



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Mullin For Congress**

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))....	98985	901715.63
(b) Total Contribution Refunds (from Line 20(d)) .....		13100
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	98985	888615.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	205306.01	644139.59
(b) Total Offsets to Operating Expenditures (from Line 14).....		82.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	205306.01	644057.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	313359.85	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	228000	

**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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Mullin For Congress**

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).....	49060	503961
(ii) Unitemized.....	4425	25104
(iii) TOTAL of contributions from individuals ▶	53485	529065
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	45500	370655.83
(d) The Candidate.....		1994.8
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	98985	901715.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
		82.25
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	98985	901797.88

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	205306.01	644139.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		22000
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		22000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		8100
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		5000
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		13100
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	205306.01	679239.59

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	419680.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	98985
25. SUBTOTAL (add Line 23 and Line 24).....	518665.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	205306.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	313359.85

**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 5 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Burrage Law Firm PLLC**

Mailing Address 1201 Westside Dr

City State Zip Code  
Durant OK 74702

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2014

**Transaction ID : SA11Ai-CN2963**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David Allen Burrage**

Mailing Address 3419 Caste Ct

City State Zip Code  
Durant OK 74701

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

Name of Employer Occupation  
Burrage Law Firm Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2014

**Transaction ID : SA11Ai-CN2964**

Amount of Each Receipt this Period  
**500**

Partnership-Burrage Law Firm PLLC

**[MEMO ITEM]**  
 \$500.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Franklin Creek Consulting**

Mailing Address 38815 Dutchman's Knoll Dr

City State Zip Code  
Lovettsville VA 20180

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11Ai-CN3042**

Amount of Each Receipt this Period  
**500**

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

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

**1000.00**

**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 6 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mapetsi Policy Group LLC**

Mailing Address 4600 Connecticut Ave NW  
Ste 107

City Washington State DC Zip Code 20008

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11Ai-CN3072**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Deborah Ho**

Mailing Address 4600 Connecticut Ave NW  
Ste 107

City Washington State DC Zip Code 20008

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

Name of Employer Occupation  
Mapetsi Policy Group Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11Ai-CN3073**

Amount of Each Receipt this Period  
1000

Partnership-Mapetsi Policy Group LLC

**[MEMO ITEM]**  
\$1000.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John Harte**

Mailing Address 4600 Connecticut Ave NW  
Ste 107

City Washington State DC Zip Code 20008

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

Name of Employer Occupation  
Mapetsi Policy Group Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11Ai-CN3074**

Amount of Each Receipt this Period  
1000

Partnership-Mapetsi Policy Group LLC

**[MEMO ITEM]**  
\$1000.00 MEMO Partnership Attributed

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

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

2000.00

**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 7 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Bob Applegate**

Mailing Address 2808 E 26th Pl

City State Zip Code  
Tulsa OK 74114-4310

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

Name of Employer Occupation  
Pryor Creek Fleet Services CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11Ai-CN3024**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Mike R. Bailey**

Mailing Address 13085 Banyan Rd

City State Zip Code  
Okmulgee OK 74447-7267

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

Name of Employer Occupation  
Bailey Automotive Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11Ai-CN3019**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George D Baker**

Mailing Address 5012 Scarsdale Rd

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
William & Jensen Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11Ai-CN3077**

Amount of Each Receipt this Period  
**1000**

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

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

**2000.00**

**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 8 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. George Bashaw Jr.**

Mailing Address 6735 Timberlane Rd

City Tulsa State OK Zip Code 74136-4516

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

Name of Employer XCorp Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : SA11Ai-CN3046**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Kendrick Bates**

Mailing Address PO Box 371

City Stigler State OK Zip Code 74462

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

Name of Employer Self Employed Occupation Measurement Technician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 14 / 2014**

**Transaction ID : SA11Ai-CN2974**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James W. Beach**

Mailing Address Us Hwy 59 PO Box 607

City Westville State OK Zip Code 74965

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 07 / 2014**

**Transaction ID : SA11Ai-CN2959**

Amount of Each Receipt this Period  
**300**

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

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

**1800.00**

**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 9 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ronnie Boswell**

Mailing Address PO Box 1901

City Muskogee State OK Zip Code 74402

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

Name of Employer Self-Employed Occupation Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11Ai-CN3004**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Branson**

Mailing Address 22354 Coggins Rd

City Poteau State OK Zip Code 74953-8684

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

Name of Employer Self-Employed Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 24 / 2014**

**Transaction ID : SA11Ai-CN2996**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Neville R. Cable**

Mailing Address 16425 Loop 56

City Okmulgee State OK Zip Code 74447-6603

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

Name of Employer First National Bank Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11Ai-CN3037**

Amount of Each Receipt this Period  
**500**

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

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

**1500.00**

**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 10 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Russell Casey**

Mailing Address 17760 Highway 62

City Morris State OK Zip Code 74445

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

Name of Employer Self-Employed Occupation Merchant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Ai-CN3018**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jerry Caughman II**

Mailing Address PO Box 1365

City Vian State OK Zip Code 74962

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

Name of Employer Cherokee Nation Occupation Clinic Admin

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11Ai-CN2984**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William Chupp Jr.**

Mailing Address 10907 S 429

City Chouteau State OK Zip Code 74337

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

Name of Employer Chupp Implement Co. Occupation Farm Equipment Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11Ai-CN3044**

Amount of Each Receipt this Period  
**500**

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

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

**1000.00**

**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 11 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John Collison**

Mailing Address 20527 Antler Farms Dr.

City Edmond State OK Zip Code 73012

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

Name of Employer OK Farm Bureau Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Ai-CN3021**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert P Cooper**

Mailing Address 2601 Athone Road

City Forth Smith State AR Zip Code 72903

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

Name of Employer Farrell-Cooper Mining Co Inc. Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11Ai-CN2997**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Frank G. Eby**

Mailing Address 1610 E 29th Street

City Tulsa State OK Zip Code 74114

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

Name of Employer Staghorn Energy Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Ai-CN3027**

Amount of Each Receipt this Period  
**2500**

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

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

**3250.00**

**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 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael S. Forsman**

Mailing Address 110 W 7th St Ste 900

City Tulsa State OK Zip Code 74119-1044

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11Ai-CN3047**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. Fuller**

Mailing Address 5831 W Orlando Cir

City Broken Arrow State OK Zip Code 74011-1153

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

Name of Employer Bell Financial Services Occupation Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11Ai-CN2980**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jeremy Hall**

Mailing Address PO Box 1148

City Jenks State OK Zip Code 74037

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

Name of Employer Self Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4200**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : SA11Ai-CN3361**

Amount of Each Receipt this Period  
**4200**

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

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

**5450.00**

**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 13 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jeremy Hall**

Mailing Address PO Box 1148

City Jenks State OK Zip Code 74037

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

Name of Employer Self Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 09 / 2014**

**Transaction ID : SA11Ai-CN3389**

Amount of Each Receipt this Period  
**-1600**

Redesignated to General 2014

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jeremy Hall**

Mailing Address PO Box 1148

City Jenks State OK Zip Code 74037

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

Name of Employer Self Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 09 / 2014**

**Transaction ID : SA11Ai-CN3390**

Amount of Each Receipt this Period  
**1600**

Redesignated from Primary 2014

**[MEMO ITEM]**  
Redesignation

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Fred C Harlan**

Mailing Address 3 Greenway St

City Okmulgee State OK Zip Code 74447-6914

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

Name of Employer Self Employed Occupation Auto Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11Ai-CN3013**

Amount of Each Receipt this Period  
**1000**

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

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

**1000.00**

**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 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David L Hogan**

Mailing Address 6386 Highway 69

City Porter State OK Zip Code 74454

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

Name of Employer Self Employed Occupation Farm Eq Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11Ai-CN3001**

Amount of Each Receipt this Period  
**600**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Lacey Horn**

Mailing Address PO Box 1365

City Vian State OK Zip Code 74962

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

Name of Employer Cherokee Nation Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11Ai-CN2998**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John Houchin**

Mailing Address 6031 W 46th St

City Tulsa State OK Zip Code 74107-6226

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

Name of Employer Houchin Electric Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN3062**

Amount of Each Receipt this Period  
**500**

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

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

**1350.00**

**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 15 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Linda A. Huggard**

Mailing Address 3724 Spyglass Rd

City Oklahoma City State OK Zip Code 73120-8863

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

Name of Employer Broadway Machine Occupation Owner-Machine Shop

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : SA11Ai-CN3083**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Bill Inhofe**

Mailing Address 2244 N 32nd St

City Muskogee State OK Zip Code 74401-2274

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

Name of Employer Sooner Emergency Services Occupation Salvage

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11Ai-CN3002**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Larry Jack Horn**

Mailing Address PO Box 445

City Vian State OK Zip Code 74962

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

Name of Employer Vian Lumber Company Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2987**

Amount of Each Receipt this Period  
**250**

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

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

**1750.00**

**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 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles L Johnson**

Mailing Address 7939 S 92nd E Ct

City Tulsa State OK Zip Code 74133

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

Name of Employer TULSA WINNELSON Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : SA11Ai-CN3373**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Joe Johnson**

Mailing Address 12050 S 35th St E

City Muskogee State OK Zip Code 74403-3022

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

Name of Employer Self-Employed Occupation Broker-Appraiser

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2983**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Jason Joice**

Mailing Address 1215 Lyndsey Lane

City Pryor State OK Zip Code 74361

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

Name of Employer CHS Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : SA11Ai-CN3368**

Amount of Each Receipt this Period  
**500**

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

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

**1750.00**

**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 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David Keglovits**

Mailing Address 3898 E 72nd St

City Tulsa State OK Zip Code 74136

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

Name of Employer Lawyer Occupation Gable Gotwals

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11Ai-CN3038**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Tobias Ben Latham Iii**

Mailing Address 6009 E 106th St

City Tulsa State OK Zip Code 74137-7001

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

Name of Employer GBR Properties Inc. Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11Ai-CN2992**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Roger W Lewis**

Mailing Address 9324 Amistad Lane

City Argyle State TX Zip Code 76226

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

Name of Employer WinWholesale Inc. Occupation Area Leader

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Ai-CN3370**

Amount of Each Receipt this Period  
**1000**

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

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

**4100.00**

**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 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce R. Mabrey**

Mailing Address PO Box 1117

City Okmulgee State OK Zip Code 74447-1117

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

Name of Employer Citizens Security Bank & Trust Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2982**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Donald E Malone**

Mailing Address 31701 S 600 Road

City Grove State OK Zip Code 74344

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

Name of Employer Malone's CNC Machining Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 10 / 2014**

**Transaction ID : SA11Ai-CN3371**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jim McClendon**

Mailing Address 1401 Country Club Lane

City Okmulgee State OK Zip Code 74447

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11Ai-CN3017**

Amount of Each Receipt this Period  
**500**

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

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

**1500.00**

**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 19 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Royce E Meek**

Mailing Address 102 1/2 Main

City Broken Bow State OK Zip Code 74728

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

Name of Employer Self Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11Ai-CN3375**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Victor Mitchell**

Mailing Address 17878 W 77th St. N

City Haskell State OK Zip Code 74436

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

Name of Employer Self Employed Occupation Oil & Gas Royalty

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11Ai-CN2981**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Rodd Moesel**

Mailing Address 9200 N.W. 10th St.

City Oklahoma City State OK Zip Code 73127

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

Name of Employer American Plant Products Occupation Horticulturist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Ai-CN3022**

Amount of Each Receipt this Period  
**250**

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

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

**1500.00**

**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 20 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. J Caleb Montgomery**

Mailing Address PO Box 604

City Gore State OK Zip Code 74435

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2991**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John Montgomery**

Mailing Address PO Box 604

City Gore State OK Zip Code 74435-0604

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

Name of Employer Owner Occupation Providence Health Care

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2989**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Peggy Montgomery**

Mailing Address Rr 1 Box 79

City Vian State OK Zip Code 74962-9316

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2985**

Amount of Each Receipt this Period  
**200**

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

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

**1450.00**

**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 21 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Schuyler Montgomery**

Mailing Address PO Box 271

City Gore State OK Zip Code 74435-0271

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

Name of Employer Nursing Home Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2988**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James C Morton**

Mailing Address PO Box 2492

City Tulsa State OK Zip Code 74101

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

Name of Employer Jim Norton Toyota Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 24 / 2014**

**Transaction ID : SA11Ai-CN2995**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James Mullin**

Mailing Address 529 W Edmond Road

City Edmond State OK Zip Code 73003

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

Name of Employer Hi-Tech Plumbing & Leak Detect Inc. Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2975**

Amount of Each Receipt this Period  
**2500**

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

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

**5200.00**

**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 22 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Lewis Pemberton**

Mailing Address 9820 Stonebridge Dr

City Yukon State OK Zip Code 73099

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

Name of Employer Mike Jordan Co Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : SA11Ai-CN3365**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Cheryl Phillips**

Mailing Address PO Box 405  
901 Bryan St.

City Westville State OK Zip Code 74965

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

Name of Employer Westville Prescription Center Inc. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 14 / 2014**

**Transaction ID : SA11Ai-CN2968**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Jr Reskovic**

Mailing Address 9403 Crosspointe Drive

City Fairfax Station State VA Zip Code 22039

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

Name of Employer Capitol Decisions INC Occupation lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 29 / 2014**

**Transaction ID : SA11Ai-CN3367**

Amount of Each Receipt this Period  
**500**

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

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

**3600.00**

**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 23 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Roberts**

Mailing Address 10612 S. Winston Ct.

City Tulsa State OK Zip Code 74137

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Ai-CN3025**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Frank C. Robson**

Mailing Address PO Box 986

City Claremore State OK Zip Code 74018-0986

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2014

**Transaction ID : SA11Ai-CN2962**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Frank C. Robson**

Mailing Address PO Box 986

City Claremore State OK Zip Code 74018-0986

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : SA11Ai-CN3087**

Amount of Each Receipt this Period  
 -900

Redesignated to General 2014

**[MEMO ITEM]**  
Redesignated

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

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

2000.00

**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 24 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Frank C. Robson**

Mailing Address **PO Box 986**

City **Claremore** State **OK** Zip Code **74018-0986**

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

Name of Employer **Self-Employed** Occupation **Real Estate**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : SA11Ai-CN3088**

Amount of Each Receipt this Period  
**900**

Redesignated from Primary 2014

**[MEMO ITEM]**  
Redesignation

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Ludmila Robson**

Mailing Address **PO Box 986**

City **Claremore** State **OK** Zip Code **74018**

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

Name of Employer **Housewife** Occupation **Housewife**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11Ai-CN3061**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Harry H Schoeder**

Mailing Address **809 Willard Ave**

City **Frederick** State **OK** Zip Code **73542**

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

Name of Employer **Self Employed** Occupation **Farmer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11Ai-CN3023**

Amount of Each Receipt this Period  
**250**

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

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

**1250.00**

**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 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Stanley Morgan Sheffield**

Mailing Address PO Box 90

City State Zip Code  
Webbers Falls OK 74470

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2986**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. R. L. Simpson Iii**

Mailing Address 104 Regan Dr

City State Zip Code  
Eufaula OK 74432

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

Name of Employer Occupation  
Bank of Eufaula Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11Ai-CN2979**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Brad Smallwood**

Mailing Address 13155 E 500 Road

City State Zip Code  
Claremore OK 74019

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

Name of Employer Occupation  
United Safety & Claims Inc. business owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 11 / 2014**

**Transaction ID : SA11Ai-CN3372**

Amount of Each Receipt this Period  
**250**

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

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

**1000.00**

**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 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Nicholas Taylor**

Mailing Address 17926 E 101st St

City Broken Arrow State OK Zip Code 74011-9221

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

Name of Employer Nick's Tree Service Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 14 / 2014**

**Transaction ID : SA11Ai-CN2973**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William Viney**

Mailing Address 25723 Meadowhouse Ct

City South Riding State VA Zip Code 20152

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

Name of Employer BGR Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA11Ai-CN3376**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael C Webber**

Mailing Address 915 W Bluff Starr Dr

City Claremore State OK Zip Code 74017

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

Name of Employer HydroHoitt Machine Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **510**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 01 / 2014**

**Transaction ID : SA11Ai-CN2894**

Amount of Each Receipt this Period  
**10**

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

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

**1010.00**

**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 27 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael C Webber**

Mailing Address 1203 Andre Circle

City State Zip Code  
Claremore OK 74017

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

Name of Employer Occupation  
HydroHoist Marine Group CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : SA11Ai-CN3360**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Tim Wheeler**

Mailing Address 8 Beckman Drive

City State Zip Code  
Muskogee OK 74401

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

Name of Employer Occupation  
Wheeler Metals Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11Ai-CN3005**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mark A White**

Mailing Address 11422 S 261st E Ave

City State Zip Code  
Coweta OK 74429

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11Ai-CN3000**

Amount of Each Receipt this Period  
**600**

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

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

**2100.00**

**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 28 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Vernon Ray Yochem**

Mailing Address 243433 E 191st St. S

City State Zip Code  
Haskell OK 74436

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

Name of Employer Occupation  
Yochem Trucking Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11Ai-CN3034**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)

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

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

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

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

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

500.00

49060.00

**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 29 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Action Committee For Rural Electrification**

Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9500

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11C-CN3051**

Amount of Each Receipt this Period  
1500

**B. Aircraft Owners And Pilots Assn PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 421 Aviation Way

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11C-CN3067**

Amount of Each Receipt this Period  
1000

**C. American Forest & Paper Assn PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 K St NW  
Ste 700

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 07 / 2014

**Transaction ID : SA11C-CN2955**

Amount of Each Receipt this Period  
1500

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

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

4000.00

**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 30 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>ARTBA-PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 13 / 2014
Mailing Address 1219 28th Street NW		<b>Transaction ID : SA11C-CN3040</b>
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee.	<b>C</b> C00118208	Amount of Each Receipt this Period 1000
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	

Full Name (Last, First, Middle Initial) <b>BNSF Railpac</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 06 / 2014
Mailing Address PO Box 961039		<b>Transaction ID : SA11C-CN3006</b>
City Ft Worth	State TX	Zip Code 76161
FEC ID number of contributing federal political committee.	<b>C</b> C00235739	Amount of Each Receipt this Period 2000
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8000	

Full Name (Last, First, Middle Initial) <b>Capital One Financial Corp Assoc Political Fund</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 13 / 2014
Mailing Address 1680 Capital One Drive Attn: 19050-1204		<b>Transaction ID : SA11C-CN3039</b>
City Mclean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee.	<b>C</b> C00326595	Amount of Each Receipt this Period 1000
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> 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 31 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Cherokee County Republican Women's Club**

Full Name (Last, First, Middle Initial)  
Mailing Address 602 Magnolia

City State Zip Code  
Tahlequah OK 74464

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2014

**Transaction ID : SA11C-CN3053**

Amount of Each Receipt this Period  
500

**B. Chesapeake Energy Corporation Fed Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 18576

City State Zip Code  
Oklahoma City OK 73154

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11C-CN3069**

Amount of Each Receipt this Period  
2500

**C. Chevron Employee Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6016

City State Zip Code  
San Ramon CA 94583

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11C-CN2965**

Amount of Each Receipt this Period  
1000

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

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

4000.00

**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 32 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cmr Pac**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C-CN3007**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Cox Enterprises PAC**

Mailing Address 975 F ST NW Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11C-CN3048**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Cox Enterprises PAC**

Mailing Address 975 F ST NW Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11C-CN3055**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Cox Enterprises PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 975 F ST NW  
 Suite 300  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C C00477653**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **4500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : SA11C-CN3066**  
 Amount of Each Receipt this Period  
 2500

**B. Culac The Pac Of Credit Union National Association**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Ave. NW  
 South Building Ste. 600  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C C00007880**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014  
**Transaction ID : SA11C-CN3043**  
 Amount of Each Receipt this Period  
 1000

**C. Ernst & Young Pac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 New York Ave NW  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C C00227744**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014  
**Transaction ID : SA11C-CN3049**  
 Amount of Each Receipt this Period  
 1000

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Eye of The Tiger Pac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2485  
 City Springfield State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C** C00467431  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : SA11C-CN3063**  
 Amount of Each Receipt this Period  
 500

**B. Farm Credit PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 F St Ste 900  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00193631  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014  
**Transaction ID : SA11C-CN3020**  
 Amount of Each Receipt this Period  
 1000

**C. Farmers Insurance PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 Kerner Blvd Suite 250  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C** C00135681  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014  
**Transaction ID : SA11C-CN3050**  
 Amount of Each Receipt this Period  
 2000

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

3500.00

**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 35 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Federal Express PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 942 S Shady Grove Rd  
 1st Floor  
 City State Zip Code  
 Memphis TN 38120  
 FEC ID number of contributing federal political committee. **C C00068692**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : SA11C-CN3070**  
 Amount of Each Receipt this Period  
 1000

**B. Ford Motor Company Civic Action Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 75000  
 City State Zip Code  
 Detroit MI 48275  
 FEC ID number of contributing federal political committee. **C C00046474**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : SA11C-CN2966**  
 Amount of Each Receipt this Period  
 1000

**C. Franchising PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 K Street  
 Ste 350  
 City State Zip Code  
 Washington DC 20005  
 FEC ID number of contributing federal political committee. **C C00084491**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014  
**Transaction ID : SA11C-CN3008**  
 Amount of Each Receipt this Period  
 2500

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Google NetPAC**

Mailing Address 1101 New York Ave NW  
Second Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : SA11C-CN3041**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Gulf States Toyota Inc PAC**

Mailing Address 1375 Enclave Parkway

City Houston State TX Zip Code 77077

FEC ID number of contributing federal political committee. **C C00349373**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 04 / 2014**

**Transaction ID : SA11C-CN3071**

Amount of Each Receipt this Period  
**3000**

**C.** Full Name (Last, First, Middle Initial)  
**Nat'l Assoc. Of Insurance & Financial Advisors PAC**

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C C00005249**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : SA11C-CN3056**

Amount of Each Receipt this Period  
**1000**

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

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

**5000.00**

**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 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. National Beer Wholesalers Assn Pac**

Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assn Pac

Mailing Address 1101 King Street Ste. 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C-CN3009**

Amount of Each Receipt this Period  
 1500

**B. Oge Energy Corp Employees Pac**

Full Name (Last, First, Middle Initial)  
Oge Energy Corp Employees Pac

Mailing Address PO Box 321

City Oklahoma City State OK Zip Code 73101

FEC ID number of contributing federal political committee. **C** C00337808

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11C-CN3075**

Amount of Each Receipt this Period  
 2500

**C. Scalise For Congress**

Full Name (Last, First, Middle Initial)  
Scalise For Congress

Mailing Address 2900 Clearview Parkway Suite 206

City Metairie State LA Zip Code 70006

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11C-CN3064**

Amount of Each Receipt this Period  
 2000

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

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

6000.00

**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 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tenaska Employees PAC**

Mailing Address 1044 N 115th St  
Suite 400

City Omaha State NE Zip Code 68154

FEC ID number of contributing federal political committee. **C** C00479998

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11C-CN3057**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Title Industry PAC**

Mailing Address 1828 L St NW  
Ste 705

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11C-CN3068**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**United Parcel Service Inc PAC**

Mailing Address 55 Glenlake Pkwy NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C-CN3045**

Amount of Each Receipt this Period  
 500

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

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

2500.00

**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 39 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**United Parcel Service Inc PAC**

Mailing Address 55 Glenlake Pkwy NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11C-CN3058**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**USAA Employees PAC**

Mailing Address 9800 Fredericksburg Road

City San Antonio State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C C00164145**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11C-CN3059**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**WalMart Stores Inc. PAC**

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11C-CN3076**

Amount of Each Receipt this Period  
 1500

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

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

3500.00

# 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 40 OF 77	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wine & Spirits Wholesalers Of America PAC**

Mailing Address 805 Fifteenth St NW  
Ste 430

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2014

**Transaction ID : SA11C-CN3060**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)

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

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

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

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

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

1000.00

45500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2014</b>
Mailing Address <b>Rt 1 Box 8255</b>		Amount of Each Disbursement this Period <b>1174.94</b>
City <b>Westville</b> State <b>OK</b> Zip Code <b>74965</b>	Purpose of Disbursement <b>REIMBURSEMENT: SEE BELOW</b>	<b>Transaction ID : SB17-EX1321</b>
Candidate Name <b>Markwayne Mullin</b>	Category/Type <b>001</b>	<b>REIMBURSEMENT: SEE BELOW</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OK</b> District: <b>02</b>	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2014</b>
Mailing Address <b>PO Box 537104</b>		Amount of Each Disbursement this Period <b>364.62</b>
City <b>Atlanta</b> State <b>GA</b> Zip Code <b>30353</b>	Purpose of Disbursement <b>Telephone</b>	<b>Transaction ID : SB17-EX1322</b>
Candidate Name <b>Markwayne Mullin</b>	Category/Type <b>001</b>	<b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OK</b> District: <b>02</b>	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2014</b>
Mailing Address <b>300 1st St SE</b>		Amount of Each Disbursement this Period <b>810.32</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>Food and Beverage</b>	<b>Transaction ID : SB17-EX1323</b>
Candidate Name <b>Markwayne Mullin</b>	Category/Type <b>001</b>	<b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OK</b> District: <b>02</b>	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primary 2014</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1174.94</b>
<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)	PAGE 42 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address Rt 1 Box 8255		Amount of Each Disbursement this Period 745.45
City Westville State OK Zip Code 74965	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Transaction ID : SB17-EX2367
Candidate Name Markwayne Mullin	Category/Type 001	REIMBURSEMENT: SEE BELOW
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 182.31
City Atlanta State GA Zip Code 30353	Purpose of Disbursement Telephone Expense	Transaction ID : SB17-EX2368
Candidate Name Markwayne Mullin	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 563.14
City Washington State DC Zip Code 20003	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX2369
Candidate Name Markwayne Mullin	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: OK District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	745.45
<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)	PAGE 43 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address Rt 1 Box 8255		Amount of Each Disbursement this Period 223.47
City Westville State OK Zip Code 74965	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Transaction ID : SB17-EX2400
Candidate Name Markwayne Mullin	Category/Type 001	REIMBURSEMENT: SEE BELOW
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 182.31
City Atlanta State GA Zip Code 30353	Purpose of Disbursement Telephone Expense	Transaction ID : SB17-EX2401
Candidate Name Markwayne Mullin	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 41.16
City Washington State DC Zip Code 20003	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX2402
Candidate Name Markwayne Mullin	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	223.47
<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)	PAGE 44 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address Rt 1 Box 8255		Amount of Each Disbursement this Period 269.42
City Westville State OK Zip Code 74965	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Transaction ID : SB17-EX2409
Candidate Name Markwayne Mullin	Category/Type 001	REIMBURSEMENT: SEE BELOW
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 269.42
City Atlanta State GA Zip Code 30353	Purpose of Disbursement Telephone Expenses	Transaction ID : SB17-EX2410
Candidate Name Markwayne Mullin	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	

Full Name (Last, First, Middle Initial) <b>c. AH Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period 16191.40
City Oklahoma City State OK Zip Code 73105	Purpose of Disbursement Fundraising Commission	Transaction ID : SB17-EX2354
Candidate Name	Category/Type 003	Fundraising Commission
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16460.82
<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)	PAGE 45 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial)

**A. AH Strategies**

Mailing Address 4020 N. Lincoln Ste. 100

City Oklahoma City State OK Zip Code 73105

Purpose of Disbursement Fundraising Retainer

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: District:

Date of Disbursement: 04 / 24 / 2014

Amount of Each Disbursement this Period: 15000.00

Transaction ID : SB17-EX2358

Fundraising Retainer

Category/Type: 003

Full Name (Last, First, Middle Initial)

**B. AH Strategies**

Mailing Address 4020 N. Lincoln Ste. 100

City Oklahoma City State OK Zip Code 73105

Purpose of Disbursement Fundraising Retainer

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: District:

Date of Disbursement: 05 / 28 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17-EX2407

Fundraising Retainer

Category/Type: 003

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address PO Box 5014

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Telephone Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: District:

Date of Disbursement: 04 / 14 / 2014

Amount of Each Disbursement this Period: 36.16

Transaction ID : SB17-EX2343

Telephone Expense

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 20036.16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 38.24
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone Expense	<b>Transaction ID : SB17-EX2413</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Telephone Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 43.00
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone Expense	<b>Transaction ID : SB17-EX2377</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Telephone Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 27.00
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone Expense	<b>Transaction ID : SB17-EX2408</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Telephone Expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	108.24
<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)	PAGE 47 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Cole Hargrave Snodgrass</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO Box 2034		Amount of Each Disbursement this Period 11900.00
City Oklahoma City	State OK	
Zip Code 73101	Purpose of Disbursement Polling	<b>Transaction ID : SB17-EX2374</b>
Candidate Name	Category/Type 005	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Polling
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Majority Designs Invoicing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period 363.98
City Oklahoma City	State OK	
Zip Code 73105	Purpose of Disbursement Invitation Printing	<b>Transaction ID : SB17-EX2433</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Invitation Printing
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Majority Designs Invoicing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period 190.28
City Oklahoma City	State OK	
Zip Code 73105	Purpose of Disbursement Invitation Printing	<b>Transaction ID : SB17-EX2344</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Invitation Printing
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12454.28
<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)		PAGE 48 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Majority Designs Invoicing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 21 / 2014</b>
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period <b>611.57</b>
City Oklahoma City	State OK	Zip Code 73105
Purpose of Disbursement Invitation Mailing	Category/ Type <b>007</b>	
Candidate Name		<b>Transaction ID : SB17-EX2353</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Invitation Mailing	

Full Name (Last, First, Middle Initial) <b>B. Majority Designs Invoicing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 24 / 2014</b>
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period <b>157.87</b>
City Oklahoma City	State OK	Zip Code 73105
Purpose of Disbursement Invitation Printing	Category/ Type <b>007</b>	
Candidate Name		<b>Transaction ID : SB17-EX2359</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Invitation Printing	

Full Name (Last, First, Middle Initial) <b>c. Majority Designs Invoicing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2014</b>
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period <b>8173.77</b>
City Oklahoma City	State OK	Zip Code 73105
Purpose of Disbursement Direct Mail	Category/ Type <b>003</b>	
Candidate Name		<b>Transaction ID : SB17-EX2391</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Direct Mail	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8943.21</b>
<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)	PAGE 49 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Majority Designs Invoicing</b>		M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period	
City Oklahoma City State OK Zip Code 73105		14696.50	
Purpose of Disbursement Direct Mail		Transaction ID : SB17-EX2396	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Direct Mail	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Majority Designs Invoicing</b>		M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period	
City Oklahoma City State OK Zip Code 73105		592.81	
Purpose of Disbursement Invitation Printing		Transaction ID : SB17-EX2397	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Invitation Printing	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. Majority Designs Invoicing</b>		M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period	
City Oklahoma City State OK Zip Code 73105		11913.61	
Purpose of Disbursement Direct Mail		Transaction ID : SB17-EX2412	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Direct Mail	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27202.92
<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)	PAGE 50 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Strategic Media Placement Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 55000.00	
City Delaware	State OH	Zip Code 43015	Transaction ID : SB17-EX2434	
Purpose of Disbursement Media Buy		Category/ Type 004	Media Buy	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 420 Montgomery St			Amount of Each Disbursement this Period 38.50	
City San Francisco	State CA	Zip Code 94104	Transaction ID : SB17-EX2429	
Purpose of Disbursement Bank Service Charge		Category/ Type 001	Bank Service Charge	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 420 Montgomery St			Amount of Each Disbursement this Period 39.50	
City San Francisco	State CA	Zip Code 94104	Transaction ID : SB17-EX2436	
Purpose of Disbursement Bank Service Charge		Category/ Type 001	Bank Service Charge	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55078.00
<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)		PAGE 51 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1706.13
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement PAYMENT: SEE BELOW	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX1339
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	PAYMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1650.00
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement Accounting Services	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX1340
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 56.13
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement Postage Reimbursement	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX1341
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1706.13
<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)		PAGE 52 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1256.67
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement PAYMENT: SEE BELOW	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2378
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	PAYMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1100.00
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement Accounting Services	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2379
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 156.67
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement Postage Reimbursement	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2380
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1256.67
<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)	PAGE 53 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 444.72
City Atlanta	State GA	Zip Code 30353
Purpose of Disbursement Telephone Expense	Category/Type 001	
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Telephone Expense	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 105.06
City Atlanta	State GA	Zip Code 30353
Purpose of Disbursement Telephone Expense	Category/Type 001	
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Telephone Expense	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO Box 141251		Amount of Each Disbursement this Period 1875.00
City Dallas	State TX	Zip Code 75214
Purpose of Disbursement Website Design & Developmen	Category/Type 001	
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Website Design & Developmen	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2424.78
<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)	PAGE 54 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Wiley Rein LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1776 K St NW		Amount of Each Disbursement this Period 2412.00
City Washington	State DC Zip Code 20006	
Purpose of Disbursement Legal Services	Candidate Name	Transaction ID : SB17-EX1332
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Legal Services	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wiley Rein LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 1776 K St NW		Amount of Each Disbursement this Period 25623.00
City Washington	State DC Zip Code 20006	
Purpose of Disbursement Legal Services	Candidate Name	Transaction ID : SB17-EX2360
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Legal Services	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. OUHSC Faculty House</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 26901		Amount of Each Disbursement this Period 663.76
City Oklahoma City	State OK Zip Code 73126	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : SB17-EX1325
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Catering	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28698.76
<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)	PAGE 55 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Oklahoma Gas &amp; Electric</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address PO Box 24990			Amount of Each Disbursement this Period 335.77
City Oklahoma City	State OK	Zip Code 73124	Transaction ID : <b>SB17-EX2415</b>
Purpose of Disbursement Campaign Office Utilities		001 Category/ Type	
Candidate Name			Campaign Office Utilities
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Oklahoma Gas &amp; Electric</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 24990			Amount of Each Disbursement this Period 352.81
City Oklahoma City	State OK	Zip Code 73124	Transaction ID : <b>SB17-EX2414</b>
Purpose of Disbursement Campaign Office Utilities		001 Category/ Type	
Candidate Name			Campaign Office Utilities
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Muskogee Holdings</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 2519			Amount of Each Disbursement this Period 510.33
City Muskogee	State OK	Zip Code 74402	Transaction ID : <b>SB17-EX2393</b>
Purpose of Disbursement Office Rent		001 Category/ Type	
Candidate Name			Office Rent
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1198.91
<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)	PAGE 56 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Muskogee Holdings</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address PO Box 2519			Amount of Each Disbursement this Period 500.00
City Muskogee	State OK	Zip Code 74402	Transaction ID : SB17-EX2403
Purpose of Disbursement Office Rent	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Office Rent
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		

Full Name (Last, First, Middle Initial) <b>B. William Barnes</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 140			Amount of Each Disbursement this Period 206.40
City Caney	State OK	Zip Code 74533	Transaction ID : SB17-EX1320
Purpose of Disbursement Mileage Reimbursement	Category/ Type 002		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Mileage Reimbursement
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		

Full Name (Last, First, Middle Initial) <b>C. William Barnes</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 140			Amount of Each Disbursement this Period 46.55
City Caney	State OK	Zip Code 74533	Transaction ID : SB17-EX2350
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Category/ Type 007		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		REIMBURSEMENT: SEE BELOW
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	752.95
<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)		PAGE 57 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1500 S. Lynn Riggs Blvd.		Amount of Each Disbursement this Period 6.55
City Claremore	State OK	Zip Code 74017
Purpose of Disbursement Food and Beverage	Category/ Type 007	
Candidate Name		Transaction ID : SB17-EX2351  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Pittsburgh County Republicans</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 116 E 2nd St		Amount of Each Disbursement this Period 40.00
City Okmulgee	State OK	Zip Code 74447
Purpose of Disbursement Event Tickets	Category/ Type 007	
Candidate Name		Transaction ID : SB17-EX2352  [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. William Barnes</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 140		Amount of Each Disbursement this Period 32.00
City Caney	State OK	Zip Code 74533
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Category/ Type 007	
Candidate Name		Transaction ID : SB17-EX2370  REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	32.00
<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)	PAGE 58 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lookin Late Big Foot Conference</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 67633 Williams Ln			Amount of Each Disbursement this Period 32.00
City Smithville	State OK	Zip Code 74957	
Purpose of Disbursement Event Tickets		Category/ Type 007	<b>Transaction ID : SB17-EX2371</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. William Barnes</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address PO Box 140			Amount of Each Disbursement this Period 670.00
City Caney	State OK	Zip Code 74533	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002	<b>Transaction ID : SB17-EX2375</b>  Mileage Reimbursement
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. William Barnes</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO Box 140			Amount of Each Disbursement this Period 752.40
City Caney	State OK	Zip Code 74533	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002	<b>Transaction ID : SB17-EX2411</b>  Mileage Reimbursement
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1422.40
<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)	PAGE 59 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 5200.55
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Credit Card Paid by Paychex	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2421
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Credit Card Paid by Paychex
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William Barnes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 140		Amount of Each Disbursement this Period 1091.53
City Caney	State OK	Zip Code 74533
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2417
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 1606.31
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2418
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Net Salary
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5200.55
<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)	PAGE 60 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Angie Gallant</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address PO Box 140994			Amount of Each Disbursement this Period 1301.67	
City Broken Arrow	State OK	Zip Code 74014	Transaction ID : <b>SB17-EX2419</b>	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Category/ Type 001	<b>[MEMO ITEM]</b> Net Salary	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 3060 Williams Drive Ste 200			Amount of Each Disbursement this Period 1201.04	
City Fairfax	State VA	Zip Code 22031	Transaction ID : <b>SB17-EX2420</b>	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Category/ Type 001	<b>[MEMO ITEM]</b> Withholding Taxes	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 3060 Williams Drive Ste 200			Amount of Each Disbursement this Period 164.86	
City Fairfax	State VA	Zip Code 22031	Transaction ID : <b>SB17-EX2430</b>	
Purpose of Disbursement Payroll Service		Category/ Type 001	Payroll Service	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	164.86
<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)	PAGE 61 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial)  
**A. Paychex**

Mailing Address 3060 Williams Drive Ste 200

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
PAYROLL: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 30 / 2014

Amount of Each Disbursement this Period  
5289.92

Transaction ID : SB17-EX2427

PAYROLL: SEE BELOW

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**B. William Barnes**

Mailing Address PO Box 140

City State Zip Code  
Caney OK 74533

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 30 / 2014

Amount of Each Disbursement this Period  
1091.53

Transaction ID : SB17-EX2422

[MEMO ITEM]  
Net Salary

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**c. Laramie Burge**

Mailing Address 2700 N 7th St  
Apt 116

City State Zip Code  
Broken Arrow OK 74012

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 30 / 2014

Amount of Each Disbursement this Period  
1606.31

Transaction ID : SB17-EX2423

[MEMO ITEM]  
Net Salary

Category/Type  
001

**SUBTOTAL** of Disbursements This Page (optional)..... 5289.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Debbie Dooley</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 29158 E. 115th St.		Amount of Each Disbursement this Period 74.59
City Coweta	State OK	
Zip Code 74429	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2424
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angie Gallant</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 140994		Amount of Each Disbursement this Period 1301.67
City Broken Arrow	State OK	
Zip Code 74014	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2425
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 1215.82
City Fairfax	State VA	
Zip Code 22031	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2426
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Withholding Taxes
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)	PAGE 63 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 3060 Williams Drive Ste 200			Amount of Each Disbursement this Period 163.36
City Fairfax	State VA	Zip Code 22031	Transaction ID : <b>SB17-EX2435</b>
Purpose of Disbursement Payroll Service		Category/ Type 001	
Candidate Name			Payroll Service
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Angelina Vega-Gallant</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 140994			Amount of Each Disbursement this Period 191.04
City Broken Arrow	State OK	Zip Code 74014	Transaction ID : <b>SB17-EX1324</b>
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002	
Candidate Name			Mileage Reimbursement
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Angie Gallant</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PO Box 140994			Amount of Each Disbursement this Period 148.52
City Broken Arrow	State OK	Zip Code 74014	Transaction ID : <b>SB17-EX2355</b>
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type 007	
Candidate Name			REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	502.92
<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)	PAGE 64 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sam's Club</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 6922 S. Mingo Rd.			Amount of Each Disbursement this Period 145.02	
City Tulsa	State OK	Zip Code 74133	Transaction ID : SB17-EX2356	
Purpose of Disbursement Food and Beverage		Category/ Type 007	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 1500 S. Lynn Riggs Blvd.			Amount of Each Disbursement this Period 3.50	
City Claremore	State OK	Zip Code 74017	Transaction ID : SB17-EX2357	
Purpose of Disbursement Food and Beverage		Category/ Type 007	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Angie Gallant</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address PO Box 140994			Amount of Each Disbursement this Period 171.31	
City Broken Arrow	State OK	Zip Code 74014	Transaction ID : SB17-EX2364	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type 001	REIMBURSEMENT: SEE BELOW	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	171.31
<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)	PAGE 65 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sam's Club</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 6922 S. Mingo Rd.			Amount of Each Disbursement this Period 218.11		
City Tulsa	State OK	Zip Code 74133	Transaction ID : SB17-EX2365		
Purpose of Disbursement Food and Beverage		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Usps</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014		
Mailing Address 2801 E. Kenosha St.			Amount of Each Disbursement this Period 19.60		
City Broken Arrow	State OK	Zip Code 74014	Transaction ID : SB17-EX2366		
Purpose of Disbursement Postage		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Angie Gallant</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014		
Mailing Address PO Box 140994			Amount of Each Disbursement this Period 218.11		
City Broken Arrow	State OK	Zip Code 74014	Transaction ID : SB17-EX2394		
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type 007	REIMBURSEMENT: SEE BELOW		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	218.11
<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)	PAGE 66 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sam's Club</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 6922 S. Mingo Rd.			Amount of Each Disbursement this Period 218.11	
City Tulsa	State OK	Zip Code 74133	Transaction ID : SB17-EX2395	
Purpose of Disbursement Food and Beverage		Category/ Type 007	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Angie Gallant</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address PO Box 140994			Amount of Each Disbursement this Period 346.16	
City Broken Arrow	State OK	Zip Code 74014	Transaction ID : SB17-EX2405	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002	Mileage Reimbursement	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Laramie Burge</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 2700 N 7th St Apt 116			Amount of Each Disbursement this Period 207.53	
City Broken Arrow	State OK	Zip Code 74012	Transaction ID : SB17-EX2345	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type 001	REIMBURSEMENT: SEE BELOW	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	553.69
<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)		PAGE 67 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 8.00
City Broken Arrow	State OK Zip Code 74012	
Purpose of Disbursement Parking	Category/Type 001	Transaction ID : SB17-EX2346 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. O'Reilly Auto Parts</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 1156		Amount of Each Disbursement this Period 5.99
City Springfield	State MO Zip Code 65801	
Purpose of Disbursement Zip Ties	Category/Type 001	Transaction ID : SB17-EX2347 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1500 S. Lynn Riggs Blvd.		Amount of Each Disbursement this Period 130.52
City Claremore	State OK Zip Code 74017	
Purpose of Disbursement Food and Beverage	Category/Type 001	Transaction ID : SB17-EX2348 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)		PAGE 68 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Reasor's Foods</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1000 West Will Rogers Blvd.		Amount of Each Disbursement this Period 63.02
City Claremore	State OK	
Zip Code 74017	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX2349
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 603.79
City Broken Arrow	State OK	
Zip Code 74012	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17-EX2361
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Mileage Reimbursement
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 71.56
City Broken Arrow	State OK	
Zip Code 74012	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Transaction ID : SB17-EX2372
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	REIMBURSEMENT: SEE BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	675.36
<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)	PAGE 69 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1500 S. Lynn Riggs Blvd.		Amount of Each Disbursement this Period 71.56
City Claremore	State OK	
Zip Code 74017	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX2373
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 307.96
City Broken Arrow	State OK	
Zip Code 74012	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17-EX2390
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Mileage Reimbursement
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 244.08
City Broken Arrow	State OK	
Zip Code 74012	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17-EX2406
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Mileage Reimbursement
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	552.04
<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)		PAGE 70 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Comtech Design Print &amp; Mail</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 117 E Hill St			Amount of Each Disbursement this Period 4787.35	
City Oklahoma City	State OK	Zip Code 73105	Transaction ID : SB17-EX2376	
Purpose of Disbursement Direct Mail		Category/ Type 003	Direct Mail	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Credit Card Operations</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address PO Box 6139			Amount of Each Disbursement this Period 1120.64	
City Norman	State OK	Zip Code 73070	Transaction ID : SB17-EX2389	
Purpose of Disbursement Credit Card Paid by Credit Card Operations		Category/ Type 001	Credit Card Paid by Credit Card Operations	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Walmart</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 1500 S. Lynn Riggs Blvd.			Amount of Each Disbursement this Period 138.15	
City Claremore	State OK	Zip Code 74017	Transaction ID : SB17-EX2381	
Purpose of Disbursement Campaign Event Expenses		Category/ Type 007	[MEMO ITEM] Food and Beverage	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5907.99
<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)	PAGE 71 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Staples</b>		M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 10302 E 71st St S		Amount of Each Disbursement this Period	
City Tulsa State OK Zip Code 74133		9.84	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Transaction ID : SB17-EX2382	
Candidate Name		[MEMO ITEM] Pens & Postits	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
		Category/Type 001	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Corporate To Casual Screen Printing</b>		M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 702 W Broadway		Amount of Each Disbursement this Period	
City Muskogee State OK Zip Code 74401		410.95	
Purpose of Disbursement Campaign Materials		Transaction ID : SB17-EX2383	
Candidate Name		[MEMO ITEM] Campaign T-Shirts	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
		Category/Type 006	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. Usps</b>		M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 2801 E. Kenosha St.		Amount of Each Disbursement this Period	
City Broken Arrow State OK Zip Code 74014		166.60	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Transaction ID : SB17-EX2384	
Candidate Name		[MEMO ITEM] Postage	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
		Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)	PAGE 72 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 732 W. New Orleans		Amount of Each Disbursement this Period 9.50
City Broken Arrow	State OK Zip Code 74012	
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/Type 001	<b>Transaction ID : SB17-EX2385</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	<b>[MEMO ITEM]</b> Delivery
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cartridge World</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 658 S. Lynn Riggs		Amount of Each Disbursement this Period 65.01
City Claremore	State OK Zip Code 74017	
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/Type 001	<b>Transaction ID : SB17-EX2386</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	<b>[MEMO ITEM]</b> Printer Toner
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dollar General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1685 W. Country Club Rd.		Amount of Each Disbursement this Period 20.59
City Claremore	State OK Zip Code 74017	
Purpose of Disbursement Campaign Event Expenses	Category/Type 007	<b>Transaction ID : SB17-EX2387</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	<b>[MEMO ITEM]</b> Paper Supplies
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)	PAGE 73 OF 77			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Will Rogers Memorial Center</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 3401 W Lancaster Ave			Amount of Each Disbursement this Period 300.00	
City Fort Worth	State TX	Zip Code 76107	Transaction ID : SB17-EX2388	
Purpose of Disbursement Campaign Event Expenses		Category/ Type 007	[MEMO ITEM] Facility Rental	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Oldham's Sign Shop</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 301 W 7th			Amount of Each Disbursement this Period 5208.82	
City Bristow	State OK	Zip Code 74010	Transaction ID : SB17-EX2392	
Purpose of Disbursement Campaign Signs		Category/ Type 004	Campaign Signs	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Anedot</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 5555 Hilton Ave			Amount of Each Disbursement this Period 503.32	
City Baton Rouge	State LA	Zip Code 70808	Transaction ID : SB17-EX2630	
Purpose of Disbursement Credit Card Processing		Category/ Type 001	Credit Card Processing	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5712.14
<b>TOTAL</b> This Period (last page this line number only).....	204868.95

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Transaction ID : **SC10-LN1**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**Markwayne Mullin**

Primary

General

Other (specify) ▼

Mailing Address  
Rt 1 Box 8255

City State ZIP Code  
Westville OK 74965

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000 27750.00 72250.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06 / 21 / 2011

01 / 01 / 2014

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)..... ▶ 72250.00

**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**

NAME OF COMMITTEE (In Full) **Mullin For Congress** Transaction ID : **SC10-LN2**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Markwayne Mullin** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 Rt 1 Box 8255

City State ZIP Code  
 Westville OK 74965

Original Amount of Loan 100000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 100000.00
-----------------------------------	-----------------------------------	--

**TERMS**

Date Incurred M 12 / D 30 / Y 2011	Date Due M 01 / D 01 / Y 2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" 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 style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" 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 (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Mullin For Congress** Transaction ID : **SC10-LN3**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Markwayne Mullin</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address Rt 1 Box 8255		

City	State	ZIP Code
Westville	OK	74965

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000	.00	35000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 06 / Y 2012	M 01 / D 01 / Y 2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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:
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:

<b>SUBTOTALS</b> This Period This Page (optional).....	35000.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **Mullin For Congress** Transaction ID : **SC10-LN4**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Markwayne Mullin</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address Rt 1 Box 8255		

City	State	ZIP Code
Westville	OK	74965

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20750	.00	20750.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 21 / Y 2012	M 01 / D 01 / Y 2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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 style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="20750.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="228000.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	