

**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

Martin for Congress

ADDRESS (number and street)

184 W 4th Ave

Check if different  
than previously  
reported. (ACC)

Eagar

AZ

85925

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00520759

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

AZ

01

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

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
08 / 09 / 2012

through

M M / D D / Y Y Y Y  
09 / 30 / 2012

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 Chris Marston

Signature of Treasurer

Chris Marston

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 15 / 2012

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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 18

Write or Type Committee Name

Martin for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 9 |   | 2 | 0 | 1 | 2 |

To:

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

|  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....  | 12390.00                | 63840.00                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 12390.00                | 63840.00                           |
| 7. Net Operating Expenditures  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....   | 17828.28                | 66420.85                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....   | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 17828.28                | 66420.85                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....  | 17419.15                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 51844.10                |                                    |

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 18

Write or Type Committee Name

Martin for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 9 |   | 2 | 0 | 1 | 2 |

To:

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

**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).....

10335.00

57685.00

(ii) Unitemized.....

2055.00

6155.00

(iii) TOTAL of contributions from individuals ▶

12390.00

63840.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

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

12390.00

63840.00

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

0.00

0.00

**13. LOANS:**

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

0.00

57000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

57000.00

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

0.00

0.00

**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)..... ▶

12390.00

120840.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 17828.28                      | 66420.85                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 5000.00                       | 37000.00                           |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 5000.00                       | 37000.00                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 22828.28                      | 103420.85                          |

## **III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 27857.43 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 12390.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 40247.43 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 22828.28 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 17419.15 |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Martin for Congress**

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

Mailing Address 123 N Main Street

City State Zip Code  
Taylor AZ 85939

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

Name of Employer Self Occupation Insurance Agent

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
08 24 2012

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period

225.00

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

Mailing Address 149 S Cedar Dr

City State Zip Code  
Snowflake AZ 85937

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

Name of Employer Kay Supply Occupation Executive

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 22 2012

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period

1000.00

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

Mailing Address 156 Rainbow Glen Circle

City State Zip Code  
Madison AL 36758

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

Name of Employer ComCast Occupation Area Director

Receipt For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 23 2012

Transaction ID : SA11AI.4653

Amount of Each Receipt this Period

2500.00

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

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

3725.00

# **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 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Martin for Congress

Full Name (Last, First, Middle Initial)

JaLynne Murray

Mailing Address P. O. Box 868

City

Flint

State

TX

Zip Code

75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Business Owner

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 17    |   | 2012        |

Transaction ID : SA11AI.4649

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Philip R O'Connor

Mailing Address 1318 W George Street  
Apt 3C

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROactive Strategies, Inc

Occupation

Consultant

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 15    |   | 2012        |

Transaction ID : SA11AI.4641

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

scott perkinson

Mailing Address 3410 E Downing St

City

Mesa

State

AZ

Zip Code

85213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Real Estate

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 14    |   | 2012        |

Transaction ID : SA11AI.4639

Amount of Each Receipt this Period

250.00

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 7 OF 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Martin for Congress**

Full Name (Last, First, Middle Initial)

**H Jay Platt**

Mailing Address PO Box 426

City

Saint Johns

State

AZ

Zip Code

85936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Cattle Ranching

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 23    |   | 2012        |

Transaction ID : SA11AI.4655

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Kenneth Reeves**

Mailing Address 41182 Highway 261

City

Eagar

State

AZ

Zip Code

85925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reeves Management Inc

Occupation

Consultant

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 24    |   | 2012        |

Transaction ID : SA11AI.4659

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Stephen Richards**

Mailing Address 1635 Cecile Street

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPPA

Occupation

Consultant

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 24    |   | 2012        |

Transaction ID : SA11AI.4657

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:

PAGE 8 OF 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Martin for Congress

Full Name (Last, First, Middle Initial)

Grant Shaw

Mailing Address 1529 E Falcon Ct

City

Casa Grande

State

AZ

Zip Code

85122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 23    |   | 2012        |

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

James Stansel

Mailing Address 5714 N. 25th Road

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sidley Austin LLP

Occupation

Attorney

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 16    |   | 2012        |

Transaction ID : SA11AI.4647

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Marcia Stewart

Mailing Address 6433 Shady Lane

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Homemaker

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 16    |   | 2012        |

Transaction ID : SA11AI.4645

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 9 OF 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Martin for Congress**

Full Name (Last, First, Middle Initial)

**Tim Stewart**

Mailing Address 6433 Shady Lane

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Consultant

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 16    |   | 2012        |

Transaction ID : SA11AI.4643

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Charles T Walton**

Mailing Address 341 N Pottebaum Rd

City

Casa Grande

State

AZ

Zip Code

85222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

860.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 09    |   | 2012        |

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period

860.00

Full Name (Last, First, Middle Initial)

**Grant D Walton**

Mailing Address 1224 E McMurray Blvd

City

Casa Grande

State

AZ

Zip Code

85122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Dentist

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 23    |   | 2012        |

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period

500.00

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

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

2360.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 18

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Martin for Congress**

Full Name (Last, First, Middle Initial)

**Kent Winterton**

Mailing Address 3311 S 157th Pl

City

Gilbert

State

AZ

Zip Code

85296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 22    |   | 2012        |

Transaction ID : SA11Al.4629

Amount of Each Receipt this Period

750.00

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

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).....

750.00

10335.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

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

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NAME OF COMMITTEE (In Full)

**Martin for Congress**

Full Name (Last, First, Middle Initial)

**A. Circle K**

Mailing Address 2440 Whitehall Park Dr

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 31  |   | 2012    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Charlotte | NC    | 28273    |

Purpose of Disbursement  
Fuel

Amount of Each Disbursement this Period

|         |
|---------|
| 6133.00 |
|---------|

Transaction ID : SB17.4569

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2012

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Circle K**

Mailing Address 2440 Whitehall Park Dr

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 04  |   | 2012    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Charlotte | NC    | 28273    |

Purpose of Disbursement  
Fuel

Amount of Each Disbursement this Period

|       |
|-------|
| 76.00 |
|-------|

Transaction ID : SB17.4577

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2012

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**c. Marcelle Donaldson**

Mailing Address PO Box 1185

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 14  |   | 2012    |

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| Springerville | AZ    | 85938    |

Purpose of Disbursement  
Administrative Consulting

Amount of Each Disbursement this Period

|         |
|---------|
| 6000.00 |
|---------|

Transaction ID : SB17.4563

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2012

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State:

District:

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

6133.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 18

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

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NAME OF COMMITTEE (In Full)

**Martin for Congress**

Full Name (Last, First, Middle Initial)

**A. Super Stop**

Mailing Address 1385 Hancock St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 04  |   | 2012    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Quincy | MA    | 02169    |

Amount of Each Disbursement this Period

|       |
|-------|
| 99.00 |
|-------|

Purpose of Disbursement  
Fuel**Transaction ID : SB17.4575**

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2012

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State: District:

Full Name (Last, First, Middle Initial)

**B. Super Stop**

Mailing Address 1385 Hancock St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 04  |   | 2012    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Quincy | MA    | 02169    |

Amount of Each Disbursement this Period

|       |
|-------|
| 35.46 |
|-------|

Purpose of Disbursement  
Fuel**Transaction ID : SB17.4576**

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2012

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State: District:

Full Name (Last, First, Middle Initial)

**C. Casey Voeks**

Mailing Address 717 South 2575 West

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 14  |   | 2012    |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| Lehi | UT    | 84043    |

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Purpose of Disbursement  
Campaign Consulting**Transaction ID : SB17.4527**

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2012

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State: District:

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

4134.46



# **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 15 OF 18

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

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NAME OF COMMITTEE (In Full)

**Martin for Congress**

Full Name (Last, First, Middle Initial)

**A. Gaither Martin**

Mailing Address 184 W 4th Ave

Date of Disbursement

M M / D D / Y Y Y Y  
09 / 14 / 2012

City State Zip Code  
Eagar AZ 85925

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement  
Loan Repayment

Category/  
Type

Transaction ID : SB19A.4524

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 01

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

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

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

5000.00

5000.00

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

PAGE 16 OF 18

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4285

Martin for Congress

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

**[PERSONAL FUNDS]**

Election: 2012

Gaither Martin

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

184 W 4th Ave

City

State

ZIP Code

Eagar

AZ

85925

Original Amount of Loan

57000.00

Cumulative Payment To Date

37000.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 01 / 2012

Date Due

M M / D D / Y Y Y Y  
/ / 12/21/12

Interest Rate

0.00

% (apr)

Secured:

☐ 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)..... ►

20000.00

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

20000.00

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



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Martin for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Ballard Spahr**

Nature of Debt (Purpose):

Legal Services

Mailing Address 1 E Washington St  
Ste 2300City State Zip Code  
Phoenix AZ 85004

Outstanding Balance Beginning This Period

22196.44

Transaction ID : SD10.4446

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22196.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gaither Martin**

Nature of Debt (Purpose):

Advanced Funds--Expenses to be Reimbursed

Mailing Address 184 W 4th Ave

City State Zip Code  
Eagar AZ 85925

Outstanding Balance Beginning This Period

7224.23

Transaction ID : SD10.4286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7224.23

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gaither Martin**

Nature of Debt (Purpose):

Travel Expenses

Mailing Address 184 W 4th Ave

City State Zip Code  
Eagar AZ 85925

Outstanding Balance Beginning This Period

1440.00

Transaction ID : SD10.4444

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1440.00

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

30860.67

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) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Martin for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gaither Martin**

Nature of Debt (Purpose):

Travel Expenses

Mailing Address 184 W 4th Ave

City State

Zip Code

Eagar

AZ

85925

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4526

Amount Incurred This Period

983.43

Payment This Period

0.00

Outstanding Balance at Close of This Period

983.43

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) .....

983.43

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

31844.10

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

20000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

51844.10