

**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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

---

Report Covering the Period: From:  M  M /  D  D /  Y  Y  Y  Y To:  M  M /  D  D /  Y  Y  Y  Y

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.....

Input field for Column A, Line 17

Input field for Column B, Line 17

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

Input field for Column A, Line 18

Input field for Column B, Line 18

19. LOAN REPAYMENTS:

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

Input field for Column A, Line 19(a)

Input field for Column B, Line 19(a)

(b) Of All Other Loans .....

Input field for Column A, Line 19(b)

Input field for Column B, Line 19(b)

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

Input field for Column A, Line 19(c)

Input field for Column B, Line 19(c)

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

Input field for Column A, Line 20(a)

Input field for Column B, Line 20(a)

(b) Political Party Committees.....

Input field for Column A, Line 20(b)

Input field for Column B, Line 20(b)

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

Input field for Column A, Line 20(c)

Input field for Column B, Line 20(c)

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

Input field for Column A, Line 20(d)

Input field for Column B, Line 20(d)

21. OTHER DISBURSEMENTS .....

Input field for Column A, Line 21

Input field for Column B, Line 21

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

Input field for Column A, Line 22

Input field for Column B, Line 22

III. CASH SUMMARY

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

Input field for Line 23

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

Input field for Line 24

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

Input field for Line 25

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

Input field for Line 26

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

Input field for 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			M M / D D / Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C	Memo Item <input type="checkbox"/>		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			

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

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

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

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

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

FOR LINE NUMBER: (check only one)  
 17  18  19a  19b  
 20a  20b  20c  21  
 PAGE OF

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NAME OF COMMITTEE (In Full)

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement  
 M M / D D / Y Y Y Y

FEC Identification Number  
 C

Amount of Each Disbursement this Period

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement  
 M M / D D / Y Y Y Y

FEC Identification Number  
 C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement  
 M M / D D / Y Y Y Y

FEC Identification Number  
 C

Amount of Each Disbursement this Period

Memo Item

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

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

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

NAME OF COMMITTEE (In Full)

<b>LOAN SOURCE</b> 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"/>

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text"/>
<b>TOTALS</b> 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. 20463

NAME OF COMMITTEE (In Full)	<b>FEC IDENTIFICATION NUMBER</b> C
-----------------------------	---------------------------------------

<b>LENDING INSTITUTION (LENDER)</b> 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.

<b>G. COMMITTEE TREASURER</b> Typed Name Signature	<b>DATE</b> 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.

<b>AUTHORIZED REPRESENTATIVE</b> Typed Name Signature	<b>DATE</b> 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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<input type="text"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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	<input type="text"/>	15 Other Receipts	<input type="text"/>
7(c) Net Operating Expenditures	<input type="text"/>	16 Total Receipts	<input type="text"/>
9 Debts and Obligations Owed TO the Committee	<input type="text"/>	17 Operating Expenditures	<input type="text"/>
10 Debts and Obligations Owed BY the Committee	<input type="text"/>	18 Transfers to Other Authorized Committees	<input type="text"/>
11(a) Contributions from Individuals/Persons Other Than Political Committees	<input type="text"/>	19(a) Repayments of Loans Made or Guaranteed by Candidate	<input type="text"/>
11(b) Contributions from Political Party Committees	<input type="text"/>	19(b) Other Loan Repayments	<input type="text"/>
11(c) Contributions from Other Political Committees	<input type="text"/>	19(c) Total Loan Repayments	<input type="text"/>
11(d) Contributions from the Candidate	<input type="text"/>	20(a) Refunds of Contributions to Individuals/Persons	<input type="text"/>
11(e) Total Contributions	<input type="text"/>	20(b) Refunds of Contributions to Political Party Committees	<input type="text"/>
12 Transfers from Other Authorized Committees	<input type="text"/>	20(c) Refunds of Contributions to Other Political Committees	<input type="text"/>
13(a) Loans Made or Guaranteed by the Candidate	<input type="text"/>	20(d) Total Contributions Refunds	<input type="text"/>
13(b) All Other Loans	<input type="text"/>	21 Other Disbursements	<input type="text"/>
13(c) Total Loans	<input type="text"/>	22 Total Disbursements	<input type="text"/>
14 Offsets to Operating Expenditures	<input type="text"/>	23 Cash on Hand at Beginning of Reporting Period	<input type="text"/>
		27 Cash on Hand at Close of Reporting Period	<input type="text"/>

**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