PAGE 1 / 8

FEC FORM 3	AND D	T OF RE ISBURSE Authorized Co	EMENTS			Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRI	NT V	Example: If typin over the lines.	g, type	12FE4M5	
				<u> </u>	<u> </u>	
ADDRESS (number ar			112			
Check if dif than previou reported. (A	usly   NASHVILLE	<u> </u>				37209 
2. FEC IDENTIFIC	CATION NUMBER V	CITY			STATE	
C C0051954	46	3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT
(a) Quarterly R April 15	5 Quarterly Report (Q1) Quarterly Report (Q2)	(b) 12-Day <b>P</b>	RE-Election Repo Primary (12P Convention (		General (1 Special (1)	
	r 15 Quarterly Report (Q3)	Election	on			State of
January	/ 31 Year-End Report (YE)	(c) 30-Day <b>P</b>	OST-Election Rep General (30G		Runoff (30	R) Special (30S)
Termina	ation Report (TER)	Election	on/	D D /	Y Y Y Y	in the State of
5. Covering Period	M M / D D 04 01	/ Y Y Y Y 2015	through	м м 06	/ D D / 30	Y Y Y Y 2015
I certify that I have e Type or Print Name	examined this Report and of TreasurerThomas C.	-	knowledge and	belief it is tru	ue, correct and	l complete.
Signature of Treasure	er Thomas C. Arnold		[Electronically]	Filed] D	pate	/ D D / Y Y Y Y 14 2015
NOTE: Submission of Office	false, erroneous, or incom	plete information m	ay subject the per	son signing t	his Report to th	ne penalties of 2 U.S.C. §437g.
Use Only						FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE** of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2/8

## Write or Type Committee Name LOU ANN FOR CONGRESS D D D 04 06 30 2015 01 2015 Report Covering the Period: From: To: COLUMN A COLUMN B This Period **Election Cycle-to-Date** 6. Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ..... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) ..... 8. Cash on Hand at Close of 128.32 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 228000.00 Schedule C and/or Schedule D) .....

## For further information contact:

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

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

Γ	FEC Form 3 (Revised 12/2003)	TAILED SUMMARY PAGE of Receipts	PAGE 3 / 8
	Vrite or Type Committee Name		
R	Report Covering the Period: From: 04	/ D D / Y Y Y Y 01 2015 To:	M         M         /         D         D         /         Y
	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	0.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than loans)		
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
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	0.00	0.00
16	(Dividends, Interest, etc.)		
10.	11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00

Image# 201507149000118108

Image# 201507149000118109

FEC Form 3 (Revised 02/2003)

## DETAILED SUMMARY PAGE

of Disbursements

PAGE 4/8

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17. OPERATING EXPENDITURES	0.00	0.00	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
<ul> <li>19. LOAN REPAYMENTS:</li> <li>(a) Of Loans Made or Guaranteed by the Candidate</li> <li>(b) Of All Other Loans</li></ul>	0.00	0.00 7 0.00 0.00	
<ul> <li>20. REFUNDS OF CONTRIBUTIONS TO:         <ul> <li>(a) Individuals/Persons Other Than Political Committees</li> <li>(b) Political Party Committees</li> </ul> </li> </ul>	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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00	

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	128.32
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25. SUBTOTAL (add Line 23 and Line 24)	128.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	128.32

CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page
AME OF COMMITTEE (In Full) OU ANN FOR CONGRESS		Transaction ID : SC/10.4109
LOAN SOURCE Full Name (Last, First, LOU ANN ZELENIK	Middle Initial)	[PERSONAL FUNDS] Election: 2012 Primary General
Mailing Address 2620 SEQUOYA TRACE		Other (specify)
City	State	ZIP Code
MURFREESBORO	TN	37127
Original Amount of Loan 15000.00	Cumulative Pa	Image: memory of the second
TERMS Date Incurred	Γ	ate Due Interest Rate Secured:
	M M / D D	<sup>7</sup> <sup>v</sup> 01/01/2020 <sup>v</sup> 0.00 % (apr)
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	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:
UBTOTALS This Period This Page (optional	al)	15000.00
<b>TOTALS</b> This Period (last page in this line of	only)	

CHEDULE C (FEC Form 3) OANS		Use separate schedule for each category of th Detailed Summary Pag	(check only one) X 13a
IAME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4111
LOAN SOURCE Full Name (Last, First LOU ANN ZELENIK Mailing Address	, Middle Initial)	[PERSONAL FUNDS]	Election: 2012 X Primary General Other (specify) ▼
2620 SEQUOYA TRACE	State ZIP C	`odo	
MURFREESBORO	TN 3712		
Original Amount of Loan 200000.00	Cumulative Payment 1	To Date Bala	nce Outstanding at Close of This Peri 200000.00
TERMS       Date Incurred         M06       /       29       /       ¥       2012       Y         List All Endorsers or Guarantors (if an 1. Full Name (Last, First, Middle Initial)	ny) to Loan Source	e Interest Rate 01/01/2020 <sup>Y</sup> 0.00 Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial) Mailing Address		Name of Employer Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	g. 1 1 g. 1 1 m. 1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · ·
SUBTOTALS This Period This Page (optio		H	200000.00

Image# 201507149000118111

HEDULE C (FEC Form 3 ANS ME OF COMMITTEE (In Full)	3)	Use separate schedule(s) for each category of the Detailed Summary Page Transaction ID : SC/10.4112
OU ANN FOR CONGRESS		
LOAN SOURCE Full Name (Last, F LOU ANN ZELENIK	irst, Middle Initial)	[PERSONAL FUNDS] Election: 2012 Primary General
Mailing Address 2620 SEQUOYA TRACE		Other (specify) ▼
City	State	ZIP Code
MURFREESBORO	TN	37127
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Peri
8000.1	00	0.00 8000.00
TERMS Date Incurred		Date Due Interest Rate Secured:
M08 / D1D / Y 2012	Y M M / D I	<sup>7</sup> <sup>Y</sup> 12/31/2022 <sup>Y</sup> 0.00 % (apr) Yes N
List All Endorsers or Guarantors (in	• •	
1. Full Name (Last, First, Middle Ini	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
JBTOTALS This Period This Page (or DTALS This Period (last page in this		

HEDULE C (FEC Form 3					
ANS	3)			Use separate schedu for each category of Detailed Summary Pa	the (check only one) X 13a
ME OF COMMITTEE (In Full) DU ANN FOR CONGRESS				Transa	action ID : SC/10.4113
LOAN SOURCE Full Name (Last, Fi LOU ANN ZELENIK	rst, Mid	dle Initial)		[PERSONAL FUNDS]	Election: 2012 Primary General
Mailing Address 2620 SEQUOYA TRACE					Other (specify)
City		State	ZIP (	Code	
MURFREESBORO		TN	3712	7	
Original Amount of Loan	_	Cumulativ	e Payment		alance Outstanding at Close of This Per
5000.0	00	L	9	0.00	5000.00
TERMS Date Incurred			Date Du	le Interest Ra	ate Secured:
M08 <sup>M</sup> / D21 <sup>D</sup> / Y 2012	Y	/ M /	DD/	<sup>Y</sup> 12/31/2023 <sup>Y</sup> 0.0	00 % (apr)
List All Endorsers or Guarantors (if	• ·	Loan So	urce		
1. Full Name (Last, First, Middle Init	ial)			Name of Employer	
Mailing Address				Occupation	
City S	State	ZIP Cod	e	Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City S	State	ZIP Cod	e	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
3. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City S	State	ZIP Cod	e	Amount Guaranteed Outstanding:	- y - 1 - y - y
4. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City S	State	ZIP Cod	e	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (op	tional)			· ······	5000.00

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