

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

MISSA EATON FOR CONGRESS

ADDRESS (number and street) POST OFFICE BOX 2365

Check if different than previously reported. (ACC)

SHARON

PA

16146

2. **FEC IDENTIFICATION NUMBER**

C C00509869

CITY

STATE

ZIP CODE

STATE DISTRICT

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

PA

03

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 Marcia Radcliffe

Signature of Treasurer Marcia Radcliffe

[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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MISSA EATON 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))....	4057.79	4057.79
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4057.79	4057.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12730.79	12730.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	870.75	870.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11860.04	11860.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

MISSA EATON 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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	4057.79	4057.79
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4057.79	4057.79
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.)	870.75	870.75
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)..... ▶	4928.54	4928.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12730.79	12730.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12730.79	12730.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7802.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4928.54
25. SUBTOTAL (add Line 23 and Line 24).....	12730.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12730.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

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

NAME OF COMMITTEE (In Full)
MISSA EATON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MELISSA ANN Murry EATON

Mailing Address 1401 HIGHLAND RD

City SHARON State PA Zip Code 16146

FEC ID number of contributing federal political committee. **C H2PA03111**

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11D.4197

Amount of Each Receipt this Period
 _____ 900.00

In-kind - Rent Debt Forgiveness

B. Full Name (Last, First, Middle Initial)
MELISSA ANN Murry EATON

Mailing Address 1401 HIGHLAND RD

City SHARON State PA Zip Code 16146

FEC ID number of contributing federal political committee. **C H2PA03111**

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4057.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11D.4199

Amount of Each Receipt this Period
 _____ 3157.79

In-kind - Yard Signs Debt Forgiveness

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 / 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).....

_____ 4057.79

_____ 4057.79

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MISSA EATON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bittner Properties LLC

Mailing Address 2907 Feasler St

City Erie State PA Zip Code 16506

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **668.68**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 06 / 2013

Transaction ID : SA14.4189

Amount of Each Receipt this Period
668.68

Refund of Security Deposit

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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 / 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).....

668.68

668.68

**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 7 OF 11			
	<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)
MISSA EATON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Berkheimer Tax Administrator			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013		
Mailing Address 121 East 2nd Street			Amount of Each Disbursement this Period 236.55		
City Berwick	State PA	Zip Code 18063	Transaction ID : SB17.4141		
Purpose of Disbursement Payroll Taxes		001 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. MELISSA ANN Murry EATON			Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013		
Mailing Address 1401 HIGHLAND RD			Amount of Each Disbursement this Period 2500.00		
City SHARON	State PA	Zip Code 16146	Transaction ID : SB17.4160		
Purpose of Disbursement Rent		001 Category/ Type			
Candidate Name					
Office Sought:	<input checked="" 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: PA	District: 03				

Full Name (Last, First, Middle Initial) C. MELISSA ANN Murry EATON			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013		
Mailing Address 1401 HIGHLAND RD			Amount of Each Disbursement this Period 908.64		
City SHARON	State PA	Zip Code 16146	Transaction ID : SB17.4166		
Purpose of Disbursement Yard Signs		001 Category/ Type			
Candidate Name					
Office Sought:	<input checked="" 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: PA	District: 03				

SUBTOTAL of Disbursements This Page (optional).....	3645.19
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 8 OF 11			
	<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)
MISSA EATON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MELISSA ANN Murry EATON			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address 1401 HIGHLAND RD			Amount of Each Disbursement this Period 900.00
City SHARON	State PA	Zip Code 16146	
Purpose of Disbursement In-kind - Rent Debt Forgiveness		Category/ Type	Transaction ID : SB17.4198
Candidate Name			
Office Sought: <input checked="" 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: PA	District: 03		

Full Name (Last, First, Middle Initial) B. MELISSA ANN Murry EATON			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address 1401 HIGHLAND RD			Amount of Each Disbursement this Period 3157.79
City SHARON	State PA	Zip Code 16146	
Purpose of Disbursement In-kind - Yard Signs Debt Forgiveness		Category/ Type	Transaction ID : SB17.4200
Candidate Name			
Office Sought: <input checked="" 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: PA	District: 03		

Full Name (Last, First, Middle Initial) c. Pennsylvania Department of Revenue			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2013
Mailing Address PO Box 280901			Amount of Each Disbursement this Period 481.89
City Harrisburg	State PA	Zip Code 17128	
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : SB17.4137
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:		

SUBTOTAL of Disbursements This Page (optional).....	4539.68
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 9 OF 11	
	<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)
MISSA EATON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Pennsylvania Unemployment Compensation Fund		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2013
Mailing Address 333 Market St 16th Fl		Amount of Each Disbursement this Period 440.10 Transaction ID : SB17.4139
City Harrisburg	State PA Zip Code 17101	
Purpose of Disbursement	Category/Type 001	
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. RGC Development		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address PO Box 68		Amount of Each Disbursement this Period -200.00 Transaction ID : SB17.4167
City Bath	State PA Zip Code 18014	
Purpose of Disbursement Void of uncashed refund check	Category/Type 001	
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) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 3876.57 Transaction ID : SB17.4136
City Cincinnati	State OH Zip Code 45280	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	4116.67
TOTAL This Period (last page this line number only).....	12301.54

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

MISSA EATON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MELISSA ANN Murry EATON

Mailing Address 1401 HIGHLAND RD

City State Zip Code
 SHARON PA 16146

Nature of Debt (Purpose):
 Rent

Outstanding Balance Beginning This Period **Transaction ID : SD10.4150**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MELISSA ANN Murry EATON

Mailing Address 1401 HIGHLAND RD

City State Zip Code
 SHARON PA 16146

Nature of Debt (Purpose):
 Yard Signs

Outstanding Balance Beginning This Period **Transaction ID : SD10.4153**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4150

(Current loan amount of 900.00 from a balance of 900.00 has been forgiven)

Form/Schedule: SD10

Transaction ID: SD10.4153

(Current loan amount of 3157.79 from a balance of 3157.79 has been forgiven)