

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

WEBER FOR CONGRESS

ADDRESS (number and street) ▼

PO Box 1327

Check if different than previously reported. (ACC)

Friendswood

TX

77549

2. **FEC IDENTIFICATION NUMBER** ▼

C C00502229

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

TX

14

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Robert Nolen

Signature of Treasurer Robert Nolen

[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

Write or Type Committee Name  
**WEBER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	55465.09	144785.09
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	55465.09	144285.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	25066.54	82241.38
(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)).....	25066.54	82241.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	249811.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	146500.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**WEBER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	48199.35	128599.35
(ii) Unitemized.....	5015.74	8435.74
(iii) TOTAL of contributions from individuals ▶	53215.09	137035.09
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2250.00	7750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	55465.09	144785.09
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	28.39
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	55465.09	144813.48

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 32

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25066.54	82241.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	30000.00	80000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	30000.00	80000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(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	500.00
21. OTHER DISBURSEMENTS .....	640.00	55014.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	55706.54	217755.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	250052.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	55465.09
25. SUBTOTAL (add Line 23 and Line 24).....	305517.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55706.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	249811.21

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

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

FOR LINE NUMBER: PAGE 5 OF 32  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Hon. Eddie Arnold**

Mailing Address 4655 Ashdown St

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Jefferson County County Commissioner, Pct. 1

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2015

**Transaction ID : SA11AI.11868**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 1564

City State Zip Code  
Port Arthur TX 77641

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

Name of Employer Occupation  
Sabine Universal Products Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2015

**Transaction ID : SA11AI.11869**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1184 N Major Dr

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
State Farm Insurance Agent

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2015

**Transaction ID : SA11AI.11870**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 6 OF 32  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

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

Mailing Address 2816 Avenue O

City Galveston State TX Zip Code 77550

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
900.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : SA11AI.11871**

Amount of Each Receipt this Period  
900.65

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

Mailing Address 2816 Avenue O

City Galveston State TX Zip Code 77550

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : SA11AI.11872**

Amount of Each Receipt this Period  
2099.35

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

Mailing Address 2816 Avenue O

City Galveston State TX Zip Code 77550

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4799.35

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2015

**Transaction ID : SA11AI.12087**

Amount of Each Receipt this Period  
1799.35  
In-kind - catering for event

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

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

4799.35

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Tim Byrom</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2015	
Mailing Address 16 Oakleigh Blvd		<b>Transaction ID : SA11Al.11874</b>	
City Beaumont	State TX	Zip Code 77706	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Brint Construction	Occupation owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Azhar Chaudhary</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2015	
Mailing Address 1208 Highway 6 Ste B		<b>Transaction ID : SA11Al.11876</b>	
City Sugar Land	State TX	Zip Code 77478	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Azhar Chaudhary Law Firm, PC	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Azhar Chaudhary</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2015	
Mailing Address 1208 Highway 6 Ste B		<b>Transaction ID : SA11Al.11877</b>	
City Sugar Land	State TX	Zip Code 77478	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Azhar Chaudhary Law Firm, PC	Occupation Attorney		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6400.00
<b>TOTAL</b> This Period (last page this line number only).....	6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas Tolbert Chisum</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2015	
Mailing Address 1650 Covington Ct		<b>Transaction ID : SA11AI.11878</b>	
City Beaumont	State TX	Zip Code 77706	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer The Modern Group	Occupation Trustee		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas Tolbert Chisum</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2015	
Mailing Address 1650 Covington Ct		<b>Transaction ID : SA11AI.11879</b>	
City Beaumont	State TX	Zip Code 77706	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer The Modern Group	Occupation Trustee		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Ronald M. Dailey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2015	
Mailing Address 2010 Whila Way		<b>Transaction ID : SA11AI.11881</b>	
City Alvin	State TX	Zip Code 77511	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	700.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James D. Dannenbaum**

Mailing Address 3100 W Alabama St

City Houston	State TX	Zip Code 77098
-----------------	-------------	-------------------

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

Name of Employer Dannenbaum Engineering	Occupation Engineer/President
--	----------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : SA11AI.11882**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Joan Del Papa**

Mailing Address 6702 Broadway St

City Galveston	State TX	Zip Code 77554
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Realtor
--------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : SA11AI.11883**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Lawrence J. Del Papa Jr.**

Mailing Address 6702 Broadway St

City Galveston	State TX	Zip Code 77554
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FEC ID number of contributing federal political committee. **C**

Name of Employer Del Papa Distributing Co. Inc.	Occupation Beer Distributor
--	--------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : SA11AI.11884**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael J Doiron**

Mailing Address 5240 Merlot Drive

City	State	Zip Code
Beaumont	TX	77706

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

Name of Employer	Occupation
Michael Doiron MD PA	Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : SA11AI.11885**

Amount of Each Receipt this Period

250.00

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

Mailing Address 1518 23rd Ave N

City	State	Zip Code
Texas City	TX	77590

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

Name of Employer	Occupation
Texas First Bank	banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2015

**Transaction ID : SA11AI.11887**

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph Fertitta Jr.**

Mailing Address 6760 Lexington Dr

City	State	Zip Code
Beaumont	TX	77706

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

Name of Employer	Occupation
Texas Coffee Company	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA11AI.11889**

Amount of Each Receipt this Period

250.00

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

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

750.00

**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 32  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Ray Fuljenz**

Mailing Address 8255 White Rd

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Universal Coin & Bullion President/Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2015

**Transaction ID : SA11AI.11890**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 6245 Madison Rdg

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
GO Burgers Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2015

**Transaction ID : SA11AI.11891**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 9015 Jamaica Bch

City State Zip Code  
Galveston TX 77554

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

Name of Employer Occupation  
Investments/retired retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : SA11AI.11892**

Amount of Each Receipt this Period  
 500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Justin Jackson**

Mailing Address 165 Woodshire Ln

City State Zip Code  
Sour Lake TX 77659

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 14 / 2015

**Transaction ID : SA11AI.11894**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard W. Mann Jr.**

Mailing Address 3710 Pine Chase Dr

City State Zip Code  
Pearland TX 77581

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

Name of Employer Occupation  
self real estate investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2015

**Transaction ID : SA11AI.11896**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address 144L Spanish Grant

City State Zip Code  
Galveston TX 77554

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

Name of Employer Occupation  
DSW Homes Home Builder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2015

**Transaction ID : SA11AI.11897**

Amount of Each Receipt this Period  
 2200.00

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<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)  
**WEBER FOR CONGRESS**

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

Mailing Address 144L Spanish Grant

City Galveston State TX Zip Code 77554

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

Name of Employer DSW Homes Occupation Home Builder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2015**

**Transaction ID : SA11AI.11898**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 1610 Hyde Ct

City Beaumont State TX Zip Code 77706

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

Name of Employer River City Hospice Occupation partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 14 / 2015**

**Transaction ID : SA11AI.11900**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 3263 Reba Dr

City Houston State TX Zip Code 77019

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

Name of Employer Parkside Capital Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 09 / 2015**

**Transaction ID : SA11AI.11902**

Amount of Each Receipt this Period  
**2700.00**

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

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

**4200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Sina Nejad**

Mailing Address 1990 W Lucas Dr

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Sigma Engineers, Inc. Founder and President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2015

**Transaction ID : SA11AI.11903**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Gladys I. O'Brien**

Mailing Address 1440 Wellington Oaks St

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
First United Methodist Church Office & Property Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2015

**Transaction ID : SA11AI.11904**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2407 Stevenson Rd

City State Zip Code  
Pearland TX 77581

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2015

**Transaction ID : SA11AI.11905**

Amount of Each Receipt this Period  
1000.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32			
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Vanessa Peel**

Mailing Address 6510 Merrick Ln

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Grand Canyon University Instructor for the University

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : SA11AI.11907**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 29 Bellchase Gardens Dr

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2015

**Transaction ID : SA11AI.11909**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Hon. Lewis S. Rosen**

Mailing Address 1515 Driftwood Ln

City State Zip Code  
Galveston TX 77551

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

Name of Employer Occupation  
City of Galveston Mayor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : SA11AI.11911**

Amount of Each Receipt this Period  
200.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Danny R. Schnautz**

Mailing Address PO Box 5808

City Pasadena State TX Zip Code 77508

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

Name of Employer Clark Freight Occupation Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2015

**Transaction ID : SA11AI.11913**

Amount of Each Receipt this Period  
 1100.00

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

Mailing Address PO Box 1998

City Nederland State TX Zip Code 77627

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

Name of Employer Trans-Global Solutions Inc. Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA11AI.11914**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Roy G. Shaw Jr.**

Mailing Address 2603 Bayshore Dr

City Bacliff State TX Zip Code 77518

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

Name of Employer Shaw Systems Associates Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : SA11AI.11915**

Amount of Each Receipt this Period  
 500.00

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

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

4300.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Mr. James Mark Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2015
Mailing Address 8155 Evangeline		<b>Transaction ID : SA11AI.11916</b>
City Beaumont	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer J. Mark Smith and Associates	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Mr. Roy Steinhagen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2015
Mailing Address 190 N Caldwood Dr		<b>Transaction ID : SA11AI.11917</b>
City Beaumont	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Steinhagen Oil Co Inc	Occupation executive	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Dr. R. Leldon Sweet</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2015
Mailing Address 3345 Plaza 10 Dr Ste E		<b>Transaction ID : SA11AI.11918</b>
City Beaumont	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation cardiologist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. William Doornbos Family LP</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 26 / 2015	
Mailing Address PO Box 696		<b>Transaction ID : SA11AI.11919</b>	
City Nederland	State TX	Zip Code 77627	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Occupation	Election Cycle-to-Date 400.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mel Wright</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 28 / 2015	
Mailing Address 5555 Gladys Ave		<b>Transaction ID : SA11AI.11920</b>	
City Beaumont	State TX	Zip Code 77706	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Occupation Wright Scrap & Recycling President	Election Cycle-to-Date 2700.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John F. Zirih</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 2100 Pipers Field Dr Apt 11		<b>Transaction ID : SA11AI.11922</b>	
City Austin	State TX	Zip Code 78758	Amount of Each Receipt this Period 2400.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer Occupation Self-Employed Engineer	Election Cycle-to-Date 2400.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	48199.35

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 19 OF 32

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

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

Mailing Address 1001 Congress Ste 101

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : SA11C.11989**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 1201 N Orange St Ste 700 # 7427

City Wilmington State DE Zip Code 19801

FEC ID number of contributing federal political committee. **C** C00563759

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11C.11990**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2250.00

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 32	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Fred C. Burns</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2015
Mailing Address 2816 Avenue O		Amount of Each Disbursement this Period 1799.35 <b>Transaction ID : SB17.12088</b>
City Galveston	State TX Zip Code 77550	
Purpose of Disbursement In-kind - catering for event	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Centerpoint Energy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 1005 Congress Suite 650		Amount of Each Disbursement this Period 492.00 <b>Transaction ID : SB17.11996</b>
City Austin	State TX Zip Code 78701	
Purpose of Disbursement Staff retreat	Category/Type	
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. Chick-Fil-A</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 2200 crystal dr ste g		Amount of Each Disbursement this Period 553.85 <b>Transaction ID : SB17.11998</b>
City arlington	State VA Zip Code	
Purpose of Disbursement TX Chiefs luncheon	Category/Type	
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).....	2845.20
<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 21 OF 32			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lilly &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 1005 Congress Ave, Suite 910 Suite 910			Amount of Each Disbursement this Period 6786.97 <b>Transaction ID : SB17.12024</b>
City Austin	State TX	Zip Code 78701	
Purpose of Disbursement Fundraising consulting-3/15/15-4/15/15		Category/ Type	
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>B. Lilly &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2015
Mailing Address 1005 Congress Ave, Suite 910 Suite 910			Amount of Each Disbursement this Period 4602.14 <b>Transaction ID : SB17.12025</b>
City Austin	State TX	Zip Code 78701	
Purpose of Disbursement Fundraising consulting-4/16/15-5/15/15		Category/ Type	
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. Lilly &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 1005 Congress Ave, Suite 910 Suite 910			Amount of Each Disbursement this Period 6460.41 <b>Transaction ID : SB17.12026</b>
City Austin	State TX	Zip Code 78701	
Purpose of Disbursement Fundraising consulting-5/17/15-6/15/15		Category/ Type	
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).....	17849.52
<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 22 OF 32	
	<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)  
**WEBER FOR CONGRESS**

**A. Mail Chimp**

Full Name (Last, First, Middle Initial)

Mailing Address 512 Means Street Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement Campaign Mailings

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 18 / 2015

Amount of Each Disbursement this Period: 63.75

Transaction ID : SB17.12028

**B. Mail Chimp**

Full Name (Last, First, Middle Initial)

Mailing Address 512 Means Street Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement Campaign Mailings

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 18 / 2015

Amount of Each Disbursement this Period: 63.75

Transaction ID : SB17.12029

**C. Mail Chimp**

Full Name (Last, First, Middle Initial)

Mailing Address 512 Means Street Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement Campaign Mailings

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 18 / 2015

Amount of Each Disbursement this Period: 63.75

Transaction ID : SB17.12030

**SUBTOTAL** of Disbursements This Page (optional) ..... 191.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 32		
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Storage Choice</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>15</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		15		2015
M M	/	D D	/	Y Y Y Y									
04		15		2015									
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>League City</td> <td>TX</td> <td>77573</td> </tr> </table>		City	State	Zip Code	League City	TX	77573	<table border="1"> <tr> <td>151.00</td> </tr> </table>		151.00			
City	State	Zip Code											
League City	TX	77573											
151.00													
Purpose of Disbursement campaign storage unit		Transaction ID : SB17.12060											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Storage Choice</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>15</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		15		2015
M M	/	D D	/	Y Y Y Y									
05		15		2015									
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>League City</td> <td>TX</td> <td>77573</td> </tr> </table>		City	State	Zip Code	League City	TX	77573	<table border="1"> <tr> <td>151.00</td> </tr> </table>		151.00			
City	State	Zip Code											
League City	TX	77573											
151.00													
Purpose of Disbursement campaign storage unit		Transaction ID : SB17.12061											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Storage Choice</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>17</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		17		2015
M M	/	D D	/	Y Y Y Y									
06		17		2015									
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>League City</td> <td>TX</td> <td>77573</td> </tr> </table>		City	State	Zip Code	League City	TX	77573	<table border="1"> <tr> <td>151.00</td> </tr> </table>		151.00			
City	State	Zip Code											
League City	TX	77573											
151.00													
Purpose of Disbursement campaign storage unit		Transaction ID : SB17.12062											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	453.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 32	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 58.40
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Flags for auction items	Category/Type	<b>Transaction ID : SB17.12067</b>
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>B. US House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 107.65
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Flags for auction items	Category/Type	<b>Transaction ID : SB17.12068</b>
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. Wall Street Journal</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2015
Mailing Address 200 Liberty St		Amount of Each Disbursement this Period 26.54
City New York	State NY Zip Code 10281	
Purpose of Disbursement newspaper subscription	Category/Type	<b>Transaction ID : SB17.12073</b>
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) .....	192.59
<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 25 OF 32			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Courtney Weaver</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015	
Mailing Address 5353 Columbia Pike apt 407			Amount of Each Disbursement this Period 200.00	
City Arlington	State VA	Zip Code 22204	Transaction ID : SB17.12077	
Purpose of Disbursement campaign contract labor		Candidate Name	Category/ Type	
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>B. Courtney Weaver</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015	
Mailing Address 5353 Columbia Pike apt 407			Amount of Each Disbursement this Period 200.00	
City Arlington	State VA	Zip Code 22204	Transaction ID : SB17.12079	
Purpose of Disbursement campaign contract labor		Candidate Name	Category/ Type	
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. Courtney Weaver</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015	
Mailing Address 5353 Columbia Pike apt 407			Amount of Each Disbursement this Period 200.00	
City Arlington	State VA	Zip Code 22204	Transaction ID : SB17.12081	
Purpose of Disbursement campaign contract labor		Candidate Name	Category/ Type	
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).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 32			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brooke Weddle</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.12075		
Purpose of Disbursement contract labor		Category/ Type			
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>B. Brooke Weddle</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.12078		
Purpose of Disbursement campaign contract labor		Category/ Type			
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. Brooke Weddle</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2015		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.12080		
Purpose of Disbursement campaign contract labor		Category/ Type			
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) .....	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 32	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brooke Weddle</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1818 Oak Lake Cir		Amount of Each Disbursement this Period 400.00
City Pearlland	State TX Zip Code 77581	
Purpose of Disbursement campaign contract labor	Candidate Name	Transaction ID : SB17.12082
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	23731.56

**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 32	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RANDY WEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2015
Mailing Address PO BOX 1327		Amount of Each Disbursement this Period 30000.00
City FRIENDSWOOD State TX Zip Code 77549	Purpose of Disbursement loan repayment	
Candidate Name	Category/Type	<b>Transaction ID : SB19A.12083</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 14	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30000.00
<b>TOTAL</b> This Period (last page this line number only).....	30000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 32			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Satori Elementary School</b>		Date of Disbursement										
Mailing Address 2503 Sealy Street		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		03		2015
M M	/	D D	/	Y Y Y Y								
04		03		2015								
City Galveston	State TX	Zip Code 77550										
Purpose of Disbursement Sponsorship for BBQ fundraiser	<table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td> </td> </tr> </table>		Category/Type									
Category/Type												
Candidate Name	Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00									
250.00												
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB21.12053											
State: District:												

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement										
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td> </td> <td></td> <td> </td> <td></td> <td> </td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
City	State	Zip Code										
Purpose of Disbursement	<table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td> </td> </tr> </table>		Category/Type									
Category/Type												
Candidate Name	Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<table border="1"> <tr> <td> </td> </tr> </table>											
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										
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td> </td> <td></td> <td> </td> <td></td> <td> </td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
City	State	Zip Code										
Purpose of Disbursement	<table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td> </td> </tr> </table>		Category/Type									
Category/Type												
Candidate Name	Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<table border="1"> <tr> <td> </td> </tr> </table>											
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).....	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00
250.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00
250.00		

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

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.4842**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDY WEBER</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1327		

City	State	ZIP Code
FRIENDSWOOD	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	11000.00	89000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 30 / Y 2011	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	89000.00
<b>TOTALS</b> This Period (last page in this line only).....	

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

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

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.5921**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDY WEBER</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>
Mailing Address PO BOX 1327		

City	State	ZIP Code
FRIENDSWOOD	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	67500.00	32500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 25 / 2012	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	32500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

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)

Transaction ID : SC/10.7910

**WEBER FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2012

**RANDY WEBER**

Primary

General

Other (specify) ▼

Mailing Address  
PO BOX 1327

City State ZIP Code  
FRIENDSWOOD TX 77549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
25000.00 0.00 25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

11

03

2012

None

0.00

% (apr)

Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... 25000.00  
**TOTALS** This Period (last page in this line only)..... 146500.00

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