# 2030813025

FEC FORM 3

Office

Use Only

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

SECRETARY OF THE SENATE
PUBLIC RECORDS

12 MAY 17 AM 10: 21

FEC FORM 3 (Revised 02/2003)

NAME OF TYPE OR PR     COMMITTEE (in full)	NINT ▼	Example: If typing, type over the lines.	12FE4M5	A. A. C.
ADDRESS (number and street)  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C 0 0 5 1 4 8 2 8	<u>M</u> ,0,R,N,	1.N.6. D.R.1.V.E.		ZIP CODE STATE V 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)	Electic	POST-Election Report for General (30G)	General (12G) Special (12S)  the: Runoff (30R)	2012 HAY 2 in the State of State of
5. Covering Period  I certify that I have examined this Report and Type or Print Name of Treasurer  Signature of Treasurer  NOTE: Submission of false, errenseus, or incompared to the principal of the principal	elby s	Slay	Date 0.5	11 2012

#### **SUMMARY PAGE**

of Receipts and Disbursements

Page 2

Write or Type Committee Name

FEC Form 3 (Revised 02/2003)

## TIM WINTILL FOR CONGRESS

Report Covering the Period:

From:

01/01/2012

To: 03 31 2012

			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))	7,9.0.0.3.2	7,9,00,32
	(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))	7,900.32	7,900.32
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	7,9,00,3,2	7,900.32
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0,00	000
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7,9,00,32	7,900,32
8.		sh on Hand at Close of porting Period (from Line 27)	50,00	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)	000	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	0.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

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

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

Write or Type Committee Name

## TIM WINTILL FOR CONGRESS

Report Covering the Period:

12030813027

From:

01 61 2012

03 31 2012

	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)	0.0.0.0.1	1,9,0,0,0,0
	(ii) Unitemized	0.00	0,00 1,90,000
	(b) Political Party Committees	0.00	0.00
	(d) The Candidate	7,900,32	7,90032
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00
13.	LOANS:  (a) Made or Guaranteed by the Candidate	0.00 0.00	0.00 0.00 0.00
14.	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	ganden magningstroget net næmskentten magninæmske Linkur an eller skrinserinæmnæmskenskenst
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	grotentia italio esi esiteto alle attalia ilegisiing
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	7,900,32	7,900,32

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	7.9.00.32	7,900.32
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed by the Candidate	0,00 0,00 0,00	000 000 000
20.	REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other Than Political Committees	0.00 0.00 0.00	0.00 0.00 0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	7,9,00,32	7,9,003,2
	III. CASH S	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	. 5000
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	7,9,0,0,3,2
25.	SUBTOTAL (add Line 23 and Line 24)		7,950,32
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	7,900,32
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	IG PERIOD	50,00

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF 2. (check only one)		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 11d 12 13a 13b 14 15		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)					
Full, Name (Last, First, Middle Initial)	2K555		<del></del>		
A. Vermillion, Bryan  Mailing Address  1400 E. Houston St.	State	Zip Code	Date of Receipt		
<u>mgnianas</u>	lexa:	s 77562	-		
FEC ID number of contributing federal political committee.	C	and part to recommend	Amount of Each Receipt this Period		
Name of Employer	Occupation	1	The second of th		
Receipt For:    Frimary		ycle-to-Date			
Full Name (Last, First, Middle Initial)  B. WINTILL (MAYLES			Date of Receipt		
Mailing Address  101011 Brushy River Court City, State		Zip Code			
FEC ID number of contributing	Texo	1045 <u>- 21</u>			
federal political committee.	C	elene seles del I	Amount of Each Receipt this Period		
Name of Employer	Occupation	ו	1,300,00		
Receipt For:    X   Primary		ycle-to-Date			
Full Name (Last, First, Middle Initial)  C. Netherland, Donald  Mailing Address			Date of Receipt		
902 Birdsong Dr.	State	Zip Code	03 20 <u>20</u> 12		
Baytron	Texas	5 77521			
FEC ID aumber of contributing federal political committee.	C	and an admitted the comment of the c	Amount of Each Receipt this Period		
Name of Employer	Occupation	1	50.00		
Receipt For:    X   Primary		ycle-to-Date			
SUBTOTAL of Receipts This Page (optional)			1,45000		
TOTAL This Period (last page this line number of	only)		Marie		

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF CONTROL (check only one)		
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 11d 11d 12 13a 13b 14 15	
Ar or	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.				
$\rangle$	NAME OF COMMITTEE (IN FUII)  TIM WINTILL FOR CO	DNGRE	<u> </u>	<del>_</del>	
A.	Mailing Address Ountry Club	View State	ZIP Code	Date of Receipt	
	FEC ID number of contributing federal political committee.  Name of Employer	$\mathbf{C}$	goring advance georgeories in the constant of	Amount of Each Receipt this Period	
	Receipt For:    Primary		ycle-to-Date		
В.	Mailing Address Leg 15 Hwy. 146 North	State	Zip Code	Date of Receipt	
	FEC ID-number of contributing federal political committee.  Name of Employer	С	enten a recommend	Amount of Each Receipt this Period	
_	Receipt For:  Primary General Other (specify)		ycle-to-Date	_	
c.	Full Name (Last, First, Middle Initial) Penny, James M. Mailing Address LOS Lyndale City	State	Zip Code,	Date of Receipt 0 3 0 20 1 2	
	Highlands FEC ID number of contributing federal political committee.	Texa C	<u>s 77562</u>	Amount of Each Receipt this Period	
	Name of Employer	Occupation	ning and the second sec	5000	
	Receipt For: Primary General Other (specify)	g a sara	ycle-to-Date 50,00		
Г	SUBTOTAL of Receipts This Page (optional)			1.90000	

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SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)
ITEMIZED DISBURSEMENTS	for each category of the	17 18 19a 19b
	Detailed Summary Page	20a 20b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full)		
TIM WINTILL FOR CONGRE	ESS	
Full Name (Last, First, Middle Initial)		Date of Disbursement
A		Take the bisbursement of the state of the st
Mailing Address		LIAMEN CONTRACTOR CONTRACTOR
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		The second of the second secon
Candidate Name	Catego	ry/
Office Sought: House Disbursement I		
Senate Prima President Other	ary General r (specify)	
State: District:	. (openij)	
Full Name (Last, First, Middle Initial)		Date of Dicharass
B		Date of Disbursement
Mailing Address		SWITH SWITH A STORY OF SWITH SWITH SWITH SWITH SWITH
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	1; m'# - #	To compare the compared and the compared
Candidate Name		Continue or office reactiffs to the continue or office of the continue of the
Candidate Name	Catego Type	
Office Sought: House Disbursement		
Senate Prima President Other	ary	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
C.	<del> </del>	
Mailing Address		Company Company Company
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	,#. #	<del></del>
Candidate Name	Catego	ory/
Office Sought: House Disbursement Senate Prima		
	ary General or (specify)	
State: District:		
SUBTOTAL of Disbursements This Page (optional)		ाध्यक्षः । स्ट्रानस्याधकारा च आकृतः कृताः कृतः स्वारक्षः स्वरू
CODITION OF DISDUISMENTS THIS PAge (optional)		- Language Salar Ages Anni (A. 1942), red Language Salar Anni Anni Anni Anni Anni Anni Anni Ann
TOTAL This Period (last page this line number only)		· ปัญเหมาร์เกราห์เกราห์สุรปัสเราห์เกรเสรียนคลารหมะเริ่มและตั้ง

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# SCHEDULE C (FEC Form 3)

Use separate schedule(s) FOR LINE NUMBER:

OF PAGE

OANS	for each category of the Detailed Suremary Page (check only one) 13a
AME OF COMMITTEE (In Full)	
TIM WINTLY FOR CONGRESS	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary General
Mailing Address	Other (specify) ▼
City State ZIP	Code
தாகியதாக அடிய கடிய கடிய கடிய கடிய கடிய நடிய குடிய குடிய கிறி நி	Balance Outstanding at Close of This Period
Date Incurred Date I	Due Interest Rate Secured:
List All Endorsers or Guarantors (if any) to Loan Source	Yes No
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
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3, Schedule D, for this line	വേണ്ട് പെക് വാന്ത് വാലം വർ വാന്ത് വായ്ക്കാന് പ്രവധി വിധാന്ത് വാക്കുന്നു.

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

Supplementary for Information found on Page of Schedule

ederal	Election Commission, Washington, D.C. 20463		Page of Schedule C
	OF COMMITTEE (In Full)	<del></del>	FEC IDENTIFICATION NUMBER
	, ,		The second secon
T	IM WINTILL FOR CONGR	ZESS	C A Later to the later that a symmetric later
LENDI	NG INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Na	nme	राराच्या समूच्या कृष्णा का अन्या का राज्य	१९९५ - <b>म</b> ार्ग क्षित्र क्षेत्र में स्थापन
		் விரையில் படு படிய கேட் தெடியகர் க	Serio (Alto Serio de Calendario de Calendari
Mailing	Address	Date Incurred or Established	
City	State Zip Code	Date Due	The second secon
A.	Has loan been restructured? No Yes	If yes, date originally incurre	ad
В.	If line of credit,  Amount of this Draw:	Outstanding	
C.	Are other parties secondarily liable for the debt inc		
-	Are any of the following pledged as collateral for the		What is the value of this collateral?
	property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or ot	of deposit, chattel papers,	Does the lender have a perfected security interest in it?
E.	Are any future contributions or future receipts of int collateral for the loan? No Yes If yes	terest income, pledged as s, specify:	What is the estimated value?
	A depository account must be established pursuan to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
	****	Address:	
	Date account established:		
	and the second s	City, State, Zip:	
F.	If neither of the types of collateral described above exceed the loan amount, state the basis upon which		
G.	COMMITTEE TREASURER		DATE
	Typed Name		The fine / the charge / store series
1	Signature		de de maria de maria de la compansión de
1	Attach a clanad copy of the last accessed		
1	Attach a signed copy of the loan agreement.  TO BE SIGNED BY THE LENDING INSTITUTION:		
	<ul> <li>I. To the best of this institution's knowledge, the are accurate as stated above.</li> <li>II. The loan was made on terms and conditions similar extensions of credit to other borrowers.</li> <li>III. This institution is aware of the requirement the complied with the requirements set forth at 1.</li> </ul>	(including interest rate) no more for soft comparable credit worthiness at a loan must be made on a base	favorable at the time than those imposed to the state of
AUTHO	DRIZED REPRESENTATIVE		DATE
<u></u>	l Name		
Signa	ture	Title	in the / D.D. / Will TV

## SCHEDULE D (FEC Form 3)

PAGE OF

	EBTS AND OBLIGATIONS cluding Loans	: 	fc	hedule(s) or each bered line)	FOR LINE NUMBER: (check only one)	: 9 10
	AME OF COMMITTEE (In Full)					
1	TIM WINTILL FOR CONG	RESS				!
	A. Full Name (Last, First, Middle Initial) of Del			Nature of D	lebt (Purpose):	
	Mailing Address			1		
	City State	Zip Code		-		
:	Outstanding Balance Beginning This Period			<u> </u>		
	Amount Incurred This Period	Payment This Period		ر خواست <del>از</del> استان از		
	ili isa isamada akimbari dhi ika rasta Milake dh				esChester Latent Director a	
:	B. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of D	Pebt (Purpose):	
					-	
	Mailing Address		ļ			
	City State	Zip Code		1		
;	Outstanding Balance Beginning This Period			1		
	Amount Incurred This Period			Outstandii	ng Balance at Close of	f This Period
:						
:	C. Full Name (Lock Florit Middle Initial) of De-		en merenda			. 11 Filler 11. 11. 11. 11. 11. 11. 11. 11. 11. 11
	C. Full Name (Last, First, Middle Initial) of De	eptor or Creditor		Nature of D	Debt (Purpose):	
	1			1		
-	Mailing Address					
	City	State Zip Code		1		r
	Outstanding Balance Beginning This Period			<u> </u>		
:	Amount Incurred This Period	Payment This Period	maj d		ing Balance at Close o	
:	o o serio ar o Millo Modello Millo Hora de lo Moriado d	i i da de de la composición del composición del composición de la composición de la composición de la composición del composición de la composición del composición del composición de la composición del composición del composición del composición del composición del composición del	:		வ <b>ி</b> ட்சியச் பூரோகம் க	7. 2.
	<del></del>				sing thing thing sing thing thing	
1)	) SUBTOTALS This Period This Page (optional)	)	<b>&gt;</b>		<u>- 190-in min 190-in a</u> majo <del>special majo produ</del> naj	
2)	) TOTALS This Period (last page this line numl	ber only)	<b>&gt;</b>	. — czáluso zako	en (g) engannig en (g) mangen g en gelengtin gen egelengting	ian akusimad
3)	) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page only)	<b>&gt;</b>	; , ,	umigiliseliseliseliseliseliseliseliseliselis	
4)	) ADD 2) and 3) and carry forward to appropri	iate line of Summary Page (last page o	nly)	ii saa <b>k</b> ataanka	・ 17第120960 Y LINE 2 12復 11987 Y A	l management

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
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USPS Priority Mail	Postmarked 5/H/h
Delivery Confirmation™ or Signature Confirmation™ Label [☑	
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
R	7/21/12
PREPARER	DATE PREPARED
(3/2005)	