

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 OCT 12 PM 12:05 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

RON DRAKE FOR CONGRESS COMMITTEE

ADDRESS (number and street)

P O BOX 444

Check if different than previously reported. (ACC)

SULLIVAN

IN

47882

0444

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C 00609156

3. IS THIS REPORT NEW (N) OR AMENDED (A)

N

A

STATE DISTRICT

IN

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 07/01/2016

through

MM/DD/YYYY 09/30/2016

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 X Ronald Drake

Signature of Treasurer

[Handwritten Signature]

Date

MM/DD/YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 05/2016)

20161012 PM 12:05



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

RON DRAKE FOR CONGRESS COMMITTEE

Report Covering the Period: From: MM / DD / YYYY  
07 / 01 / 2016

To: MM / DD / YYYY  
09 / 30 / 2016

**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).....

250.00

750.00

(ii) Unitemized.....

350.00

700.00

(iii) TOTAL of contributions from individuals ▶

600.00

1,450.00

(b) Political Party Committees.....

500.00

500.00

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

500.00

500.00

(d) The Candidate.....

0.00

0.00

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

1,100.00

2,450.00

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

0.00

0.00

13. LOANS:

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

3,000.00

5,000.00

(b) All Other Loans.....

0.00

0.00

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

3,000.00

5,000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) *In Kind Contribution*

2,500.00

2,500.00

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

0.00

0.00

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

6,600.00

9,950.00

20161012 10:00:00 AM

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	4,235.16	6,439.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4,235.16	6,439.11

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,146.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6,600.00
25. SUBTOTAL (add Line 23 and Line 24).....	7,746.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4,235.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3,510.89

2016110112000104048

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

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

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of 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)  
**RON DRAKE FOR CONGRESS COMMITTEE**

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

Mailing Address  
**4849 LANGDRUM LN**

City **BETHESDA** State **MD** Zip Code **20815**

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

Name of Employer **SELF-EMPLOYED** Occupation **ENVIRONMENTALIST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**08 / 26 / 2016**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **250.00**

2019-10-11 AM 08:10:40

**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 1 OF 1
	<input type="checkbox"/> 11a <input checked="" 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)  
**RON DRAKE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. WARRICK CO DEMOCRATIC CENTRAL COMMITTEE**

Mailing Address  
**P.O. BOX 510**

City: **BOONVILLE** State: **IN** Zip Code: **47601**

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date: **500.00**

Date of Receipt: **09 / 21 / 2016**

Amount of Each Receipt this Period: **500.00**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **500.00**

2016-10-12 00:00:00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a
					<input type="checkbox"/> 13b
					<input type="checkbox"/> 14
					<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**RON DRAKE FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DRAKE, RONALD L**

Mailing Address  
**5 P ST SW**

City **WASHINGTON DC** State Zip Code **20024-3515**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY AT LAW**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **5,000.00**

Date of Receipt  
 MM /  DD /  YYYY  
**09 / 02 / 2016**

Amount of Each Receipt this Period  
 3,000.00

Memo Item

**PERSONAL LOAN**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt  
 MM /  DD /  YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt  
 MM /  DD /  YYYY

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3,000.00**

**TOTAL** This Period (last page this line number only)..... ▶ **3,000.00**

1-2016-05-01 10:00:00 AM





**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 2 OF 3			
	<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)  
**RON DRAKE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. US POSTAL SERVICE**

Date of Disbursement:  /  /

Mailing Address: **103 E WASHINGTON ST**

City: **SULLIVAN** State: **IN** Zip Code: **47882**

Purpose of Disbursement: **PO BOX RENEWAL FEE** Category/Type:

Candidate Name: **RON DRAKE**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **IN** District: **8**

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)

**B. PRESSTIME GRAPHICS**

Date of Disbursement:  /  /

Mailing Address: **1016 POPLAR ST**

City: **TERRE HAUTE** State: **IN** Zip Code: **47807**

Purpose of Disbursement: **CARD PRINTING** Category/Type:

Candidate Name: **RON DRAKE**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **IN** District: **8**

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)

**C. ENVISIONARY MEDIA**

Date of Disbursement:  /  /

Mailing Address: **1318 OHIO ST, SUITE 2**

City: **TERRE HAUTE** State: **IN** Zip Code: **47807**

Purpose of Disbursement: **VIDEO PRODUCTION** Category/Type:

Candidate Name: **RON DRAKE**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **IN** District: **8**

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item **IN-KIND (EXPENSE)**

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

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

2016-10-11 10:00:00 AM

**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 3 OF 3	
	<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)  
**RON DRAKE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ENVISIONARY MEDIA</b>			Date of Disbursement MM / DD / YYYY <b>09 / 09 / 2016</b>	
Mailing Address <b>1318 OHIO ST, SUITE 2</b>			FEC Identification Number <b>C</b>	
City <b>TERRE HAUTE</b>	State <b>IN</b>	Zip Code <b>47807</b>	Amount of Each Disbursement this Period <b>421.50</b>	
Purpose of Disbursement <b>WEBSITE MAINTENANCE</b>		Category/ Type <b>001</b>	<input type="checkbox"/> Memo Item	
Candidate Name <b>RON DRAKE</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: <b>IN</b> District: <b>8</b>		

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement MM / DD / YYYY	
Mailing Address			FEC Identification Number <b>C</b>	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY	
Mailing Address			FEC Identification Number <b>C</b>	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>421.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>4,235.16</b>

2016-10-11 10:00:00 AM

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

NAME OF COMMITTEE (In Full)  
**RON DRAKE FOR CONGRESS COMMITTEE**

LOAN SOURCE Full Name (Last, First, Middle Initial) <b>RONALD L DRAKE</b>		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PERSONAL FUNDS			
Mailing Address <b>5 P ST SW</b>			
City <b>WASHINGTON DC</b>	State	ZIP Code <b>20024-3515</b>	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <b>3,000.00</b>	Cumulative Payment To Date <b>0.00</b>	Balance Outstanding at Close of This Period <b>5,000.00</b>
--	---	--

TERMS	Date Incurred M M / D D / Y Y Y Y <b>09 / 02 / 2016</b>	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) <b>0</b> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------	---	---------------------------------	--	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>0.00</b>

SUBTOTALS This Period This Page (optional).....▶	<b>3,000.00</b>
TOTALS This Period (last page in this line only).....▶	<b>3,000.00</b>

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

20160510 10:00:00 AM

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

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

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

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y Y Y	
City	Date Due M M / D D / Y Y Y Y Y Y	
State		
Zip Code		

A. Has loan been restructured?  No  Yes      If yes, date originally incurred M M / D D / Y Y Y Y Y Y

B. If line of credit, Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
 \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account: \_\_\_\_\_

Date account established: M M / D D / Y Y Y Y Y Y      Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y Y Y
---	---------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y Y Y
Title	

2016-10-12 09:00:00

**SCHEDULE D (FEC Form 3)  
DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
N/A

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

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

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

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

20160510 10:01:01 AM

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

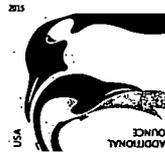
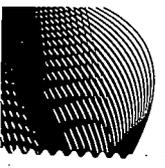
**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period:				
N/A		From:		To:		
		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		
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						
B	Column Total Last Page Only.....					
	(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						
B						
	(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						
B						
	(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						
B						
	(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						
B						
	(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						
B						

2025 RELEASE UNDER E.O. 14176

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