

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

John Rose for Tennessee

ADDRESS (number and street)

PO Box 2404

Check if different
than previously
reported. (ACC)

Cookeville

TN

38502

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00652743

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

TN

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

04

D D /

01

Y Y Y Y

2025

through

M M /

06

D D /

30

Y Y Y Y

2025

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

Baker, Phillip, , ,

Signature of Treasurer

Baker, Phillip, , ,

Date

M M /

07

D D /

15

Y Y Y Y

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

John Rose for Tennessee

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	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))	13988.08	84758.58
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	13988.08	84758.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	72014.16	156295.68
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	72014.16	156295.68
8. Cash on Hand at Close of Reporting Period (from Line 27)	217135.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	291591.25	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

John Rose for Tennessee

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

11396.74

47235.20

(ii) Unitemized

1591.34

23723.38

(iii) TOTAL of contributions
from individuals ▶

12988.08

70958.58

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

1000.00

13800.00

(d) The Candidate

0.00

0.00

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

13988.08

84758.58

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

13988.08

84758.58

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72014.16	156295.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	700000.00	950000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	700000.00	950000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	930.00	14580.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	772944.16	1120875.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	976091.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13988.08
25. SUBTOTAL (add Line 23 and Line 24).....	990079.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	772944.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	217135.36

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

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

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

NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

A. Mailing Address 18307 LAUREL CHERRY LANE

City
SAN BERNARDINOState
CAZip Code
92407-8959FEC ID number of contributing
federal political committee.

C

Name of Employer
CAEDENASOccupation
REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11A.56825

Amount of Each Receipt this Period

- 20.82

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
MARTIN, BRENDA, , ,

Mailing Address 18307 LAUREL CHERRY LANE

City
SAN BERNARDINOState
CAZip Code
92407-8959FEC ID number of contributing
federal political committee.

C

Name of Employer
CAEDENASOccupation
REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11A.56826

Amount of Each Receipt this Period

- 26.03

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

C. Full Name (Last, First, Middle Initial)
PARKER, BELINDA, , ,

Mailing Address 3628 RIFLE RD. BX 159

City
POLLOKState
TXZip Code
75969-3856FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		28		2025

Transaction ID : SA11A.56570

Amount of Each Receipt this Period

- 1.00

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

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

- 47.85

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

PARKER, BELINDA, , ,

A. Mailing Address 3628 RIFLE RD. BX 159

City
POLLOKState
TXZip Code
75969-3856FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		28		2025

Transaction ID : SA11A.56571

Amount of Each Receipt this Period

- 1.00

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
PARKER, BELINDA, , ,
Mailing Address 3628 RIFLE RD. BX 159City
POLLOKState
TXZip Code
75969-3856FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		28		2025

Transaction ID : SA11A.56572

Amount of Each Receipt this Period

- 7.29

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

C. Full Name (Last, First, Middle Initial)
PARKER, BELINDA, , ,
Mailing Address 3628 RIFLE RD. BX 159City
POLLOKState
TXZip Code
75969-3856FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		28		2025

Transaction ID : SA11A.56573

Amount of Each Receipt this Period

- 2.00

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

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

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

- 10.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

PARKER, BELINDA, , ,

A.

Mailing Address 3628 RIFLE RD. BX 159

City

POLLOK

State

TX

Zip Code

75969-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2025

Transaction ID : SA11A.56574

Amount of Each Receipt this Period

- 3.00

☐ Memo Item

CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

Full Name (Last, First, Middle Initial)

PARKER, BELINDA, , ,

B.

Mailing Address 3628 RIFLE RD. BX 159

City

POLLOK

State

TX

Zip Code

75969-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2025

Transaction ID : SA11A.56575

Amount of Each Receipt this Period

- 3.00

☐ Memo Item

CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

Full Name (Last, First, Middle Initial)

PARKER, BELINDA, , ,

C.

Mailing Address 3628 RIFLE RD. BX 159

City

POLLOK

State

TX

Zip Code

75969-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2025

Transaction ID : SA11A.56576

Amount of Each Receipt this Period

- 1.00

☐ Memo Item

CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

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

- 7.00

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

PARKER, BELINDA, , ,

A. Mailing Address 3628 RIFLE RD. BX 159

City
POLLOKState
TXZip Code
75969-3856FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M / D D / Y Y Y Y Y
04 28 2025

Transaction ID : SA11A.56577

Amount of Each Receipt this Period

- 5.00

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
PARKER, BELINDA, , ,
Mailing Address 3628 RIFLE RD. BX 159City
POLLOKState
TXZip Code
75969-3856FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M / D D / Y Y Y Y Y
04 28 2025

Transaction ID : SA11A.56578

Amount of Each Receipt this Period

- 4.00

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

C. Full Name (Last, First, Middle Initial)
PARKER, BELINDA, , ,
Mailing Address 3628 RIFLE RD. BX 159City
POLLOKState
TXZip Code
75969-3856FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M / D D / Y Y Y Y Y
04 28 2025

Transaction ID : SA11A.56579

Amount of Each Receipt this Period

- 2.08

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

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

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

- 11.08

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

PARKER, BELINDA, , ,

A. Mailing Address 3628 RIFLE RD. BX 159

City
POLLOKState
TXZip Code
75969-3856FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M / D D / Y Y Y Y Y
04 28 2025

Transaction ID : SA11A.56580

Amount of Each Receipt this Period

- 5.00

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
PARKER, BELINDA, , ,
Mailing Address 3628 RIFLE RD. BX 159City
POLLOKState
TXZip Code
75969-3856FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

316.28

Date of Receipt

M M / D D / Y Y Y Y Y
04 28 2025

Transaction ID : SA11A.56581

Amount of Each Receipt this Period

- 3.00

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

C. Full Name (Last, First, Middle Initial)
SHAH, APOORVA, S., ,
Mailing Address 5924 INTERLACHEN BOULEVARDCity
MINNEAPOLISState
MNZip Code
55436-1330FEC ID number of contributing
federal political committee.

C

Name of Employer
SAM NUTRITIONOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 23 2025

Transaction ID : SA11A.56612

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

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

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

2492.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

SHIRLEY, LEISA, , ,

A.

Mailing Address 20 RUTLEDGE STREET
UNIT 301City
NASHVILLEState
TNZip Code
37210-2291FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 05 2025

Transaction ID : SA11A.56468

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SHIRLEY, STEVE, , ,

Mailing Address 20 RUTLEDGE STREET
UNIT 301City
NASHVILLEState
TNZip Code
37210-2291FEC ID number of contributing
federal political committee.

C

Name of Employer
R&S NORTHEASTOccupation
PHARMACEUTICAL WHOLESALERS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 05 2025

Transaction ID : SA11A.56467

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

Mailing Address 14170 FM 2854 ROAD

City
CONROEState
TXZip Code
77304-4430FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2064.37

Date of Receipt

M M / D D / Y Y Y Y Y
04 21 2025

Transaction ID : SA11A.56547

Amount of Each Receipt this Period

- 28.50

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

6971.50

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

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

A.

Mailing Address 14170 FM 2854 ROAD

City
CONROEState
TXZip Code
77304-4430FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2064.37

Date of Receipt

M M / D D / Y Y Y Y Y
04 21 2025

Transaction ID : SA11A.56548

Amount of Each Receipt this Period

- 28.50

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B.

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

Mailing Address 14170 FM 2854 ROAD

City
CONROEState
TXZip Code
77304-4430FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2064.37

Date of Receipt

M M / D D / Y Y Y Y Y
04 21 2025

Transaction ID : SA11A.56549

Amount of Each Receipt this Period

- 28.50

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y
04 04 2025

Transaction ID : SA11C.55393

Amount of Each Receipt this Period

205.44

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

- 57.00

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

BAKER, PENNY, , ,

A.

Mailing Address 125 JEFF AVENUE

City

ASHBURN

State

GA

Zip Code

31714-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

289.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 04 2025

Transaction ID : SA11A.55396

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LITTLETON, CAROLYN, , ,

B.

Mailing Address 23665 NORTH 534 ROAD

City

TAHLEQUAH

State

OK

Zip Code

74464-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

416.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 03 2025

Transaction ID : SA11A.55406

Amount of Each Receipt this Period

52.05

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

C.

Mailing Address 500 NORWICH RD #38

City

AUGUSTA

State

GA

Zip Code

30909-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 04 2025

Transaction ID : SA11A.55407

Amount of Each Receipt this Period

10.41

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

77.46

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y
04 11 2025

Transaction ID : SA11C.55467

Amount of Each Receipt this Period

440.76

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)
BAKER, PENNY, , ,

Mailing Address 125 JEFF AVENUE

City
ASHBURNState
GAZip Code
31714-3734FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

289.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 08 2025

Transaction ID : SA11A.55469

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
HUNTOON, RUTHANNE, , ,

Mailing Address 5008 SAUNDERSTERRACE

City
SPRING HILLState
TNZip Code
37174-6180FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 07 2025

Transaction ID : SA11A.55483

Amount of Each Receipt this Period

5.21

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

20.21

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

KOONCE, RICHARD, , ,

A.

Mailing Address 428 N 250 W

City

VALPARAISO

State

IN

Zip Code

46385-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 06 2025

Transaction ID : SA11A.55486

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

B.

Mailing Address 500 NORWICH RD #38

City

AUGUSTA

State

GA

Zip Code

30909-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 09 2025

Transaction ID : SA11A.55487

Amount of Each Receipt this Period

15.62

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MICHAEL, DAVID, , ,

C.

Mailing Address 3406 MARYWOOD DR

City

SPRING

State

TX

Zip Code

77388-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

519.78

Date of Receipt

M M / D D / Y Y Y Y Y
04 09 2025

Transaction ID : SA11A.55489

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

141.65

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

SMITH, ELIZABETH, , ,

A.

Mailing Address 1709 INDIAN WELLS AVE

City
OCALAState
FLZip Code
34472-8401FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 08 2025

Transaction ID : SA11A.55498

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WILSON, CONNIE, , ,

Mailing Address 3888 SHADY GROVE ROAD

City
CLARKSVILLEState
TNZip Code
37043-7505FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y
04 10 2025

Transaction ID : SA11A.55504

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y
04 17 2025

Transaction ID : SA11C.56476

Amount of Each Receipt this Period

324.43

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

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

41.03

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

DRAPER, RUBY, , ,

A.

Mailing Address 926 BAYNE RD

City

MALVERN

State

AR

Zip Code

72104-5835

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 16 2025

Transaction ID : SA11A.56480

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DRAPER, RUBY, , ,

B.

Mailing Address 926 BAYNE RD

City

MALVERN

State

AR

Zip Code

72104-5835

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 16 2025

Transaction ID : SA11A.56481

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HUNTOON, RUTHANNE, , ,

C.

Mailing Address 5008 SAUNDERSTERRACE

City

SPRING HILL

State

TN

Zip Code

37174-6180

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 17 2025

Transaction ID : SA11A.56486

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

43.75

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

LITZINGER, VERNON, , ,

A.

Mailing Address 975 LOCKE MOUNTAIN ROAD

City

HOLLIDAYSBURG

State

PA

Zip Code

16648-9117

FEC ID number of contributing
federal political committee.

C

Name of Employer

PSI

Occupation

EXECUTIVE

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 13 2025

Transaction ID : SA11A.56490

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

B.

Mailing Address 500 NORWICH RD #38

City

AUGUSTA

State

GA

Zip Code

30909-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 12 2025

Transaction ID : SA11A.56492

Amount of Each Receipt this Period

10.41

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

OLYNN, ARMINDA, , ,

C.

Mailing Address 12864 BISCAYNE BLVD

City

N. MIAMI

State

FL

Zip Code

33181-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

498.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 14 2025

Transaction ID : SA11A.56495

Amount of Each Receipt this Period

15.62

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

52.06

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

A.

Mailing Address 14170 FM 2854 ROAD

City
CONROE

State
TX

Zip Code
77304-4430

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2064.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2025

Transaction ID : SA11A.56506

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

B.

Mailing Address 14170 FM 2854 ROAD

City
CONROE

State
TX

Zip Code
77304-4430

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2064.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2025

Transaction ID : SA11A.56507

Amount of Each Receipt this Period

52.05

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 20 2025

Transaction ID : SA11C.56508

Amount of Each Receipt this Period

119.32

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

78.08

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

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

A. Mailing Address 18307 LAUREL CHERRY LANE

City
SAN BERNARDINOState
CAZip Code
92407-8959FEC ID number of contributing
federal political committee.

C

Name of Employer
CAEDENASOccupation
REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M / D D / Y Y Y Y Y
04 19 2025

Transaction ID : SA11A.56513

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
MICHAEL, DAVID, , ,

Mailing Address 3406 MARYWOOD DR

City
SPRINGState
TXZip Code
77388-5176FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

519.78

Date of Receipt

M M / D D / Y Y Y Y Y
04 19 2025

Transaction ID : SA11A.56512

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y
04 25 2025

Transaction ID : SA11C.56550

Amount of Each Receipt this Period

275.53

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

52.06

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

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

BOONE, RANDOLPH, , ,

A.

Mailing Address 2875 PALM BEACH BLVD

City

FORT MYERS

State

FL

Zip Code

33916-1573

FEC ID number of contributing
federal political committee.

C

Name of Employer
SINGING WIND LLCOccupation
REAL ESTATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	5	

Transaction ID : SA11A.56555

Amount of Each Receipt this Period

95.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

DICK, JONNA, , ,

Mailing Address PO BOX 154

City

SEWARD

State

AK

Zip Code

99664-0154

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	5	

Transaction ID : SA11A.56557

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

DICK, JONNA, , ,

Mailing Address PO BOX 154

City

SEWARD

State

AK

Zip Code

99664-0154

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	5	

Transaction ID : SA11A.56559

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

145.00

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

A. Mailing Address 18307 LAUREL CHERRY LANE

City
SAN BERNARDINOState
CAZip Code
92407-8959FEC ID number of contributing
federal political committee.

C

Name of Employer
CAEDENASOccupation
REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M / D D / Y Y Y Y Y
04 21 2025

Transaction ID : SA11A.56566

Amount of Each Receipt this Period

20.82

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
MATHEWS, ELLEN, , ,

Mailing Address 500 NORWICH RD #38

City
AUGUSTAState
GAZip Code
30909-3269FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 23 2025

Transaction ID : SA11A.56560

Amount of Each Receipt this Period

5.21

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
PRICE, STEPHEN, , ,

Mailing Address 6100 HORSESHOE BAR RD

City
LOOMISState
CAZip Code
95650-8537FEC ID number of contributing
federal political committee.

C

Name of Employer
STEPHEN PRICEOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y
04 24 2025

Transaction ID : SA11A.56553

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

52.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)
WINRED

A. Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y
05 02 2025

Transaction ID : SA11C.56582

Amount of Each Receipt this Period

360.33

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)
BELL, MOLLY, , ,

B. Mailing Address 577 UPPER HELTON ROAD

City
ALEXANDRIA

State
TN

Zip Code
37012-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MNPS

TRANSLATOR, INTERPRETER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y
04 28 2025

Transaction ID : SA11A.56585

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
BOHANNON, FRANK, , ,

C. Mailing Address PO BOX 665

City
CROSSVILLE

State
TN

Zip Code
38557-0665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

364.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2025

Transaction ID : SA11A.56586

Amount of Each Receipt this Period

52.05

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

78.08

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

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

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

LITTLETON, CAROLYN, , ,

A.

Mailing Address 23665 NORTH 534 ROAD

City

TAHLEQUAH

State

OK

Zip Code

74464-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

416.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	5	

Transaction ID : SA11A.56596

Amount of Each Receipt this Period

52.05

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

MCGRATH, DANIEL, , ,

Mailing Address 2500 WEST WILLIAM CANNON DR

City

AUSTIN

State

TX

Zip Code

78745-5257

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

WDIXARIO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	5	

Transaction ID : SA11A.56599

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

OFLYNN, ARMINDA, , ,

Mailing Address 12864 BISCAYNE BLVD

City

N. MIAMI

State

FL

Zip Code

33181-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

498.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	5	

Transaction ID : SA11A.56604

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

104.11

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	5

Transaction ID : SA11C.56616

Amount of Each Receipt this Period

446.17

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)
BAKER, PENNY, , ,

Mailing Address 125 JEFF AVENUE

City
ASHBURNState
GAZip Code
31714-3734FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

289.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

Transaction ID : SA11A.56618

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
BAKER, PENNY, , ,

Mailing Address 125 JEFF AVENUE

City
ASHBURNState
GAZip Code
31714-3734FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

289.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	5

Transaction ID : SA11A.56619

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

HUNTOON, RUTHANNE, , ,

A.

Mailing Address 5008 SAUNDERSTERRACE

City

SPRING HILL

State

TN

Zip Code

37174-6180

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 07 2025

Transaction ID : SA11A.56633

Amount of Each Receipt this Period

5.21

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KOONCE, RICHARD, , ,

B.

Mailing Address 428 N 250 W

City

VALPARAISO

State

IN

Zip Code

46385-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 06 2025

Transaction ID : SA11A.56637

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

C.

Mailing Address 500 NORWICH RD #38

City

AUGUSTA

State

GA

Zip Code

30909-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y
05 09 2025

Transaction ID : SA11A.56638

Amount of Each Receipt this Period

15.62

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

120.83

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

A.

Mailing Address 500 NORWICH RD #38

City

AUGUSTA

State

GA

Zip Code

30909-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y
05 04 2025

Transaction ID : SA11A.56639

Amount of Each Receipt this Period

10.41

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MICHAEL, DAVID, , ,

B.

Mailing Address 3406 MARYWOOD DR

City

SPRING

State

TX

Zip Code

77388-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

519.78

Date of Receipt

M M / D D / Y Y Y Y Y
05 09 2025

Transaction ID : SA11A.56641

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SMITH, ELIZABETH, , ,

C.

Mailing Address 1709 INDIAN WELLS AVE

City

OCALA

State

FL

Zip Code

34472-8401

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 08 2025

Transaction ID : SA11A.56647

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

51.44

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)
WINRED

A. Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2025

Transaction ID : SA11C.56655

Amount of Each Receipt this Period

265.29

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)
DRAPER, RUBY, , ,

B. Mailing Address 926 BAYNE RD

City
MALVERN

State
AR

Zip Code
72104-5835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2025

Transaction ID : SA11A.56656

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
DRAPER, RUBY, , ,

C. Mailing Address 926 BAYNE RD

City
MALVERN

State
AR

Zip Code
72104-5835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2025

Transaction ID : SA11A.56661

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

20.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

LITZINGER, VERNON, , ,

A.

Mailing Address 975 LOCKE MOUNTAIN ROAD

City

HOLLIDAYSBURG

State

PA

Zip Code

16648-9117

FEC ID number of contributing
federal political committee.

C

Name of Employer

PSI

Occupation

EXECUTIVE

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y
05 13 2025

Transaction ID : SA11A.56668

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

B.

Mailing Address 500 NORWICH RD #38

City

AUGUSTA

State

GA

Zip Code

30909-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y
05 12 2025

Transaction ID : SA11A.56669

Amount of Each Receipt this Period

10.41

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

OLYNN, ARMINDA, , ,

C.

Mailing Address 12864 BISCAYNE BLVD

City

N. MIAMI

State

FL

Zip Code

33181-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

498.20

Date of Receipt

M M / D D / Y Y Y Y Y
05 14 2025

Transaction ID : SA11A.56664

Amount of Each Receipt this Period

15.62

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

52.06

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

WILSON, CONNIE, , ,

A. Mailing Address 3888 SHADY GROVE ROAD

City
CLARKSVILLEState
TNZip Code
37043-7505FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		10		2025

Transaction ID : SA11A.56681

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
WINRED

B. Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		23		2025

Transaction ID : SA11C.56682

Amount of Each Receipt this Period

253.06

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)
DICK, JONNA, , ,

C. Mailing Address PO BOX 154

City
SEWARDState
AKZip Code
99664-0154FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		23		2025

Transaction ID : SA11A.56685

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

51.03

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

DICK, JONNA, , ,

A.

Mailing Address PO BOX 154

City

SEWARD

State

AK

Zip Code

99664-0154

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 23 2025

Transaction ID : SA11A.56686

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HUNTOON, RUTHANNE, , ,

B.

Mailing Address 5008 SAUNDERSTERRACE

City

SPRING HILL

State

TN

Zip Code

37174-6180

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 17 2025

Transaction ID : SA11A.56688

Amount of Each Receipt this Period

23.75

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

C.

Mailing Address 18307 LAUREL CHERRY LANE

City

SAN BERNARDINO

State

CA

Zip Code

92407-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAEDENAS

Occupation

REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M / D D / Y Y Y Y Y
05 21 2025

Transaction ID : SA11A.56693

Amount of Each Receipt this Period

20.82

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

69.57

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

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

FOR LINE NUMBER:
(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

A.

Mailing Address 18307 LAUREL CHERRY LANE

City

SAN BERNARDINO

State

CA

Zip Code

92407-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAEDENAS

Occupation
REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 19 2025

Transaction ID : SA11A.56694

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

B.

Mailing Address 18307 LAUREL CHERRY LANE

City

SAN BERNARDINO

State

CA

Zip Code

92407-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAEDENAS

Occupation
REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 23 2025

Transaction ID : SA11A.56804

Amount of Each Receipt this Period

- 26.03

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

C.

Mailing Address 500 NORWICH RD #38

City

AUGUSTA

State

GA

Zip Code

30909-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 23 2025

Transaction ID : SA11A.56695

Amount of Each Receipt this Period

5.21

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

5.21

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MICHAEL, DAVID, , ,

A. Mailing Address 3406 MARYWOOD DR

City
SPRINGState
TXZip Code
77388-5176FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

519.78

Date of Receipt

M M / D D / Y Y Y Y Y
05 19 2025

Transaction ID : SA11A.56696

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

B. Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y
05 30 2025

Transaction ID : SA11C.56703

Amount of Each Receipt this Period

328.15

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BELL, MOLLY, , ,

C. Mailing Address 577 UPPER HELTON ROAD

City
ALEXANDRIAState
TNZip Code
37012-3533FEC ID number of contributing
federal political committee.

C

Name of Employer
MNPSOccupation
TRANSLATOR, INTERPRETER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y
05 28 2025

Transaction ID : SA11A.56715

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

52.06

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

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

PAGE 33 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

BOHANNON, FRANK, , ,

A.

Mailing Address PO BOX 665

City

CROSSVILLE

State

TN

Zip Code

38557-0665

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

364.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	5	

Transaction ID : SA11A.56716

Amount of Each Receipt this Period

52.05

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

LITTLETON, CAROLYN, , ,

Mailing Address 23665 NORTH 534 ROAD

City

TAHLEQUAH

State

OK

Zip Code

74464-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

416.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	5	

Transaction ID : SA11A.56706

Amount of Each Receipt this Period

52.05

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

MCGRATH, DANIEL, , ,

Mailing Address 2500 WEST WILLIAM CANNON DR

City

AUSTIN

State

TX

Zip Code

78745-5257

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

WDIXARIO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	5	

Transaction ID : SA11A.56717

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

130.13

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

OFLYNN, ARMINDA, , ,

A.

Mailing Address 12864 BISCAYNE BLVD

City

N. MIAMI

State

FL

Zip Code

33181-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

498.20

Date of Receipt

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

Transaction ID : SA11A.56720

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

PRICE, STEPHEN, , ,

Mailing Address 6100 HORSESHOE BAR RD

City

LOOMIS

State

CA

Zip Code

95650-8537

FEC ID number of contributing
federal political committee.

C

Name of Employer

STEPHEN PRICE

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	5	

Transaction ID : SA11A.56723

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	5	

Transaction ID : SA11C.56727

Amount of Each Receipt this Period

309.34

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

52.06

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

BAKER, PENNY, , ,

A.

Mailing Address 125 JEFF AVENUE

City

ASHBURN

State

GA

Zip Code

31714-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

289.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

Transaction ID : SA11A.56744

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KOONCE, RICHARD, , ,

B.

Mailing Address 428 N 250 W

City

VALPARAISO

State

IN

Zip Code

46385-8827

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	2	5

Transaction ID : SA11A.56731

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

C.

Mailing Address 500 NORWICH RD #38

City

AUGUSTA

State

GA

Zip Code

30909-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

Transaction ID : SA11A.56743

Amount of Each Receipt this Period

10.41

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

125.41

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)
WINRED

A. Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 13 2025

Transaction ID : SA11C.56753

Amount of Each Receipt this Period

304.93

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)
HUNTOON, RUTHANNE, , ,

B. Mailing Address 5008 SAUNDERSTERRACE

City
SPRING HILL

State
TN

Zip Code
37174-6180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 07 2025

Transaction ID : SA11A.56782

Amount of Each Receipt this Period

5.21

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
LITZINGER, VERNON, , ,

C. Mailing Address 975 LOCKE MOUNTAIN ROAD

City
HOLLIDAYSBURG

State
PA

Zip Code
16648-9117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

PSI

EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 13 2025

Transaction ID : SA11A.56757

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

31.24

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

A.

Mailing Address 500 NORWICH RD #38

City

AUGUSTA

State

GA

Zip Code

30909-3269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 09 2025

Transaction ID : SA11A.56767

Amount of Each Receipt this Period

15.62

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MICHAEL, DAVID, , ,

B.

Mailing Address 3406 MARYWOOD DR

City

SPRING

State

TX

Zip Code

77388-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

519.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 09 2025

Transaction ID : SA11A.56772

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SMITH, ELIZABETH, , ,

C.

Mailing Address 1709 INDIAN WELLS AVE

City

OCALA

State

FL

Zip Code

34472-8401

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2025

Transaction ID : SA11A.56773

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

56.65

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

WILSON, CONNIE, , ,

A.

Mailing Address 3888 SHADY GROVE ROAD

City

CLARKSVILLE

State

TN

Zip Code

37043-7505

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 10 2025

Transaction ID : SA11A.56766

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 20 2025

Transaction ID : SA11C.56786

Amount of Each Receipt this Period

179.03

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

DRAPER, RUBY, , ,

C.

Mailing Address 926 BAYNE RD

City

MALVERN

State

AR

Zip Code

72104-5835

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11A.56797

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

31.03

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

DRAPER, RUBY, , ,

A.

Mailing Address 926 BAYNE RD

City

MALVERN

State

AR

Zip Code

72104-5835

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 16 2025

Transaction ID : SA11A.56800

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HUNTOON, RUTHANNE, , ,

B.

Mailing Address 5008 SAUNDERSTERRACE

City

SPRING HILL

State

TN

Zip Code

37174-6180

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 17 2025

Transaction ID : SA11A.56792

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

C.

Mailing Address 18307 LAUREL CHERRY LANE

City

SAN BERNARDINO

State

CA

Zip Code

92407-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAEDENAS

Occupation

REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 19 2025

Transaction ID : SA11A.56788

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

64.78

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

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

PAGE 40 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

A. Mailing Address 18307 LAUREL CHERRY LANE

City
SAN BERNARDINOState
CAZip Code
92407-8959FEC ID number of contributing
federal political committee.

C

Name of Employer
CAEDENASOccupation
REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.56824

Amount of Each Receipt this Period

- 26.03

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
MATHEWS, ELLEN, , ,
Mailing Address 500 NORWICH RD #38City
AUGUSTAState
GAZip Code
30909-3269FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y
06 14 2025

Transaction ID : SA11A.56801

Amount of Each Receipt this Period

10.41

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
MICHAEL, DAVID, , ,
Mailing Address 3406 MARYWOOD DRCity
SPRINGState
TXZip Code
77388-5176FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

519.78

Date of Receipt

M M / D D / Y Y Y Y Y
06 19 2025

Transaction ID : SA11A.56787

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

10.41

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

OFLYNN, ARMINDA, , ,

A.

Mailing Address 12864 BISCAYNE BLVD

City

N. MIAMI

State

FL

Zip Code

33181-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

498.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 14 2025

Transaction ID : SA11A.56802

Amount of Each Receipt this Period

15.62

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 27 2025

Transaction ID : SA11C.56805

Amount of Each Receipt this Period

215.73

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

DICK, JONNA, , ,

C.

Mailing Address PO BOX 154

City

SEWARD

State

AK

Zip Code

99664-0154

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 23 2025

Transaction ID : SA11A.56814

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

40.62

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

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

PAGE 42 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

DICK, JONNA, , ,

A.

Mailing Address PO BOX 154

City
SEWARDState
AKZip Code
99664-0154FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 23 2025

Transaction ID : SA11A.56816

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

Mailing Address 18307 LAUREL CHERRY LANE

City
SAN BERNARDINOState
CAZip Code
92407-8959FEC ID number of contributing
federal political committee.

C

Name of Employer
CAEDENASOccupation
REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M / D D / Y Y Y Y Y
06 21 2025

Transaction ID : SA11A.56822

Amount of Each Receipt this Period

20.82

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

MARTIN, BRENDA, , ,

Mailing Address 18307 LAUREL CHERRY LANE

City
SAN BERNARDINOState
CAZip Code
92407-8959FEC ID number of contributing
federal political committee.

C

Name of Employer
CAEDENASOccupation
REPLENISHMENT BUYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.07

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.56823

Amount of Each Receipt this Period

- 20.82

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

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

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

25.00

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

PAGE 43 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MATHEWS, ELLEN, , ,

A. Mailing Address 500 NORWICH RD #38

City
AUGUSTAState
GAZip Code
30909-3269FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

352.20

Date of Receipt

M M / D D / Y Y Y Y Y
06 23 2025

Transaction ID : SA11A.56817

Amount of Each Receipt this Period

5.21

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
OFLYNN, ARMINDA, , ,
Mailing Address 12864 BISCAYNE BLVDCity
N. MIAMIState
FLZip Code
33181-2007FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

498.20

Date of Receipt

M M / D D / Y Y Y Y Y
06 27 2025

Transaction ID : SA11A.56807

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
PRICE, STEPHEN, , ,
Mailing Address 6100 HORSESHOE BAR RDCity
LOOMISState
CAZip Code
95650-8537FEC ID number of contributing
federal political committee.

C

Name of Employer
STEPHEN PRICEOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y
06 24 2025

Transaction ID : SA11A.56811

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

57.27

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)
WINRED

A. Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

54383.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.56827

Amount of Each Receipt this Period

189.11

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)
BELL, MOLLY, , ,

B. Mailing Address 577 UPPER HELTON ROAD

City
ALEXANDRIA

State
TN

Zip Code
37012-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MNPS

TRANSLATOR, INTERPRETER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 28 2025

Transaction ID : SA11A.56837

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
LITTLETON, CAROLYN, , ,

C. Mailing Address 23665 NORTH 534 ROAD

City
TAHLEQUAH

State
OK

Zip Code
74464-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

416.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11A.56830

Amount of Each Receipt this Period

52.05

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

78.08

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

MCGRATH, DANIEL, , ,

A.

Mailing Address 2500 WEST WILLIAM CANNON DR

City
AUSTIN

State
TX

Zip Code
78745-5257

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
WDIXARIO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 28 2025

Transaction ID : SA11A.56839

Amount of Each Receipt this Period

26.03

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

26.03

11396.74

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

HARDWOOD FEDERATION-PAC INC

A.

Mailing Address 1101 K STREET NW
SUITE 700

City
WASHINGTON

State
DC

Zip Code
20005-7033

FEC ID number of contributing
federal political committee.

C C00396671

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 14 2025

Transaction ID : SA11C.56726

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

1000.00

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

PAGE 47 OF 94

<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

City
COOKEVILLEState
TNZip Code
38502

FEC Identification Number

C H8TN06094Purpose of Disbursement
EVENT/TRAVEL EXPENSES TO BE REIMBURSED

001

Category/
Type

Amount of Each Disbursement this Period

28579.54

Transaction ID : SB17.I13089

☐ Memo ItemCandidate Name
ROSE, JOHN, W., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 06

Full Name (Last, First, Middle Initial)

B. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	4

City
COOKEVILLEState
TNZip Code
38502

FEC Identification Number

C H8TN06094Purpose of Disbursement
MILEAGE REIMBURSEMENT

002

Category/
Type

Amount of Each Disbursement this Period

289.44

Transaction ID : SB17.I14161

☒ Memo ItemCandidate Name
ROSE, JOHN, W., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 06

Full Name (Last, First, Middle Initial)

C. 4IMPRINT

Mailing Address 101 COMMERCE STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	4

City
OSHKOSHState
WIZip Code
54901-4864

FEC Identification Number

CPurpose of Disbursement
CAMPAIGN NOTEPADS

001

Category/
Type

Amount of Each Disbursement this Period

554.51

Transaction ID : SB17.I14146

☒ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

28579.54

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

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

PAGE 48 OF 94

<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City
DFW AIRPORTState
TXZip Code
75261Purpose of Disbursement
AIRFARE

002

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

399.37

Transaction ID : SB17.I14135

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City
DFW AIRPORTState
TXZip Code
75261Purpose of Disbursement
AIRFARE

002

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

97.30

Transaction ID : SB17.I14140

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BANNERS ON THE CHEAP

Mailing Address 11525A STONEHOLLOW DRIVE

City
AUSTINState
TXZip Code
78758Purpose of Disbursement
CAMPAIGN BANNER

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

308.38

Transaction ID : SB17.I14174

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

0.00

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

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

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<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. CHURCHSOURCE

Mailing Address 3900 SPARKS DRIVE SOUTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2024

City
GRAND RAPIDSState
MIZip Code
49546-6146

FEC Identification Number

C

Purpose of Disbursement
BOOKS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2486.48

Transaction ID : SB17.I14128

☒ Memo Item

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. CUSTOMINKMailing Address 2910 DISTRICT AVENUE
#300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2024

City
FAIRFAXState
VAZip Code
22031

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN T-SHIRTS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

601.36

Transaction ID : SB17.I14147

☒ Memo Item

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. CUSTOMINKMailing Address 2910 DISTRICT AVENUE
#300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2024

City
FAIRFAXState
VAZip Code
22031

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN T-SHIRTS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3792.96

Transaction ID : SB17.I14175

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. DAVIDSON COUNTY REPUBLICAN PARTY

Mailing Address P.O. BOX 158419

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2024

City
NASHVILLEState
TNZip Code
37215-8419

FEC Identification Number

C

Purpose of Disbursement
EVENT TICKETS

001

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.I14169

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. DAVIDSON COUNTY REPUBLICAN PARTY

Mailing Address P.O. BOX 158419

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2024

City
NASHVILLEState
TNZip Code
37215-8419

FEC Identification Number

C

Purpose of Disbursement
EVENT TICKETS

001

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.I14171

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2024

City
ATLANTAState
GAZip Code
30354

FEC Identification Number

C

Purpose of Disbursement
AIRFARE

002

Amount of Each Disbursement this Period

443.08

Transaction ID : SB17.I14152

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2024

City
ATLANTAState
GAZip Code
30354

FEC Identification Number

C

Purpose of Disbursement
AIRFARE

002

Amount of Each Disbursement this Period

1197.92

Transaction ID : SB17.I14163

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2024

City
ATLANTAState
GAZip Code
30354

FEC Identification Number

C

Purpose of Disbursement
AIRFARE

002

Amount of Each Disbursement this Period

917.95

Transaction ID : SB17.I14170

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. GOLDEN MAST INN

Mailing Address 5293 LACYS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2024

City
OKAUCHEE LAKEState
WIZip Code
53069

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN EVENT VENUE & CATERING

001

Amount of Each Disbursement this Period

8000.00

Transaction ID : SB17.I14129

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. GREENBRIER HOTEL

Mailing Address 101 WEST MAIN STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2024

City
WHITE SULPHUR SPRIState
WVZip Code
24986

FEC Identification Number

C

Purpose of Disbursement
HOTEL

002

Amount of Each Disbursement this Period

649.00

Transaction ID : SB17.I14162

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN

Mailing Address 1091 SOUTH WILLOW AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2024

City
COOKEVILLEState
TNZip Code
38501

FEC Identification Number

C

Purpose of Disbursement
HOTEL

002

Amount of Each Disbursement this Period

237.42

Transaction ID : SB17.I14165

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. JACKSON COUNTY REPUBLICAN PARTY

Mailing Address 205 JOHNSON SUBDIVISION LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2024

City
GAINSBOROState
TNZip Code
38562

FEC Identification Number

C

Purpose of Disbursement
EVENT TICKETS

001

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.I14172

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. JEFF RUBY'S STEAKHOUSE

Mailing Address 325 WEST MAIN STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2024

City
LOUISVILLEState
KYZip Code
40202-4254

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

255.47

Transaction ID : SB17.I14160

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE NORTHEAST
#5000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2024

City
ATLANTAState
GAZip Code
30308

FEC Identification Number

C

Purpose of Disbursement
SUBSCRIPTIONS

001

Amount of Each Disbursement this Period

87.80

Transaction ID : SB17.I14130

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE NORTHEAST
#5000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2024

City
ATLANTAState
GAZip Code
30308

FEC Identification Number

C

Purpose of Disbursement
SUBSCRIPTIONS

001

Amount of Each Disbursement this Period

87.80

Transaction ID : SB17.I14139

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 54 OF 94

<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE NORTHEAST
#5000City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

87.80

Transaction ID : SB17.I14154

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE NORTHEAST
#5000City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

87.80

Transaction ID : SB17.I14168

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MARTIN'S BAR-B-QUE JOINT

Mailing Address 410 4TH AVENUE S

City
NASHVILLEState
TNZip Code
37201Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

944.39

Transaction ID : SB17.I14134

☒ Memo Item

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

0.00

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

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

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<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. NASHVILLE INTERNATIONAL AIRPORT

Mailing Address 1 TERMINAL DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2024

City
NASHVILLEState
TNZip Code
37214

FEC Identification Number

C

Purpose of Disbursement
PARKING

002

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.I14143

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. NASHVILLE INTERNATIONAL AIRPORT

Mailing Address 1 TERMINAL DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2024

City
NASHVILLEState
TNZip Code
37214

FEC Identification Number

C

Purpose of Disbursement
PARKING

002

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.I14157

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. PICKETT COUNTY REPUBLICAN PARTY

Mailing Address PO BOX 711

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2024

City
BYRDSTOWNState
TNZip Code
38549

FEC Identification Number

C

Purpose of Disbursement
EVENT TICKETS

001

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I14133

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. RSVP CATERING

Mailing Address 2930 PROSPERITY AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2024

City
FAIRFAXState
VAZip Code
22031

FEC Identification Number

C

Purpose of Disbursement
EVENT CATERING

003

Amount of Each Disbursement this Period

2524.46

Transaction ID : SB17.I14158

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. SUMNER COUNTY REPUBLICAN PARTY

Mailing Address P.O. BOX 1055

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2024

City
HENDERSONVILLEState
TNZip Code
37077

FEC Identification Number

C

Purpose of Disbursement
EVENT TICKETS

001

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I14144

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. THE CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2024

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

255.75

Transaction ID : SB17.I14138

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. THE CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

20.09

Transaction ID : SB17.I14153

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. THE CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

129.88

Transaction ID : SB17.I14164

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1515 3RD STREET

City
SAN FRANCISCOState
CAZip Code
94158Purpose of Disbursement
TAXI

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

95.95

Transaction ID : SB17.I14141

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1515 3RD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2024

City
SAN FRANCISCOState
CAZip Code
94158

FEC Identification Number

C

Purpose of Disbursement
TAXI

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

44.86

Transaction ID : SB17.I14142

☒ Memo Item

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. UBER

Mailing Address 1515 3RD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2024

City
SAN FRANCISCOState
CAZip Code
94158

FEC Identification Number

C

Purpose of Disbursement
TAXI

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.70

Transaction ID : SB17.I14145

☒ Memo Item

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. UBER

Mailing Address 1515 3RD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2024

City
SAN FRANCISCOState
CAZip Code
94158

FEC Identification Number

C

Purpose of Disbursement
TAXI

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

43.29

Transaction ID : SB17.I14155

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1515 3RD STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	4

City
SAN FRANCISCOState
CAZip Code
94158

FEC Identification Number

C

Purpose of Disbursement
TAXI

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.83

Transaction ID : SB17.I14156

☒ Memo Item

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. UBER

Mailing Address 1515 3RD STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	4

City
SAN FRANCISCOState
CAZip Code
94158

FEC Identification Number

C

Purpose of Disbursement
TAXI

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.70

Transaction ID : SB17.I14159

☒ Memo Item

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. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

Date of Disbursement

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

City
CHICAGOState
ILZip Code
60606-6316

FEC Identification Number

C

Purpose of Disbursement
AIRFARE

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

893.16

Transaction ID : SB17.I14173

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. WILSON COUNTY FAIR

Mailing Address 945 EAST BADDOUR PARKWAY

City
LEBANONState
TNZip Code
37087-4338Purpose of Disbursement
EVENT TICKETS

001

Candidate Name

Category/
Type

Office Sought:

<input checked="" 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.I14132

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
FOOD/BEVERAGE/TRAVEL/EVENT SUPPLIES/SUBSCRIPTIONSCandidate Name
ROSE, JOHN, W., ,Category/
Type

Office Sought:

<input checked="" 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: TN

District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

H8TN06094

Amount of Each Disbursement this Period

14526.25

Transaction ID : SB17.I13090

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City
DFW AIRPORTState
TXZip Code
75261Purpose of Disbursement
AIRFARE

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

170.48

Transaction ID : SB17.I14196

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

14526.25

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

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

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<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. BEST WESTERN

Mailing Address 1 WESTERN WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2024

City
LAWRENCEBURGState
TNZip Code
38464

FEC Identification Number

C

Purpose of Disbursement
HOTEL

002

Amount of Each Disbursement this Period

332.76

Transaction ID : SB17.I14202

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. CAMPY'S FRIED CHICKEN

Mailing Address 6925 LEE HIGHWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2024

City
CHATTANOOGAState
TNZip Code
37421-2447

FEC Identification Number

C

Purpose of Disbursement
EVENT CATERINGCategory/
Type

Amount of Each Disbursement this Period

703.00

Transaction ID : SB17.I14192

☒ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. CARNEGIE HOTEL

Mailing Address 1216 WEST STATE OF FRANKLIN ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2024

City
JOHNSON CITYState
TNZip Code
37604-6568

FEC Identification Number

C

Purpose of Disbursement
HOTEL

001

Amount of Each Disbursement this Period

387.13

Transaction ID : SB17.I14187

☒ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

0.00

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

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

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<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. CUSTOMINKMailing Address 2910 DISTRICT AVENUE
#300City
FAIRFAXState
VAZip Code
22031Purpose of Disbursement
CAMPAIGN HATS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

6390.74

Transaction ID : SB17.I14179

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HAMPTON INN

Mailing Address 1609 HIGHWAY 12 SOUTH

City
ASHLAND CITYState
TNZip Code
37015-3305Purpose of Disbursement
HOTEL

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

261.24

Transaction ID : SB17.I14197

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HAMPTON INN

Mailing Address 1540 MINERAL WELLS AVENUE

City
PARISState
TNZip Code
38242Purpose of Disbursement
HOTEL

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

382.60

Transaction ID : SB17.I14200

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

0.00

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

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

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<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. HAMPTON INN

Mailing Address 2750 MALL LOOP ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2024

City
DYERSBURGState
TNZip Code
38024-1654

FEC Identification Number

C

Purpose of Disbursement
HOTEL

002

Amount of Each Disbursement this Period

454.32

Transaction ID : SB17.I14201

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. HILTON GARDEN INN

Mailing Address 635 RIVER ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2024

City
GATLINBURGState
TNZip Code
37738-3128

FEC Identification Number

C

Purpose of Disbursement
HOTEL

002

Amount of Each Disbursement this Period

527.80

Transaction ID : SB17.I14188

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN

Mailing Address 7524 SHALLOWFORD ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2024

City
CHATTANOOGAState
TNZip Code
37421-2630

FEC Identification Number

C

Purpose of Disbursement
HOTEL

002

Amount of Each Disbursement this Period

277.64

Transaction ID : SB17.I14194

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 64 OF 94

<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN

Mailing Address 100 BARZANI BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		25		2024

City
DICKSONState
TNZip Code
37055

FEC Identification Number

C

Purpose of Disbursement
HOTEL

002

Amount of Each Disbursement this Period

335.30

Transaction ID : SB17.I14198

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LINDSAY HODGES PHOTOGRAPHY

Mailing Address 4112 PLEASANT GROVE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2024

City
WHITE HOUSEState
TNZip Code
37188

FEC Identification Number

C

Purpose of Disbursement
PHOTOGRAPHY SVC

004

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.I14203

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE NORTHEAST
#5000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2024

City
ATLANTAState
GAZip Code
30308

FEC Identification Number

C

Purpose of Disbursement
SUBSCRIPTIONS

001

Amount of Each Disbursement this Period

87.80

Transaction ID : SB17.I14177

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE NORTHEAST
#5000City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

87.80

Transaction ID : SB17.I14183

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE NORTHEAST
#5000City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

87.80

Transaction ID : SB17.I14190

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DRIVE

City
DALLASState
TXZip Code
75235Purpose of Disbursement
AIRFARE

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

176.98

Transaction ID : SB17.I14195

☒ Memo Item

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

0.00

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

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

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<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. SUNBELT RENTALS

Mailing Address 1805 LEBANON PIKE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2024

City
NASHVILLEState
TNZip Code
37210-3208

FEC Identification Number

C

Purpose of Disbursement
EVENT RENTALS

001

Amount of Each Disbursement this Period

1112.57

Transaction ID : SB17.I14182

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. THE 917 SOCIETY

Mailing Address PO BOX 50704

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2024

City
NASHVILLEState
TNZip Code
37205

FEC Identification Number

C

Purpose of Disbursement
EVENT TICKETS

001

Amount of Each Disbursement this Period

1288.00

Transaction ID : SB17.I14180

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. VANNGO PORTABLE SOLUTIONS

Mailing Address 6817 LEBANON ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2024

City
MURFREESBOROState
TNZip Code
37129

FEC Identification Number

C

Purpose of Disbursement
EVENT RENTALSCategory/
Type

Amount of Each Disbursement this Period

337.15

Transaction ID : SB17.I14178

☒ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2025

City
COOKEVILLEState
TNZip Code
38502

FEC Identification Number

C H8TN06094Purpose of Disbursement
FOOD/BEVERAGE/TRAVEL/SUBSCRIPTIONS/EVENT SUPPLIESCandidate Name
ROSE, JOHN, W., ,Category/
Type

Amount of Each Disbursement this Period

17763.00

Transaction ID : SB17.I13091

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 06

Full Name (Last, First, Middle Initial)

B. AMI MARKETING

Mailing Address 7104 CROSSROADS BOULEVARD

Date of Disbursement

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

City
BRENTWOODState
TNZip Code
37027-2913

FEC Identification Number

CPurpose of Disbursement
PRINTING & MAILING SERVICES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5597.62

Transaction ID : SB17.I14124

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. CUSTOMINKMailing Address 2910 DISTRICT AVENUE
#300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2024

City
FAIRFAXState
VAZip Code
22031

FEC Identification Number

CPurpose of Disbursement
CAMPAIGN APPAREL & BLANKETS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5779.65

Transaction ID : SB17.I14127

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

17763.00

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

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

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<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. DEMOS' RESTAURANT

Mailing Address 130 LEGENDS DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2024

City
LEBANONState
TNZip Code
37087-5302

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

469.72

Transaction ID : SB17.I14121

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. HOLLY'S

Mailing Address 312 MAIN STREET NORTH

Date of Disbursement

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

City
CARTHAGEState
TNZip Code
37030-1208

FEC Identification Number

C

Purpose of Disbursement
STAFF GIFTS

001

Amount of Each Disbursement this Period

355.61

Transaction ID : SB17.I14118

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LOTTE NEW YORK PALACE

Mailing Address 455 MADISON AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2024

City
NEW YORKState
NYZip Code
10022-6845

FEC Identification Number

C

Purpose of Disbursement
HOTEL

002

Amount of Each Disbursement this Period

932.26

Transaction ID : SB17.I14116

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. SMITHSONIAN SHOP

Mailing Address 600 INDEPENDENCE AVENUE SOUTHWEST

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20560

FEC Identification Number

C

Purpose of Disbursement
STAFF GIFTS

001

Amount of Each Disbursement this Period

215.92

Transaction ID : SB17.I14123

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2024

City
DALLASState
TXZip Code
75235

FEC Identification Number

C

Purpose of Disbursement
AIRFARE

002

Amount of Each Disbursement this Period

584.98

Transaction ID : SB17.I14112

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVENUE NORTHWEST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2024

City
WASHINGTONState
DCZip Code
20004

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

478.75

Transaction ID : SB17.I14113

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. THE CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVENUE NORTHWEST

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20004

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

1800.00

Transaction ID : SB17.I14122

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. THE WESTIN

Mailing Address 601 SOUTH COLLEGE STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2024

City
CHARLOTTEState
NCZip Code
28202-1829

FEC Identification Number

C

Purpose of Disbursement
HOTEL

002

Amount of Each Disbursement this Period

344.60

Transaction ID : SB17.I14111

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. WALMARTMailing Address 168 OBED PLAZA
SUITE 108

Date of Disbursement

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

City
CROSSVILLEState
TNZip Code
38555

FEC Identification Number

C

Purpose of Disbursement
STAFF GIFTS

001

Amount of Each Disbursement this Period

803.44

Transaction ID : SB17.I14119

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 SPRING HILL ROAD
STE. 400City
VIENNAState
VAZip Code
22182Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I13079

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 SPRING HILL ROAD
STE. 400City
VIENNAState
VAZip Code
22182Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I14096

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL ROAD
STE. 400City
VIENNAState
VAZip Code
22182Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I14104

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

2700.00

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

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

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. LES WILLIAMSON LLCMailing Address 1305 WEST 11TH STREET
213City
HOUSTONState
TXZip Code
77008Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I13075

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LES WILLIAMSON LLCMailing Address 1305 WEST 11TH STREET
213City
HOUSTONState
TXZip Code
77008Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I14093

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LES WILLIAMSON LLCMailing Address 1305 WEST 11TH STREET
213City
HOUSTONState
TXZip Code
77008Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I14102

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

7500.00

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

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

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<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT ACCOUNT FEES

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

14.53

Transaction ID : SB17.I13076

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

50.53

Transaction ID : SB17.I13088

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

443.25

Transaction ID : SB17.I14090

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

508.31

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

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

PAGE 74 OF 94

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

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

NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

60.40

Transaction ID : SB17.I14092

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

59.14

Transaction ID : SB17.I14094

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

14.30

Transaction ID : SB17.I14097

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

133.84

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

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

PAGE 75 OF 94

<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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

12.41

Transaction ID : SB17.I14099

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

6.96

Transaction ID : SB17.I14100

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

13.64

Transaction ID : SB17.I14101

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

33.01

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

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

PAGE 76 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

10.60

Transaction ID : SB17.I14103

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

15.79

Transaction ID : SB17.I14106

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

21.40

Transaction ID : SB17.I14205

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

47.79

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

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

PAGE 77 OF 94

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

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NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

69.72

Transaction ID : SB17.114206

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

69.72

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

71861.46

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

PAGE 78 OF 94

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN PAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

31064.59

Transaction ID : SB19A.I13080

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN PAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

31064.59

Transaction ID : SB19A.I13081

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN PAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

31064.58

Transaction ID : SB19A.I13082

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

93193.76

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

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

PAGE 79 OF 94

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN PAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

31064.58

Transaction ID : SB19A.I13083

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN PAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

31064.58

Transaction ID : SB19A.I13084

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN PAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

31064.58

Transaction ID : SB19A.I13085

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

93193.74

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

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

PAGE 80 OF 94

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN PAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

6806.25

Transaction ID : SB19A.I13086

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN PAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

6806.25

Transaction ID : SB19A.I13087

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN REPAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

62500.00

Transaction ID : SB19A.I14207

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

76112.50

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 PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 94

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

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

NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN REPAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M / D D / Y Y Y Y
06 / 27 / 2025

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

62500.00

Transaction ID : SB19A.114208

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN REPAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M / D D / Y Y Y Y
06 / 27 / 2025

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

62500.00

Transaction ID : SB19A.114209

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN REPAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M / D D / Y Y Y Y
06 / 27 / 2025

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

62500.00

Transaction ID : SB19A.114210

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

187500.00

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

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

PAGE 82 OF 94

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" 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)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

Date of Disbursement

M M	D D	Y Y Y Y
06	27	2025

City
COOKEVILLEState
TNZip Code
38502

FEC Identification Number

C H8TN06094Purpose of Disbursement
LOAN REPAYMENT

009

Category/
Type

Amount of Each Disbursement this Period

62500.00

Transaction ID : SB19A.I14211

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 06

Full Name (Last, First, Middle Initial)

B. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

Date of Disbursement

M M	D D	Y Y Y Y
06	27	2025

City
COOKEVILLEState
TNZip Code
38502

FEC Identification Number

C H8TN06094Purpose of Disbursement
LOAN REPAYMENT

009

Category/
Type

Amount of Each Disbursement this Period

62500.00

Transaction ID : SB19A.I14212

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: TN

District: 06

Full Name (Last, First, Middle Initial)

C. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

Date of Disbursement

M M	D D	Y Y Y Y
06	27	2025

City
COOKEVILLEState
TNZip Code
38502

FEC Identification Number

C H8TN06094Purpose of Disbursement
LOAN REPAYMENT

009

Category/
Type

Amount of Each Disbursement this Period

62500.00

Transaction ID : SB19A.I14213

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 06

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

187500.00

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

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

PAGE 83 OF 94

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

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

NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. ROSE, JOHN, W., ,

Mailing Address PO BOX 2404

City
COOKEVILLEState
TNZip Code
38502Purpose of Disbursement
LOAN REPAYMENT

009

Candidate Name
ROSE, JOHN, W., ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

FEC Identification Number

C H8TN06094

Amount of Each Disbursement this Period

62500.00

Transaction ID : SB19A.114214

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

62500.00

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

700000.00

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

PAGE 84 OF 94

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

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

NAME OF COMMITTEE (In Full)

John Rose for Tennessee

Full Name (Last, First, Middle Initial)

A. CLAY COUNTY REPUBLICAN PARTY

Mailing Address PO BOX 557

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2025

City
CELINAState
TNZip Code
38551

FEC Identification Number

C

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

011

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

300.00

Transaction ID : SB21.I14105

☐ Memo Item

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. CUMBERLAND CO. REPUBLICAN PARTY

Mailing Address 83 SMEE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2025

City
CROSSVILLEState
TNZip Code
38572

FEC Identification Number

C

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

011

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

280.00

Transaction ID : SB21.I14204

☐ Memo Item

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. WHITE CO. REPUBLICAN PARTY

Mailing Address P.O. BOX 882

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2025

City
SPARTAState
TNZip Code
38583

FEC Identification Number

C

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

011

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

350.00

Transaction ID : SB21.I14091

☐ Memo Item

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).....▶

930.00

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

930.00

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1238

John Rose for Tennessee

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

ROSE, JOHN, W., ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 2404

City

COOKEVILLE

State

TN

ZIP Code

38502

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

150000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 31 / 2017

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 86 OF 94

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1239

John Rose for Tennessee

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

ROSE, JOHN, W., ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 2404

City

COOKEVILLE

State

TN

ZIP Code

38502

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

69306.25

Balance Outstanding at Close of This Period

30693.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 31 / 2017

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30693.75

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 87 OF 94

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1248

John Rose for Tennessee

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

☐ Primary☒ General☐ Other (specify) ▼

ROSE, JOHN, W., ,

Mailing Address

P.O. BOX 2404

City

COOKEVILLE

State

TN

ZIP Code

38502

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

219306.25

Balance Outstanding at Close of This Period

30693.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 06 / 2018

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30693.75

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1262

John Rose for Tennessee

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

ROSE, JOHN, W., ,

Mailing Address

P.O. BOX 2404

City

COOKEVILLE

State

TN

ZIP Code

38502

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

169306.25

Balance Outstanding at Close of This Period

30693.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 05 / 2020

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30693.75

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1264

John Rose for Tennessee

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼

ROSE, JOHN, W., ,

Mailing Address

P.O. BOX 2404

City

COOKEVILLE

State

TN

ZIP Code

38502

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

219306.25

Balance Outstanding at Close of This Period

30693.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 02 / 2020

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30693.75

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 90 OF 94

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.3357

John Rose for Tennessee

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

ROSE, JOHN, W., ,

Mailing Address

PO BOX 2404

City

COOKEVILLE

State

TN

ZIP Code

38502

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

219306.25

Balance Outstanding at Close of This Period

30693.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 02 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30693.75

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.6505

John Rose for Tennessee

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

ROSE, JOHN, W., ,

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 2404

City

COOKEVILLE

State

TN

ZIP Code

38502

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

219036.25

Balance Outstanding at Close of This Period

30693.75

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 08 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30693.75

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.11926

John Rose for Tennessee

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

ROSE, JOHN, W., ,

Mailing Address

PO BOX 2404

City

COOKEVILLE

State

TN

ZIP Code

38502

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

69306.25

Balance Outstanding at Close of This Period

30693.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 01 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30693.75

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.13014

John Rose for Tennessee

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

ROSE, JOHN, W., ,

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 2404

City

COOKEVILLE

State

TN

ZIP Code

38502

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

69306.25

Balance Outstanding at Close of This Period

30693.75

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 05 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30693.75

TOTALS This Period (last page in this line only).....▶

245550.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 94 OF 94

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

John Rose for Tennessee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ROSE, JOHN, W., ,

Nature of Debt (Purpose):

Food/Beverage

Mailing Address PO BOX 2404

City

COOKEVILLE

State

TN

Zip Code

38502

Outstanding Balance Beginning This Period

60868.79

Transaction ID : SD10.1

Amount Incurred This Period

46041.25

Payment This Period

60868.79

Outstanding Balance at Close of This Period

46041.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

46041.25

2) **TOTALS** This Period (last page this line number only)

46041.25

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

245550.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

291591.25