



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Report Covering the Period: From:

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

To:

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

14031160033

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	9,240.00	15,069.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	9,240.00	15,069.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	2,668.19	5,425.71
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	2,668.19	5,425.71
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>1,225.32</b>	<b>9</b>
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	<b>0</b>
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	<b>0</b>

**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)

Page 3

Write or Type Committee Name

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 3 To: M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 3

**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).....

9 2 4 0 0 0	1 5 0 6 9 0 0
-------------	---------------

(ii) Unitemized.....

0 0 0	0 0 0
-------	-------

(iii) TOTAL of contributions from individuals ▶

9 2 4 0 0 0	1 5 0 6 9 0 0
-------------	---------------

(b) Political Party Committees.....

0 0 0	2 6 0 0 0 0
-------	-------------

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

0 0 0	0 0 0
-------	-------

(d) The Candidate.....

0 0 0	1 0 0 0
-------	---------

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

9 2 4 0 0 0	1 7 6 7 9 0 0
-------------	---------------

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0 0 0	0 0 0
-------	-------

13. LOANS:

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

0 0 0	0 0 0
-------	-------

(b) All Other Loans.....

0 0 0	0 0 0
-------	-------

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

0 0 0	0 0 0
-------	-------

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

0 0 0	0 0 0
-------	-------

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

0 0 0	0 0 0
-------	-------

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

9 2 4 0 0 0	1 7 6 7 9 0 0
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14031160034

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

14031160035

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2,668.19	5,425.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2,668.19	5,425.71

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5,681.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9,240.00
25. SUBTOTAL (add Line 23 and Line 24) .....	14,921.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2,668.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12,253.29

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

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

FOR LINE NUMBER: (check only one)	PAGE 5 OF 47
<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	

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

NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DUKE, JEANNE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 1 3
Mailing Address 4520 OVERTON TERRACE CT		Amount of Each Receipt this Period  2 5 0 0 0
City	State Zip Code FORT WORTH TX 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  1 0 0 0
Name of Employer SSA	Occupation ATTORNEY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0 0	
Full Name (Last, First, Middle Initial) <b>B. GRISSETTE, ALLAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 1 3
Mailing Address 14 ZION AVE		Amount of Each Receipt this Period  5 0 0 0
City	State Zip Code PITTSBURG CA 94565	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  1 0 0 0
Name of Employer DEVIL MT. JAZZ BAND	Occupation MUSICIAN	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0	
Full Name (Last, First, Middle Initial) <b>C. HART, JAMES</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 1 3
Mailing Address 4502 FOX HOLLOW COURT		Amount of Each Receipt this Period  5 0 0
City	State Zip Code ARLINGTON TX 76016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  2 6 5 0 0
Name of Employer SELF	Occupation BOOKSELLER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2 6 5 0 0
<b>TOTAL</b> This Period (last page this line number only) .....		

14031160036

**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 47
<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)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HILL, LYNDA</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 1 3
Mailing Address PO BOX 997		Amount of Each Receipt this Period 1 0 0 0 0
City FORT WORTH	State Zip Code TX 76101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0 0
Name of Employer NA	Occupation RETIRED HOMEMAKER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. JELINEK, FRANK</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 1 3
Mailing Address 801 E. ABRAM ST, SUITE 102		Amount of Each Receipt this Period 1 0 0 0 0
City ARLINGTON	State Zip Code TX 76010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0 0
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>C. EDWARDS, GENE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 3
Mailing Address 1300 PINEHURST		Amount of Each Receipt this Period 1 0 0 0 0
City FORT WORTH	State Zip Code TX 76134	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0 0
Name of Employer SELF	Occupation LAWYER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3 0 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160037

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

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

FOR LINE NUMBER: PAGE 7 OF 47  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>PERRY, YOLANDA JODI</b>			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 3	
Mailing Address 8213 BED ROCK DR.			Amount of Each Receipt this Period  1 0 0 0 0	
City	State	Zip Code		
FORT WORTH	TX	76123		
FEC ID number of contributing federal political committee. C				
Name of Employer NA		Occupation RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1 0 0 0 0		

Full Name (Last, First, Middle Initial) <b>DEES, CONNIE</b>			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 3	
Mailing Address 4067 RUNTING AVE			Amount of Each Receipt this Period  5 0 0 0	
City	State	Zip Code		
FORT WORTH	TX	76107		
FEC ID number of contributing federal political committee. C				
Name of Employer SABRE, INC.		Occupation PRINCIPAL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5 0 0 0		

Full Name (Last, First, Middle Initial) <b>ROWELL, VERA</b>			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 3	
Mailing Address 4320 BELLAIRE DR S, #105			Amount of Each Receipt this Period  1 0 0 0	
City	State	Zip Code		
FORT WORTH	TX	76109		
FEC ID number of contributing federal political committee. C				
Name of Employer NA		Occupation NOT EMPLOYED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1 0 0 0		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1 6 0 0 0
<b>TOTAL</b> This Period (last page this line number only) .....	

14031160038

**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 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BLAKEMAN, BRYAN</b>		Date of Receipt
Mailing Address 37096 MASON		M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 3
City	State	Amount of Each Receipt this Period
PLANO	TX 75025	
FEC ID number of contributing federal political committee. C		1 0 0 0 0
Name of Employer HCIS	Occupation OWNER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. BUTTERFIELD, COLLEEN</b>		Date of Receipt
Mailing Address 1538 COUNTRY FOREST CT		M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 3
City	State	Amount of Each Receipt this Period
GRAPEVINE	TX 76051	
FEC ID number of contributing federal political committee. C		2 5 0 0
Name of Employer RABBLERouser	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0	

Full Name (Last, First, Middle Initial) <b>C. JAMES, CINDY</b>		Date of Receipt
Mailing Address 5816 WEDGWORTH RD		M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 3
City	State	Amount of Each Receipt this Period
FORT WORTH	TX 76133	
FEC ID number of contributing federal political committee. C		5 0 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1 7 5 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160039

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

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

FOR LINE NUMBER: PAGE 9 OF 47

(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address  
 3624 WEDGHILL WAY

City State Zip Code  
 FORT WORTH TX 76133

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

Name of Employer Occupation  
 IBM RETIRED

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2 5 0 0

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 1 3

Amount of Each Receipt this Period  
 , , 2 5 0 0

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

Mailing Address  
 4705 OAK TRAIL

City State Zip Code  
 FORT WORTH TX 76109

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

Name of Employer Occupation  
 RETIRED ATTORNEY

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5 0 0 0

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 1 3

Amount of Each Receipt this Period  
 , , 5 0 0 0

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

Mailing Address  
 PO BOX 16868

City State Zip Code  
 FORT WORTH TX 76162

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

Name of Employer Occupation  
 TARRANT COUNTY COMMISSIONER

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5 0 0 0 0

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 1 3

Amount of Each Receipt this Period  
 , , 5 0 0 0 0

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

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

Amount of Each Receipt this Period  
 , , 5 7 5 0 0

14031160040

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

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

FOR LINE NUMBER: PAGE 10 OF 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address  
4502 FOX HOLLOW COURT

City State Zip Code  
ARLINGTON TX 76016

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SELF BOOKSELLER

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
1 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 3

Amount of Each Receipt this Period  
5 0 0

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

Mailing Address  
605 SOUTH WACO

City State Zip Code  
WEATHERFORD TX 76086

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RANCHGATE BOOKS NA - MADE BEST EFFORT

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
3 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 3

Amount of Each Receipt this Period  
3 0 0 0

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

Mailing Address  
210 S WACO ST

City State Zip Code  
WEATHERFORD TX 76086

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CITY OF WEATHERFORD ENVIRONMENTAL AFFAIRS

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
3 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 1 3

Amount of Each Receipt this Period  
3 0 0 0

**SUBTOTAL** of Receipts This Page (optional) ..... 6 5 0 0

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

14031160041

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

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

FOR LINE NUMBER: PAGE 11 OF 47  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>JENKINS, LINDA</b>		Date of Receipt
Mailing Address 5021 GRANITE SHOALS AVE		M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 1 3
City	State	Zip Code
FORT WORTH	TX	76103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer NA		3 0 0 0
Occupation RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		1 3 0 0 0

Full Name (Last, First, Middle Initial) <b>ROWELL, J CY</b>		Date of Receipt
Mailing Address 4320 BELLAIRE DR S, #105		M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 1 3
City	State	Zip Code
FORT WORTH	TX	76109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer NA		3 0 0 0
Occupation RETIRED TEACHER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		3 0 0 0

Full Name (Last, First, Middle Initial) <b>ROWELL, VERA</b>		Date of Receipt
Mailing Address 4320 BELLAIRE DR S, #105		M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 1 3
City	State	Zip Code
FORT WORTH	TX	76109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer NA		3 0 0 0
Occupation RETIRED TEACHER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		4 0 0 0

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160042

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

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

FOR LINE NUMBER: PAGE 12 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BERTRAM, LYNDA</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 3
Mailing Address 4000 EL CAMPO AVE		Amount of Each Receipt this Period 1 0 0 . 0 0
City FORT WORTH	State Zip Code TX 76107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 . 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. SMITH, JAMES</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 3
Mailing Address 7011 GREENSPRING DR.		Amount of Each Receipt this Period 1 0 0 . 0 0
City ARLINGTON	State Zip Code TX 76016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 . 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 . 0 0	

Full Name (Last, First, Middle Initial) <b>C. HART, JAMES</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 3
Mailing Address 4502 FOX HOLLOW COURT		Amount of Each Receipt this Period 5 . 0 0
City ARLINGTON	State Zip Code TX 76016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 5 0 0
Name of Employer SELF	Occupation BOOKSELLER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 5 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2 0 5 . 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160043

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

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

FOR LINE NUMBER:		PAGE 13 OF 47	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DANIELS, RANDLE</b>		Date of Receipt
Mailing Address 4630 COLLINWOOD AVE		M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
City	State	Zip Code
FORT WORTH	TX	76107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer SELF		1 0 0 0 0
Occupation CONSULTANT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		1 0 0 0 0

Full Name (Last, First, Middle Initial) <b>B. DAY, DOROTHY H.</b>		Date of Receipt
Mailing Address 10124 STONELEIGH DR		M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
City	State	Zip Code
BENBROOK	TX	76126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer NA		5 0 0 0 0
Occupation RETIRED TEACHER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		5 0 0 0 0

Full Name (Last, First, Middle Initial) <b>C. CORDELL, CAROL S.</b>		Date of Receipt
Mailing Address 1217 MARLBOROUGH DR		M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
City	State	Zip Code
FORT WORTH	TX	76134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer NA		3 0 0 0 0
Occupation RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		5 5 0 0 0

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1 8 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160044

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

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

FOR LINE NUMBER: PAGE 14 OF 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DELEON, SERGIO</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 4521 DIAZ AVE		Amount of Each Receipt this Period  5 0 0 0
City	State	
FORT WORTH	TX	
FEC ID number of contributing federal political committee. C		
Name of Employer TARRANT COUNTY	Occupation JUSTICE OF THE PEACE, PCT. 5	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. DEFOOR, JIMMY A</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 3812 BUSSEY DR		Amount of Each Receipt this Period  5 0 0 0 0
City	State	
BENBROOK	TX	
FEC ID number of contributing federal political committee. C		
Name of Employer GALLUP INC.	Occupation PROGRAMMER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>C. DALE, JAMES</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 2440 IRWIN ST		Amount of Each Receipt this Period  2 5 0 0
City	State	
FORT WORTH	TX	
FEC ID number of contributing federal political committee. C		
Name of Employer GOLDEN CORRAL	Occupation CASHIER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5 7 5 0 0
<b>TOTAL</b> This Period (last page this line number only) .....	

14031160045

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

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

FOR LINE NUMBER: PAGE 15 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HANSEN, KATHRYN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 2516 6TH AVE		Amount of Each Receipt this Period  6 0 0 0
City	State	
FORT WORTH	TX	
FEC ID number of contributing federal political committee. C		
Name of Employer NA	Occupation HOMEMAKER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6 0 0 0	
Full Name (Last, First, Middle Initial) <b>B. EFSEA, MOKSHA</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 2440 IRWIN ST		Amount of Each Receipt this Period  2 5 0 0
City	State	
FORT WORTH	TX	
FEC ID number of contributing federal political committee. C		
Name of Employer MISTLETOE HEIGHTS. PET SITTERS	Occupation BUSINESS OWNER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0	
Full Name (Last, First, Middle Initial) <b>C. FLORES, CARL</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 8700 COUNTY RD 107		Amount of Each Receipt this Period  1 0 0 0 0
City	State	
GRANDVIEW	TX	
FEC ID number of contributing federal political committee. C		
Name of Employer NA	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1 8 5 0 0
<b>TOTAL</b> This Period (last page this line number only).....		

14031160046

**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 47
<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)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HUGHES, MARY KAY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 2544 STADIUM DRIVE		Amount of Each Receipt this Period  5 0 0 0
City FORT WORTH	State TX	
Zip Code 76109		Amount of Each Receipt this Period  5 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer NA - MADE BEST EFFORT	Occupation NA - MADE BEST EFFORT	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. HUGHES, GREG</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 2544 STADIUM DRIVE		Amount of Each Receipt this Period  5 0 0 0
City FORT WORTH	State TX	
Zip Code 76109		Amount of Each Receipt this Period  5 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer NA	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0 0	

Full Name (Last, First, Middle Initial) <b>C. LATTIMORE, MARY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 3830 TULSA WAY		Amount of Each Receipt this Period  4 0 0 0
City FORT WORTH	State TX	
Zip Code 76107		Amount of Each Receipt this Period  4 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation LATTIMORE GROUP	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4 0 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1 4 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160047

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

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

FOR LINE NUMBER: PAGE 17 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NORMAN, LYNN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 4808 SILENT RIDGE CT E		Amount of Each Receipt this Period  1 0 0 0 0
City	State Zip Code FORT WORTH TX 76132	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  1 0 0 0 0
Name of Employer JODY'S GYM	Occupation SELF	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  1 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. RAMIREZ, ROBERT</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 3051 SCHADT ST		Amount of Each Receipt this Period  3 0 0 0 0
City	State Zip Code FORT WORTH TX 76106	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  3 0 0 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  3 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>C. ROBINSON, DAVE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 7609 LISA CT		Amount of Each Receipt this Period  2 0 0 0 0
City	State Zip Code FORT WORTH TX 76112	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  2 0 0 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  2 0 0 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1 5 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160048

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

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

FOR LINE NUMBER: PAGE 18 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. SHERR, DOROTHY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 3954 ROWAN DR City State Zip Code FORT WORTH TX 76116		Amount of Each Receipt this Period , , 2 5 0 0
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation SELF ATTORNEY		Amount of Each Receipt this Period , , 2 5 0 0
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date , , 2 5 0 0		
Full Name (Last, First, Middle Initial) <b>B. SMITH, MARY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 2300 W MAGNOLIA AVE City State Zip Code FORT WORTH TX 76110		Amount of Each Receipt this Period , , 3 0 0 0
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation NA - MADE BEST EFFORT NA - MADE BEST EFFORT		Amount of Each Receipt this Period , , 3 0 0 0
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date , , 3 0 0 0		
Full Name (Last, First, Middle Initial) <b>C. SMITH, TRACEY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 2300 W MAGNOLIA AVE City State Zip Code FORT WORTH TX 76110		Amount of Each Receipt this Period , , 3 0 0 0
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation SELF REAL ESTATE		Amount of Each Receipt this Period , , 3 0 0 0
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date , , 3 0 0 0		
SUBTOTAL of Receipts This Page (optional).....		, , 8 5 0 0
TOTAL This Period (last page this line number only).....		, ,

14031160049

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

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

FOR LINE NUMBER: PAGE 19 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TESAR, JUDY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 3509 MISSION		Amount of Each Receipt this Period  3 0 0 0
City	State	
FORT WORTH	TX	
FEC ID number of contributing federal political committee. C		
Name of Employer HUGULEY FITNESS CENTER	Occupation HOUSEKEEPER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. MCCOOL, PENNY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 700 BOLING RANCH RD		Amount of Each Receipt this Period  3 0 0 0
City	State	
AZLE	TX	
FEC ID number of contributing federal political committee. C		
Name of Employer NA	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3 0 0 0	

Full Name (Last, First, Middle Initial) <b>C. WOOD, CLAIRE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 2428 WHARTON DR		Amount of Each Receipt this Period  5 0 0 0
City	State	
FORT WORTH	TX	
FEC ID number of contributing federal political committee. C		
Name of Employer HUMANA	Occupation CLAIMS ANALYST	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1 1 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160050

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

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

FOR LINE NUMBER: PAGE 20 OF 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address  
4320 BELLAIRE DR S, #105

City State Zip Code  
FORT WORTH TX 76109

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

Name of Employer Occupation  
NONE NOT EMPLOYED

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
5 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 3

Amount of Each Receipt this Period  
1 0 0 0

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

Mailing Address  
2544 STADIUM DR

City State Zip Code  
FORT WORTH TX 76109

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

Name of Employer Occupation  
LOCKHEED MARTIN ENGINEER

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
1 5 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 3

Amount of Each Receipt this Period  
1 0 0 0 0

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

Mailing Address  
3921 STONEHENGE RD

City State Zip Code  
FORT WORTH TX 76109

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

Name of Employer Occupation  
SELF INSURANCE BROKER

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
2 5 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 1 3

Amount of Each Receipt this Period  
2 5 0 0 0

**SUBTOTAL** of Receipts This Page (optional).....  
3 6 0 0 0

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

14031160051

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

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

FOR LINE NUMBER: PAGE 21 OF 47  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BORSELLINO, SUSAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 700 BOLING RANCH RD		Amount of Each Receipt this Period  3 0 0 0
City AZLE	State TX	
Zip Code 76020		Amount of Each Receipt this Period  3 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer BNSF	Occupation MANAGER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  3 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. HORTON, MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 3
Mailing Address 6214 SKYLARK CIR		Amount of Each Receipt this Period  3 0 0 0
City NORTH RICHLAND HILLS	State TX	
Zip Code 76180		Amount of Each Receipt this Period  3 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer NA	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  3 0 0 0	

Full Name (Last, First, Middle Initial) <b>C. PRITCHARD, DEAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 3
Mailing Address 5701 PERSHING		Amount of Each Receipt this Period  2 0 0 0 0
City FORT WORTH	State TX	
Zip Code 76107		Amount of Each Receipt this Period  2 0 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation BUSINESS OWNER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  2 0 0 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2 6 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160052

**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 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. LANGDON, JOHN. E</b>		Date of Receipt
Mailing Address 2501 PARKVIEW DR #500		M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 1 3
City	State	Zip Code
FORT WORTH	TX	76102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer SELF		2 5 0 0 0 0
Occupation PRESIDENT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		2 5 0 0 0 0

Full Name (Last, First, Middle Initial) <b>B. HUGHES, GREG</b>		Date of Receipt
Mailing Address 2544 STADIUM DR		M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 3
City	State	Zip Code
FORT WORTH	TX	76109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer LOCKHEED MARTIN		1 0 0 0 0 0
Occupation ENGINEER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		2 5 0 0 0 0

Full Name (Last, First, Middle Initial) <b>C. HART, JAMES</b>		Date of Receipt
Mailing Address 4502 FOX HOLLOW COURT		M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 1 3
City	State	Zip Code
ARLINGTON	TX	76016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer SELF		5 0 0
Occupation BOOKSELLER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		2 0 0 0

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2 6 0 5 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160053

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

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

FOR LINE NUMBER: PAGE 23 OF 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address  
4067 BUNTING AVE

City State Zip Code  
FORT WORTH TX 76107

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SABRE MANAGER

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
7 5 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 3

Amount of Each Receipt this Period  
2 5 0 0

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

Mailing Address  
12705 GORDON BLVD #31

City State Zip Code  
WOODBIDGE VA 22192

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
DODEA SPEECH/LANGUAGE PATHOLOGIST

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
2 5 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 1 3

Amount of Each Receipt this Period  
2 5 0 0

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

Mailing Address  
4767 OVERTON WOODS

City State Zip Code  
FORT WORTH TX 76109

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED SPEAKER OF THE HOUSE

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
1 0 0 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 3

Amount of Each Receipt this Period  
1 0 0 0 0 0

**SUBTOTAL** of Receipts This Page (optional)..... 1 0 5 0 0 0

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

14031160054

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

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

FOR LINE NUMBER: PAGE 24 OF 47  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>ADAMS, VICTORIA ANN</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 3
Mailing Address 2330 MEDFORD CT		Amount of Each Receipt this Period  2 5 0 0 0
City FORT WORTH	State Zip Code TX 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  2 5 0 0 0
Name of Employer NA	Occupation HOMEMAKER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>ROWELL, VERA</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 1 3
Mailing Address 4320 BELLAIRE DR S #105		Amount of Each Receipt this Period  1 0 0 0
City FORT WORTH	State Zip Code TX 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  1 0 0 0
Name of Employer NONE	Occupation NOT EMPLOYED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6 0 0 0	

Full Name (Last, First, Middle Initial) <b>HUGHES, GREG</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 1 3
Mailing Address 2544 STADIUM DR		Amount of Each Receipt this Period  1 0 0 0 0
City FORT WORTH	State Zip Code TX 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  1 0 0 0 0
Name of Employer LOCKHEED MARTIN	Occupation ENGINEER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3 5 0 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3 6 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160055

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

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

FOR LINE NUMBER:		PAGE 25 OF 47	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. VAN HERPEN, JEFF</b>		Date of Receipt
Mailing Address 22 TERRA VISTA #G12		M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 3
City	State	Zip Code
SAN FRANCISCO	CA	94115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer GODFREY Q AND PARTNERS		1 0 0 0 0
Occupation CONTROLLER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	2 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>B. STUNTZ, JEAN</b>		Date of Receipt
Mailing Address 1613 7TH AVE		M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 3
City	State	Zip Code
CANYON	TX	79015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer WEST TEXAS A&M UNIVERSITY		1 0 0 0 0
Occupation HISTORY PROFESSOR		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	1 0 0 0 0	

Full Name (Last, First, Middle Initial) <b>C. ENGFER, MIKE</b>		Date of Receipt
Mailing Address 12811 BELLA ROMA DR		M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 3
City	State	Zip Code
FORT WORTH	TX	76126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer SURETY CAPITAL CORP		1 0 0 0 0
Occupation ATTORNEY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	1 0 0 0 0	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3 0 0 0 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160056

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

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

FOR LINE NUMBER: PAGE 26 OF 47  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

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

Mailing Address  
4601 BOULDER RUN

City State Zip Code  
FORT WORTH TX 76109

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

Name of Employer Occupation  
RED GAP COMMUNICATIONS CIO

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
1 9 0 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period  
1 0 0 0 0 0

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

Mailing Address  
2701 BENBROOK BLVD

City State Zip Code  
FORT WORTH TX 76109

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

Name of Employer Occupation  
FORT WORTH CAMERA SALES

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
3 5 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period  
2 5 0 0

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

Mailing Address  
6313 TALGARTH CT

City State Zip Code  
FORT WORTH TX 76133

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

Name of Employer Occupation  
NONE NOT EMPLOYED

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
2 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 3

Amount of Each Receipt this Period  
2 0 0 0

**SUBTOTAL** of Receipts This Page (optional)..... 1 0 4 5 0 0

**TOTAL** This Period (last page this line number only)..... 9 2 4 0 0 0

14031160057

**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 27 OF 47

17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 3

Mailing Address  
5650 OVERTON RIDGE BLVD

Amount of Each Disbursement this Period

, , , 1 0 8 3

City State Zip Code  
FORT WORTH TX 76132

Purpose of Disbursement  
COPIES

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 3

Mailing Address  
5650 OVERTON RIDGE BLVD

Amount of Each Disbursement this Period

, , , 1 4 0 1 5

City State Zip Code  
FORT WORTH TX 76132

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**C. TOMMY'S HAMBURGERS**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 3

Mailing Address  
2455 FOREST PARK BLVD

Amount of Each Disbursement this Period

, , , 1 4 0 0

City State Zip Code  
FORT WORTH TX 76109

Purpose of Disbursement  
STAFF DINNER

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

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

1 6 4 9 8

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

14031160058

**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 28 OF 47

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

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MID-CITIES DEMOCRATS**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 1 3

Mailing Address  
PO BOX 271

City State Zip Code  
BEDFORD TX 76095

Amount of Each Disbursement this Period

1 0 0 0 0

Purpose of Disbursement  
EVENT TICKET

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**B. SAM'S CLUB**

Date of Disbursement

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

Mailing Address  
4400 BRYANT IRVIN RD

City State Zip Code  
FORT WORTH TX 76132

Amount of Each Disbursement this Period

4 8 2 0

Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**C. GARDEN RIDGE**

Date of Disbursement

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

Mailing Address  
5600 SW LOOP 820

City State Zip Code  
FORT WORTH TX 76132

Amount of Each Disbursement this Period

2 1 6 3

Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 12

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

1 6 9 8 3

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

14031160059

**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 29 OF 47

17  
20a     18  
20b     19a  
20c     19b  
21

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SAM'S CLUB**

Date of Disbursement

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

Mailing Address  
4400 BRYANT IRVIN RD

Amount of Each Disbursement this Period

2 4 9 4

City State Zip Code  
FORT WORTH TX 76132

Purpose of Disbursement  
EVENT SUPPLIES

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**B. COSTCO**

Date of Disbursement

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

Mailing Address  
5300 OVERTON RIDGE

Amount of Each Disbursement this Period

4 3 0 6

City State Zip Code  
FORT WORTH TX 76132

Purpose of Disbursement  
FUEL

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**C. BEST BUY**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 3

Mailing Address  
5700 SW LOOP 820

Amount of Each Disbursement this Period

1 9 4 8 3

City State Zip Code  
FORT WORTH TX 76132

Purpose of Disbursement  
OFFICE EQUIPMENT

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

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

2 6 2 8 3

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

14031160060

**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 30 OF 47

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 3

Mailing Address  
4613 HULEN ST, SUITE B

Amount of Each Disbursement this Period

9 4 5

City State Zip Code  
FORT WORTH TX 76132

Purpose of Disbursement  
COPIES

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 3

Mailing Address  
5650 OVERTON RIDGE BLVD

Amount of Each Disbursement this Period

1 0 8 3

City State Zip Code  
FORT WORTH TX 76132

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**C. USPS**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 3

Mailing Address  
7101 BRYANT IRVIN RD

Amount of Each Disbursement this Period

7 3 7

City State Zip Code  
FORT WORTH TX 76132

Purpose of Disbursement  
POSTAGE

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

**SUBTOTAL** of Disbursements This Page (optional)..... 2 7 6 5

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

14031160061

**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 31 OF 47

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. USPS**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 3

Mailing Address  
7101 BRYANT IRVIN RD

Amount of Each Disbursement this Period

6 5 1

City State Zip Code  
FORT WORTH TX 76132

Purpose of Disbursement  
POSTAGE

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**B. NATION BUILDER**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 3

Mailing Address  
448 S. HILL ST, SUITE 200

Amount of Each Disbursement this Period

1 9 0 0

City State Zip Code  
LOS ANGELES CA 90013

Purpose of Disbursement  
WEBSITE FEE

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**C. FACEBOOK**

Date of Disbursement

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

Mailing Address  
1601 WILLOW ROAD

Amount of Each Disbursement this Period

2 1 5 6

City State Zip Code  
MENLO PARK CA 94025

Purpose of Disbursement  
ADVERTISING

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

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

4 7 0 7

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

14031160062

**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 32 OF 47

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

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**A. FACEBOOK**

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

Mailing Address  
1601 WILLOW ROAD

Amount of Each Disbursement this Period

City State Zip Code  
MENLO PARK CA 94025

, , 4 3 8 6

Purpose of Disbursement  
ADVERTISING

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

**B. OFFICE DEPOT**

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

Mailing Address  
4613 HULEN, SUITE B

Amount of Each Disbursement this Period

City State Zip Code  
FORT WORTH TX 76132

, , 4 8 7

Purpose of Disbursement  
COPIES

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C. FACEBOOK**

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

Mailing Address  
1601 WILLOW ROAD

Amount of Each Disbursement this Period

City State Zip Code  
MENLO PARK CA 94025

, , 3 0 8 0

Purpose of Disbursement  
ADVERTISING

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

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

, , 7 9 5 3

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

14031160063

**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 33 OF 47			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. LOS JIMADORES</b>		Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 3
Mailing Address 3314 HARWOOD RD		Amount of Each Disbursement this Period  1 5 3 8
City BEDFORD	State TX	
Zip Code 76021	Purpose of Disbursement STAFF DINNER	Category/ Type
Candidate Name MARK GREENE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX	District: 12

Full Name (Last, First, Middle Initial) <b>B. CELESTE GREENE</b>		Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 3
Mailing Address 7550 HILLSIDE RD, #1216		Amount of Each Disbursement this Period  4 0 0 0 0
City AMARILLO	State TX	
Zip Code 79119	Purpose of Disbursement ADMIN SERVICES (CONTRACT)	Category/ Type
Candidate Name MARK GREENE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX	District: 12

Full Name (Last, First, Middle Initial) <b>C. COSTCO</b>		Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 3
Mailing Address 5300 OVERTON RIDGE		Amount of Each Disbursement this Period  3 9 3 0
City FORT WORTH	State TX	
Zip Code 76132	Purpose of Disbursement FUEL	Category/ Type
Candidate Name MARK GREENE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX	District: 12

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4 5 4 6 8
<b>TOTAL</b> This Period (last page this line number only).....	

14031160064

**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 34 OF 47

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 3

Mailing Address  
1601 WILLOW ROAD

Amount of Each Disbursement this Period

City State Zip Code  
MENLO PARK CA 94025

, , 4 3 8 6

Purpose of Disbursement  
ADVERTISING

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**B. FEDEX KINKOS**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 3

Mailing Address  
4485 BRYANT IRVIN RD

Amount of Each Disbursement this Period

City State Zip Code  
FORT WORTH TX 76132

, , 3 0 3

Purpose of Disbursement  
COPIES

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**C. FACEBOOK**

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 3

Mailing Address  
1601 WILLOW ROAD

Amount of Each Disbursement this Period

City State Zip Code  
MENLO PARK CA 94025

, , 3 0 0 0

Purpose of Disbursement  
ADVERTISING

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

**SUBTOTAL** of Disbursements This Page (optional) ..... , , 7 6 8 9

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

14031160065

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

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

FOR LINE NUMBER: (check only one)

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. EECU</b>		Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 3
Mailing Address 1617 W. 7TH ST		Amount of Each Disbursement this Period  0 1 0
City FORT WORTH	State TX	
Zip Code 76101		Category/ Type
Purpose of Disbursement BANK FEES		
Candidate Name MARK GREENE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX    District: 12	

Full Name (Last, First, Middle Initial) <b>B. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 3
Mailing Address 1601 WILLOW ROAD		Amount of Each Disbursement this Period  3 0 0 0
City MENLO PARK	State CA	
Zip Code 94025		Category/ Type
Purpose of Disbursement ADVERTISING		
Candidate Name MARK GREENE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX    District: 12	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 3
Mailing Address 5650 OVERTON RIDGE BLVD		Amount of Each Disbursement this Period  1 0 8 0
City FORT WORTH	State TX	
Zip Code 76132		Category/ Type
Purpose of Disbursement COPIES		
Candidate Name MARK GREENE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX    District: 12	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4 0 9 0
<b>TOTAL</b> This Period (last page this line number only).....	

14031160066

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

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

FOR LINE NUMBER:  
(check only one)

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**A. STAPLES**

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

Mailing Address  
5650 OVERTON RIDGE BLVD

Amount of Each Disbursement this Period

City State Zip Code  
FORT WORTH TX 76132

, , 5 4 1 1

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

Candidate Name  
MARK GREENE

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

State: TX District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

**B. STAPLES**

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

Mailing Address  
5650 OVERTON RIDGE BLVD

Amount of Each Disbursement this Period

City State Zip Code  
FORT WORTH TX 76132

, , 0 2 2

Purpose of Disbursement  
COPIES

Category/  
Type

Candidate Name  
MARK GREENE

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

State: TX District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C. TOMMY'S HAMBURGERS**

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 3

Mailing Address  
2455 FOREST PARK BLVD

Amount of Each Disbursement this Period

City State Zip Code  
FORT WORTH TX 76109

, , 2 6 0 0

Purpose of Disbursement  
STAFF DINNER

Category/  
Type

Candidate Name  
MARK GREENE

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

State: TX District: 12

**SUBTOTAL** of Disbursements This Page (optional) ..... , , 8 0 3 3

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

14031160067

**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 37 OF 47			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

14031160068

Full Name (Last, First, Middle Initial) <b>A. CORNER STORE</b>		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 1 3
Mailing Address 6044 S. HULEN		Amount of Each Disbursement this Period  , , 4 5 5 0
City State Zip Code FORT WORTH TX 76132	Purpose of Disbursement FUEL	
Candidate Name MARK GREENE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 12		

Full Name (Last, First, Middle Initial) <b>B. FACEBOOK</b>		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 1 3
Mailing Address 1601 WILLOW ROAD		Amount of Each Disbursement this Period  , , 2 0 0 0
City State Zip Code MENLO PARK CA 94025	Purpose of Disbursement ADVERTISING	
Candidate Name MARK GREENE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 12		

Full Name (Last, First, Middle Initial) <b>C. SERGIO DELEON CAMPAIGN</b>		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 3
Mailing Address PO BOX 470743		Amount of Each Disbursement this Period  , , 2 5 0 0
City State Zip Code FORT WORTH TX 76147	Purpose of Disbursement EVENT TICKET	
Candidate Name MARK GREENE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	, , 9 0 5 0
<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 38 OF 47

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 3

**A. QUIKTRIP**

Mailing Address  
101 EVERMAN PKWY

City State Zip Code  
FORT WORTH TX 76134

Purpose of Disbursement  
FUEL

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Amount of Each Disbursement this Period

3 5 0 6

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 3

**B. SHELL**

Mailing Address  
912 E. CENTRAL AVE

City State Zip Code  
BELTON TX 76513

Purpose of Disbursement  
FUEL

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Amount of Each Disbursement this Period

4 1 4 0

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 1 3

**C. TACO XPRESS**

Mailing Address  
2529 S. LAMAR BLVD

City State Zip Code  
AUSTIN TX 78704

Purpose of Disbursement  
STAFF LUNCH

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Amount of Each Disbursement this Period

2 4 0 0

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

1 0 0 4 6

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

14031160069

**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 39 OF 47

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

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NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NATION BUILDER**

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 3

Mailing Address  
448 S HILL ST, SUITE 200

City State Zip Code  
LOS ANGELES CA 90013

Amount of Each Disbursement this Period

, , 1 9 0 0

Purpose of Disbursement  
WEBSITE FEE

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**B. CELESTE GREENE**

Date of Disbursement

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

Mailing Address  
7550 HILLSIDE RD #1216

City State Zip Code  
AMARILLO TX 79119

Amount of Each Disbursement this Period

, , 3 1 0 0 0

Purpose of Disbursement  
ADMIN SERVICES (CONTRACT)

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**C. TARGET**

Date of Disbursement

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

Mailing Address  
5700 OVERTON RIDGE BLVD

City State Zip Code  
FORT WORTH TX 76132

Amount of Each Disbursement this Period

, , 1 8 3 1

Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

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

, , 3 4 7 3 1

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

14031160070

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

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

FOR LINE NUMBER: PAGE 40 OF 47  
(check only one)  
 17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**A. TARGET**

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

Mailing Address  
5700 OVERTON RIDGE BLVD

Amount of Each Disbursement this Period

City State Zip Code  
FORT WORTH TX 76132

, , 6 8 . 1 4

Purpose of Disbursement  
EVENT SUPPLIES

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

**B. KROGER**

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

Mailing Address  
3120 S UNIVERSITY DR

Amount of Each Disbursement this Period

City State Zip Code  
FORT WORTH TX 76109

, , 5 9 9

Purpose of Disbursement  
EVENT SUPPLIES

Category/  
Type

Candidate Name  
MARK GREKNE

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C. STAPLES**

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 1 3

Mailing Address  
5650 OVERTON RIDGE BLVD

Amount of Each Disbursement this Period

City State Zip Code  
FORT WORTH TX 76132

, , 7 7 . 1 4

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

Candidate Name  
MARK GREENE

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 12

**SUBTOTAL** of Disbursements This Page (optional) ..... , , 1 5 1 2 7

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

14031160071

**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 47			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. EECU</b>		Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 3
Mailing Address 1617 W 7TH ST		Amount of Each Disbursement this Period  0 4 5
City State Zip Code FORT WORTH TX 76101	Purpose of Disbursement BANK FEES	
Candidate Name MARK GREENE	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 12		

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 1 3
Mailing Address 5650 OVERTON RIDGE BLVD		Amount of Each Disbursement this Period  1 7 0 9
City State Zip Code FORT WORTH TX 76132	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name MARK GREENE	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 12		

Full Name (Last, First, Middle Initial) <b>C. TARRANT COUNTY DEMOCRATIC PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 1 3
Mailing Address 2806 RACE ST		Amount of Each Disbursement this Period  5 0 0 0
City State Zip Code FORT WORTH TX 76111	Purpose of Disbursement EVENT TICKET	
Candidate Name MARK GREENE	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6 7 5 4
<b>TOTAL</b> This Period (last page this line number only).....	

14031160072

**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 47			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DROPBOX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 1 3
Mailing Address 185 BERRY ST, SUITE 400		Amount of Each Disbursement this Period  9 9 9
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement CLOUD SERVICES	Category/ Type
Candidate Name MARK GREENE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 12	

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 1 3
Mailing Address 5650 OVERTON RIDGE BLVD		Amount of Each Disbursement this Period  2 5 9 7
City FORT WORTH	State TX	
Zip Code 76132	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name MARK GREENE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 12	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL'S STORES</b>		Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 1 3
Mailing Address 4921 OVERTON RIDGE BLVD		Amount of Each Disbursement this Period  9 7 1
City FORT WORTH	State TX	
Zip Code 76132	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name MARK GREENE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 12	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4 5 6 7
<b>TOTAL</b> This Period (last page this line number only).....	

14031160073

**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)

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<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)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. USPS**

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 1 3

Mailing Address  
7101 BRYANT IRVIN RD

City State Zip Code  
FORT WORTH CA 76132

Amount of Each Disbursement this Period

, , 7 3 . 6 0

Purpose of Disbursement  
POSTAGE

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**B. NATION BUILDER**

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 1 3

Mailing Address  
448 S HILL ST, SUITE 200

City State Zip Code  
LOS ANGELES CA 76132

Amount of Each Disbursement this Period

, , 3 7 . 0 0

Purpose of Disbursement  
WEBSITE FEE

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

**C. TOMMY'S HAMBURGERS**

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 1 3

Mailing Address  
2455 FOREST PARK BLVD

City State Zip Code  
FORT WORTH TX 76109

Amount of Each Disbursement this Period

, , 5 0 . 0 0

Purpose of Disbursement  
STAFF DINNER

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: TX District: 12

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

1 6 0 6 0

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

14031160074

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

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

FOR LINE NUMBER:  
(check only one)

17     18     19a     19b  
 20a     20b     20c     21

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

NAME OF COMMITTEE (In Full)

**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**A. CELESTE GREENE**

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

Mailing Address  
7550 HILLSIDE RD #1216

Amount of Each Disbursement this Period

City State Zip Code  
AMARILLO TX 79119

3 0 0 0 0

Purpose of Disbursement  
ADMIN SERVICES (CONTRACT)

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

**B. EECU**

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

Mailing Address  
1617 W 7TH ST

Amount of Each Disbursement this Period

City State Zip Code  
FORT WORTH TX 76101

0 1 5

Purpose of Disbursement  
BANK FEES

Candidate Name  
MARK GREENE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C.**

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... 3 0 0 1 5

**TOTAL** This Period (last page this line number only) ..... 2 6 6 8 1 9

14031160075

**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)  
**MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE**

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

Election:

- Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
0 0 0	0 0 0	0 0 0

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0 0 0
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0 0 0
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0 0 0
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0 0 0

**SUBTOTALS** This Period This Page (optional)..... ▶ 0 0 0

**TOTALS** This Period (last page in this line only)..... ▶ 0 0 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031160076

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	0 0 0		
Amount Incurred This Period	0 0 0	Payment This Period	0 0 0
		Outstanding Balance at Close of This Period	0 0 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	0 0 0		
Amount Incurred This Period	0 0 0	Payment This Period	0 0 0
		Outstanding Balance at Close of This Period	0 0 0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	0 0 0		
Amount Incurred This Period	0 0 0	Payment This Period	0 0 0
		Outstanding Balance at Close of This Period	0 0 0

1) SUBTOTALS This Period This Page (optional) .....	▶			0 0 0
2) TOTALS This Period (last page this line number only) .....	▶			0 0 0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	▶			0 0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	▶			0 0 0

14031160077

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE	Report Covering Period: From: M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 3 To: M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 3
--	---

	Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A	MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE	9240.00	0.00
B	Column Total Last Page Only.....	15069.00	2600.00

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0.00	0.00	9240.00	0.00	0.00	0.00
B	0.00	10.00	17679.00	0.00	0.00	0.00
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0.00	0.00	0.00	9240.00	2668.19	0.00
B	0.00	0.00	0.00	17679.00	5425.71	0.00
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0.00	0.00	0.00	0.00	0.00	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0.00	0.00	2668.19	---	---	0.00
B	0.00	0.00	5425.71	5681.48	12253.29	---
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0.00	9240.00	2668.19			
B	0.00	15069.00	5425.71			

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14031160079

MG4C  
P.O. Box 34779  
Ft. Worth TX 76162

10 0001 9719 5315



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1/15/2014

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

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Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PY 1/22/2014

PREPARER DATE PREPARED

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