zip Code 20510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CATERING EXPENSE		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) ▼	
Candidate Name		CATERING EXPENSE	

Full Name (Last, First, Middle Initial) B. United States Senate Restaurant		Transaction ID: 50629.E4478 Date of Disbursement MM / DD / YYYY 05 / 17 / 2005	
Mailing Address Senate Office Buildings 1st & C Streets, N.E.		Amount of Each Disbursement this Period 1354.70	
City Washington	State DC	Zip Code 20510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CATERING EXPENSE		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) ▼	
Candidate Name		CATERING EXPENSE	

Full Name (Last, First, Middle Initial) C. United States Senate Restaurant		Transaction ID: 50629.E4479 Date of Disbursement MM / DD / YYYY 05 / 20 / 2005	
Mailing Address Senate Office Buildings 1st & C Streets, N.E.		Amount of Each Disbursement this Period 284.84	
City Washington	State DC	Zip Code 20510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CATERING EXPENSE		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) ▼	
Candidate Name		CATERING EXPENSE	

SUBTOTAL of Disbursements This Page (optional)	2109.89
TOTAL This Period (last page this line number only)	(blank)

**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)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. United States Senate Restaurant		Transaction ID: 50629.E4477 Date of Disbursement 05 / 27 / 2005
Mailing Address Senate Office Buildings 1st & C Streets, N.E.		Amount of Each Disbursement this Period 877.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20510-		CATERING EXPENSE
Purpose of Disbursement CATERING EXPENSE		
Candidate Name		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. United States Senate Restaurant		Transaction ID: 50629.E4606 Date of Disbursement 06 / 21 / 2005
Mailing Address Senate Office Buildings 1st & C Streets, N.E.		Amount of Each Disbursement this Period 1875.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20510-		CATERING EXPENSE
Purpose of Disbursement CATERING EXPENSE		
Candidate Name		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Ted Welch Investments		Transaction ID: 50629.E4276 Date of Disbursement 04 / 01 / 2005
Mailing Address The Tower, Suite 2920 811 Commerce St.		Amount of Each Disbursement this Period 126.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Nashville	State TN	
Zip Code 37203-3742		UTILITIES
Purpose of Disbursement UTILITIES		
Candidate Name		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2878.29
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial)
A. Ted Welch Investments

Transaction ID: 50629.E4271
Date of Disbursement

04	01	2005
----	----	------

Mailing Address The Tower, Suite 2920
611 Commerce St.

City Nashville State TN Zip Code 37203-3742

Purpose of Disbursement
RENT

Candidate Name

Category/Type

Amount of Each Disbursement this Period

232.35

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

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

RENT

Full Name (Last, First, Middle Initial)
B. Ted Welch Investments

Transaction ID: 50629.E4266
Date of Disbursement

05	02	2005
----	----	------

Mailing Address The Tower, Suite 2920
611 Commerce St.

City Nashville State TN Zip Code 37203-3742

Purpose of Disbursement
RENT

Candidate Name

Category/Type

Amount of Each Disbursement this Period

232.35

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

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

RENT

Full Name (Last, First, Middle Initial)
C. Ted Welch Investments

Transaction ID: 50629.E4267
Date of Disbursement

05	02	2005
----	----	------

Mailing Address The Tower, Suite 2920
611 Commerce St.

City Nashville State TN Zip Code 37203-3742

Purpose of Disbursement
UTILITIES

Candidate Name

Category/Type

Amount of Each Disbursement this Period

125.00

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

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

UTILITIES

SUBTOTAL of Disbursements This Page (optional)

589.70

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 45 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Ted Welch Investments		Transaction ID: 50629.E4472 Date of Disbursement 06 / 02 / 2005	
Mailing Address The Tower, Suite 2920 611 Commerce St.		Amount of Each Disbursement this Period 125.00	
City Nashville	State TN	Zip Code 37203-3742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement UTILITIES	Category/ Type		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		UTILITIES
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:		

Full Name (Last, First, Middle Initial) B. Ted Welch Investments		Transaction ID: 50629.E4471 Date of Disbursement 06 / 02 / 2005	
Mailing Address The Tower, Suite 2920 611 Commerce St.		Amount of Each Disbursement this Period 232.35	
City Nashville	State TN	Zip Code 37203-3742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement RENT	Category/ Type		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		RENT
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:		

Full Name (Last, First, Middle Initial) C. Ted Welch Investments		Transaction ID: 50629.E4858 Date of Disbursement 06 / 27 / 2005	
Mailing Address The Tower, Suite 2920 611 Commerce St.		Amount of Each Disbursement this Period 232.35	
City Nashville	State TN	Zip Code 37203-3742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement RENT	Category/ Type		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		RENT
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:		

SUBTOTAL of Disbursements This Page (optional)	569.70
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 47 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in full)
Alexander for Senate 2008, Inc.

Full Name (Last, First, Middle Initial) A. Ted Welch Investments		Transaction ID: 50629.E4660 Date of Disbursement 06 / 27 / 2005	
Mailing Address The Tower, Suite 2920 611 Commerce St.		Amount of Each Disbursement this Period 125.00	
City Nashville	State TN	Zip Code 37203-3742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement UTILITIES		Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		UTILITIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Brent K. Willes		Transaction ID: 50705.E4663 Date of Disbursement 06 / 30 / 2005	
Mailing Address 205 Chamberln St.		Amount of Each Disbursement this Period 88.80	
City Nashville	State TN	Zip Code 37209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL EXPENSE		Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TRAVEL EXPENSE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	213.80
TOTAL This Period (last page this line number only)	56812.31

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full) -
Alexander for Senate 2008, Inc.

A. Full Name (Last, First, Middle Initial)
Nashville Womens Political Caucus

Transaction ID: 50629.E4476
Date of Disbursement

Mailing Address P. O. Box 25211

06 / 02 / 2005

City Nashville State TN Zip Code 37202-

Amount of Each Disbursement this Period

Purpose of Disbursement
DONATION

1000.00

Candidate Name

Category/Type

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

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

State: District:

B. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Transaction ID: 50629.E4265
Date of Disbursement

Mailing Address Ronald Reagan Republican Center
425 Second Street, N.E.

04 / 07 / 2005

City Washington State DC Zip Code 20002-

Amount of Each Disbursement this Period

Purpose of Disbursement
TRANSFER OF SURPLUS FUNDS

15000.00

Candidate Name

Category/Type

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

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

State: District:

C. Full Name (Last, First, Middle Initial)
Tennessee Republican Party

Transaction ID: 50629.E4604
Date of Disbursement

Mailing Address 1922 West End Avenue

08 / 17 / 2005

City Nashville State TN Zip Code 37203-

Amount of Each Disbursement this Period

Purpose of Disbursement
POLITICAL CONTRIBUTION

2500.00

Candidate Name

Category/Type

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

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

18500.00

TOTAL This Period (last page this line number only)

18500.00

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EMILY J. REYNOLDS
SECRETARY

PAMELA S. GAVIN
SUPERINTENDENT

U.S. SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-3114
PHONE: (202) 224-6822

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

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

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

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Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-15-05

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