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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		BURSEI uthorized Com		•		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		cample: If typin er the lines.	g, type	12FE4M5	
LOU ANN FOR CONG	LOU ANN FOR CONGRESS					
_ 						
ADDRESS (number and street)	6213 CHARLO	TTE AVE SUITE 11	2		1 1 1 1	
Check if different than previously reported. (ACC)	NASHVILLE				TN	37209
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲		;	STATE A	ZIP CODE
C C00519546		3. IS THIS REPORT	X NEW (N)	OR	AMENE (A)	STATE ▼ DISTRICT DED TN 06 U 06
4. TYPE OF REPORT (Ch. (a) Quarterly Reports: X April 15 Quarterly F July 15 Quarterly F October 15 Quarter January 31 Year-Er Termination Report	Report (Q1) Report (Q2) rly Report (Q3) and Report (YE)	Election on	Primary (12P) Convention (M M M / ST-Election Report General (30G)	oort for the:	General (** Special (1** Y Y Y Y Runoff (30** Y Y Y Y	in the State of Special (30S)
5. Covering Period 01 / 01 / 2015 through 03 / 31 / 2015						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer Thomas C. Arnold						
Signature of Treasurer Thomas C. Arnold [Electronically Filed] Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.						
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

LOU ANN FOR CONGRESS

01 03 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 128.32 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 228000.00 Schedule C and/or Schedule D).....

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)

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Write or Type Committee Name

LOU ANN FOR CONGRESS

Report Covering the Period: From: 01 01 2015 To: 03 31 2015

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. C	ONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
(b		0.00	0.00
(C	(such as PACs)	0.00	0.00
(c	<u></u>	0.00	0.00
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00
	OANS:) Made or Guaranteed by the		
(a	Candidate	0.00	0.00
(b		0.00	0.00
(c	(add Lines 13(a) and (b))	0.00	0.00
E	FFSETS TO OPERATING XPENDITURES	0.00	
(F	Refunds, Rebates, etc.)	0.00	0.00
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OP	ERATING EXPENDITURES	0.00	0.00
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN 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.	REI	FUNDS 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
	(al)		, , , , , , , , , , , , , , , , , , ,	
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00
		III. CASH SU	MMARY	
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		128.32		
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		0.00		
25.	SUI	BTOTAL (add Line 23 and Line 24)		128.32
26.	TO	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	0.00
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	128.32

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4109 NAME OF COMMITTEE (In Full) LOU ANN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary LOU ANN ZELENIK General Mailing Address Other (specify) \blacktriangledown 2620 SEQUOYA TRACE State ZIP Code City TN 37127 **MURFREESBORO** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D31 ^M 05^M Ž012 0.00 01/01/2020 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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OF

Detailed Summary Page Transaction ID: SC/10.4111 NAME OF COMMITTEE (In Full) LOU ANN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary LOU ANN ZELENIK General Mailing Address Other (specify) \blacktriangledown 2620 SEQUOYA TRACE State ZIP Code City TN 37127 **MURFREESBORO** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 200000.00 0.00 200000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 ^M06^M Ž012 0.00 01/01/2020 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 200000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

(check only one) Detailed Summary Page Transaction ID: SC/10.4112 NAME OF COMMITTEE (In Full) LOU ANN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary LOU ANN ZELENIK General Mailing Address Other (specify) \blacktriangledown 2620 SEQUOYA TRACE State ZIP Code City TN 37127 **MURFREESBORO** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 8000.00 0.00 8000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 08^M Ž012 0.00 12/31/2022 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 8000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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OF

Detailed Summary Page Transaction ID: SC/10.4113 NAME OF COMMITTEE (In Full) LOU ANN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary LOU ANN ZELENIK General Mailing Address Other (specify) \blacktriangledown 2620 SEQUOYA TRACE State ZIP Code City TN 37127 **MURFREESBORO** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D21 ^D ^M 08^M Ž012 0.00 12/31/2023 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) 228000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.