

**FEC
FORM 3**

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

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer

Signature of Treasurer

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

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

	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))....	<input type="text"/>	<input type="text"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text"/>	<input type="text"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text"/>	<input type="text"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text"/>	<input type="text"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text"/>	<input type="text"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text"/>	<input type="text"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	<input type="text"/>	<input type="text"/>
(ii) Unitemized.....	<input type="text"/>	<input type="text"/>
(iii) TOTAL of contributions from individuals ▶	<input type="text"/>	<input type="text"/>
(b) Political Party Committees.....	<input type="text"/>	<input type="text"/>
(c) Other Political Committees (such as PACs).....	<input type="text"/>	<input type="text"/>
(d) The Candidate.....	<input type="text"/>	<input type="text"/>
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	<input type="text"/>	<input type="text"/>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	<input type="text"/>	<input type="text"/>
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	<input type="text"/>	<input type="text"/>
(b) All Other Loans.....	<input type="text"/>	<input type="text"/>
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	<input type="text"/>	<input type="text"/>
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	<input type="text"/>	<input type="text"/>
15. OTHER RECEIPTS (Dividends, Interest, etc.)	<input type="text"/>	<input type="text"/>
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	<input type="text"/>	<input type="text"/>

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

Empty input box for Column A, Line 17

Empty input box for Column B, Line 17

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

Empty input box for Column A, Line 18

Empty input box for Column B, Line 18

19. LOAN REPAYMENTS:

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

Empty input box for Column A, Line 19(a)

Empty input box for Column B, Line 19(a)

(b) Of All Other Loans

Empty input box for Column A, Line 19(b)

Empty input box for Column B, Line 19(b)

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

Empty input box for Column A, Line 19(c)

Empty input box for Column B, Line 19(c)

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

Empty input box for Column A, Line 20(a)

Empty input box for Column B, Line 20(a)

(b) Political Party Committees.....

Empty input box for Column A, Line 20(b)

Empty input box for Column B, Line 20(b)

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

Empty input box for Column A, Line 20(c)

Empty input box for Column B, Line 20(c)

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

Empty input box for Column A, Line 20(d)

Empty input box for Column B, Line 20(d)

21. OTHER DISBURSEMENTS

Empty input box for Column A, Line 21

Empty input box for Column B, Line 21

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

Empty input box for Column A, Line 22

Empty input box for Column B, Line 22

III. CASH SUMMARY

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

Empty input box for Column B, Line 23

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

Empty input box for Column B, Line 24

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

Empty input box for Column B, Line 25

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

Empty input box for Column B, Line 26

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

Empty input box for Column B, Line 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		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/>	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial)			Date of Receipt												
A. Mailing Address			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y						
City	State	Zip Code													
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period												
Name of Employer		Occupation	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="checkbox"/> Memo Item												
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													

Full Name (Last, First, Middle Initial)			Date of Receipt												
B. Mailing Address			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y						
City	State	Zip Code													
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period												
Name of Employer		Occupation	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="checkbox"/> Memo Item												
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													

Full Name (Last, First, Middle Initial)			Date of Receipt												
C. Mailing Address			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y						
City	State	Zip Code													
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period												
Name of Employer		Occupation	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="checkbox"/> Memo Item												
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

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

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

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)

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number
Candidate Name		<input type="text"/>
Office Sought:	Disbursement For:	Amount of Each Disbursement this Period
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>
State: <input type="text"/>	District: <input type="text"/>	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number
Candidate Name		<input type="text"/>
Office Sought:	Disbursement For:	Amount of Each Disbursement this Period
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>
State: <input type="text"/>	District: <input type="text"/>	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number
Candidate Name		<input type="text"/>
Office Sought:	Disbursement For:	Amount of Each Disbursement this Period
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>
State: <input type="text"/>	District: <input type="text"/>	<input type="checkbox"/> Memo Item

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

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address			<input type="checkbox"/> Personal Funds of the Candidate
City	State	ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	<input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	<input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	<input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C.

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER C
-----------------------------	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y Y Y	
City	State	Zip Code
Date Due M M / D D / Y Y Y Y Y Y		

A. Has loan been restructured? No Yes If yes, date originally incurred
 M M / D D / Y Y Y Y Y Y

B. If line of credit,
 Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:
 Address:
 Date account established: M M / D D / Y Y Y Y Y Y City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y Y Y
--	--

H. Attach a signed copy of the loan agreement.

- I. TO BE SIGNED BY THE LENDING INSTITUTION:
- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 - II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 - III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y Y Y
Title	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

A. 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		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

FEC FORM 3Z (File with Form 3)

Report Covering Period from: / /

Part 1: CONSOLIDATION REPORT

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

to: / /

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE

(Use Separate Page for Each Committee)

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
7(c) Net Operating Expenditures	16 Total Receipts
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
13(b) All Other Loans	21 Other Disbursements
13(c) Total Loans	22 Total Disbursements
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
	27 Cash on Hand at Close of Reporting Period

FEC FORM 3Z (File with Form 3)

Report Covering Period from: / /

**Part 2: CONSOLIDATED TOTALS
FOR ALL AUTHORIZED COMMITTEES**

to: / /

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION		LINE DESCRIPTION	
6(c)	Net Contributions	15	Other Receipts
7(c)	Net Operating Expenditures	16	Total Receipts
9	Debts and Obligations Owed TO the Committee	17	Operating Expenditures
10	Debts and Obligations Owed BY the Committee	18	Transfers to Other Authorized Committees
11(a)	Contributions from Individuals/Persons Other Than Political Committees	19(a)	Repayments of Loans Made or Guaranteed by Candidate
11(b)	Contributions from Political Party Committees	19(b)	Other Loan Repayments
11(c)	Contributions from Other Political Committees	19(c)	Total Loan Repayments
11(d)	Contributions from the Candidate	20(a)	Refunds of Contributions to Individuals/Persons
11(e)	Total Contributions	20(b)	Refunds of Contributions to Political Party Committees
12	Transfers from Other Authorized Committees	20(c)	Refunds of Contributions to Other Political Committees
13(a)	Loans Made or Guaranteed by the Candidate	20(d)	Total Contributions Refunds
13(b)	All Other Loans	21	Other Disbursements
13(c)	Total Loans	22	Total Disbursements
14	Offsets to Operating Expenditures	23	Cash on Hand at Beginning of Reporting Period
		27	Cash on Hand at Close of Reporting Period