

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED

OCT 20 AM 11:49  
Office Use Only

1200 MAIL CENTER

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

JAMES BRYAN FOR CONGRESS

ADDRESS (number and street)

18321 STOKES RD

Check if different than previously reported. (ACC)

LAUREL HILL FL 32567-2004

2. FEC IDENTIFICATION NUMBER ▼

C00555201

CITY ▲ STATE ▲ ZIP CODE ▲  
STATE ▼ DISTRICT

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

FL 011

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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

08 / 15 / 2014 through 09 / 30 / 2014

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 JAMES E. BRYAN

Signature of Treasurer

*James E. Bryan*

Date

10 / 11 / 2014

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**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

**JAMES E. BRYAN FOR CONGRESS**

Report Covering the Period: From:

08 / 15 / 2014

To:

09 / 30 / 2014

	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)) ....	1654.88	8651.28
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1654.88	8651.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	499.17	505.29
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	499.17	505.29
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	1156.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on 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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**JAMES E. BRYAN FOR CONGRESS**

Report Covering the Period: From:

08 / 15 / 2014

To:

09 / 30 / 2014

**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).....

971.54

4228.54

(ii) Unitemized.....

3633.4

3288.34

(iii) TOTAL of contributions from individuals ▶

1334.88

7516.88

(b) Political Party Committees.....

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

320.00

1134.40

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

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

1654.88

8651.28

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

13. LOANS:

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

(b) All Other Loans.....

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

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

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

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

1654.88

8651.28

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....

499.17

505.29

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES.....

19. LOAN REPAYMENTS:

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

(b) Of All Other Loans.....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees.....

(b) Political Party Committees.....

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

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS.....

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

499.17

505.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

1.20

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

1,654.88

25. SUBTOTAL (add Line 23 and Line 24).....

1,656.08

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

499.17

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

1,156.91

**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  11b  11c  11d  
 12  13a  13b  14  15

PAGE 1 OF 3

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)  
**JAMES E. BRYAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Swanson, Patricia**

Mailing Address  
**1132 Navarre Pkwy Apt. 206**

City **Navarre** State **FL** Zip Code **32566**

FEC ID number of contributing federal political committee. **C00555201**

Name of Employer **retired** Occupation **n/a**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **15000**

Date of Receipt **09/11/2014**

Amount of Each Receipt this Period **5000**

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

Mailing Address  
**306 Holmes Rd**

City **Fort Walton Beach** State **FL** Zip Code **32548-4102**

FEC ID number of contributing federal political committee. **C00555201**

Name of Employer **retired** Occupation **n/a**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **15000**

Date of Receipt **09/14/2014**

Amount of Each Receipt this Period **5000**

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

Mailing Address  
**481 Andrew Dr**

City **Valparaiso** State **FL** Zip Code **32580-1104**

FEC ID number of contributing federal political committee. **C00555201**

Name of Employer **retired** Occupation **n/a**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **423.34**

Date of Receipt **08/27/2014**

Amount of Each Receipt this Period **6334**

**SUBTOTAL** of Receipts This Page (optional)..... **16334**

**TOTAL** 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)

11a  11b  11c  11d  15

12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**JAMES E. BAYAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**Lehr, Bettie**

Mailing Address  
**21 Japonica Lane**

City **Shalimar** State **FL** Zip Code **32579-1198**

FEC ID number of contributing federal political committee. **C00555201**

Name of Employer **Retired** Occupation **n/a**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **45000**

Date of Receipt  
**08' 15' 2014**

Amount of Each Receipt this Period  
**10000**

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

Mailing Address  
**21 Japonica Lane**

City **Shalimar** State **FL** Zip Code **32579-1198**

FEC ID number of contributing federal political committee. **C00555201**

Name of Employer **Retired** Occupation **n/a**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **55000**

Date of Receipt  
**09' 11' 2014**

Amount of Each Receipt this Period  
**10000**

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

Mailing Address  
**1000 Bay Drive, Unit 506**

City **Niceville** State **FL** Zip Code **32578**

FEC ID number of contributing federal political committee. **C00555201**

Name of Employer **n/a** Occupation **retired**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **50000**

Date of Receipt  
**08' 15' 2014**

Amount of Each Receipt this Period  
**50000**

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

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

**70000**

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

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

FOR LINE NUMBER: PAGE 3 OF 3  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
James E. Bryan for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rowe, Patricia

Mailing Address  
481 Andrew Dr

City Valparaiso FL State 32580 Zip Code

FEC ID number of contributing federal political committee. C 00555201

Name of Employer Retired Occupation n/a

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date 89488

Date of Receipt 08 / 27 / 2014

Amount of Each Receipt this Period 471.54

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... 471.54

**TOTAL** This Period (last page this line number only)..... 1,334.88

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

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

FOR LINE NUMBER: PAGE 1 OF 1  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**James E. Bryan for Congress**

Full Name (Last, First, Middle Initial)  
**Act Blue**

Mailing Address  
**366 Summer St.**

City **Sommerville** State **MA** Zip Code **02144**

FEC ID number of contributing federal political committee. **C00555201**

Name of Employer **na** Occupation **PAC**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**434.40**

Date of Receipt  
**09 / 30 / 2014**

Amount of Each Receipt this Period  
**320.00**

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

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

Amount of Each Receipt this Period

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

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

**320.00**

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**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 1 OF 3

<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)

James E. Bryan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Bryan, James

M	M	D	D	Y	Y	Y	Y
0	8	2	9	2	0	1	4

Mailing Address

8321 Stokes Rd.

City

Laurel Hill FL

State Zip Code

32567-2004

Purpose of Disbursement

magnetic signs for cars

Candidate Name

James E. Bryan for Congress

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District: 01

Amount of Each Disbursement this Period

1	0	0	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Bryan, James

M	M	D	D	Y	Y	Y	Y
0	9	1	3	2	0	1	4

Mailing Address

8321 Stokes Rd.

City

Laurel Hill FL

State Zip Code

32567-2004

Purpose of Disbursement

business cards

Candidate Name

James E. Bryan for Congress

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District: 01

Amount of Each Disbursement this Period

1	0	5	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Bryan, James

M	M	D	D	Y	Y	Y	Y
0	9	2	0	2	0	1	4

Mailing Address

8321 Stokes Rd

City

Laurel Hill FL

State Zip Code

32567-2004

Purpose of Disbursement

name tag

Candidate Name

James E. Bryan

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District: 01

Amount of Each Disbursement this Period

4	0	0	0	0
---	---	---	---	---

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

2	4	5	0	0
---	---	---	---	---

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

2	4	5	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 3

<input checked="" type="checkbox"/> 17	<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)

James E. Bryan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Bryan, James

08' 28' 2014

Mailing Address

8321 Stokes

City Laurel Hill FL State Zip Code

32567-2004

Amount of Each Disbursement this Period

Purpose of Disbursement

gas

6500

Candidate Name

James E. Bryan for Congress

Category/  
Type

Office Sought:  House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: FL District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Bryan, James

09' 05' 2014

Mailing Address

8321 Stokes

City Laurel Hill FL State Zip Code

32567-2004

Amount of Each Disbursement this Period

Purpose of Disbursement

gas

7100

Candidate Name

James E. Bryan for Congress

Category/  
Type

Office Sought:  House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: FL District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Bryan, James

09' 07' 2014

Mailing Address

8321 Stokes Rd

City Laurel Hill FL State Zip Code

32567-2004

Amount of Each Disbursement this Period

Purpose of Disbursement

gas

2373

Candidate Name

James E. Bryan for Congress

Category/  
Type

Office Sought:  House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: FL District: 01

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

15973

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 3 OF 3

<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)

James E. Bryan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 ' 08 ' 2014

A.

Bryan, James

Mailing Address

8321 Stokes Rd.

City

Laurel Hill

State

FL

Zip Code

32567-2004

Purpose of Disbursement

Phone minutes

Candidate Name

James E. Bryan for Congress

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District: 01

Amount of Each Disbursement this Period

477.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 ' 07 ' 2014

B.

Bryan, James

Mailing Address

8321 Stokes

City

Laurel Hill

State

FL

Zip Code

32567-2004

Purpose of Disbursement

gas

Candidate Name

James E. Bryan for Congress

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District: 01

Amount of Each Disbursement this Period

31.21

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 ' 09 ' 2014

C.

Bryan, James

Mailing Address

8321 Stokes

City

Laurel Hill

State

FL

Zip Code

32567-2004

Purpose of Disbursement

gas

Candidate Name

James E. Bryan for Congress

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District: 01

Amount of Each Disbursement this Period

155.30

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

944.40

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

499.17

Rowe  
481 Andrew Dr  
Valparaiso, FL 32580

CERTIFIED MAIL™



7013 2250 0001 2461 5739

U.S. POSTAGE  
PAID  
VALPARAISO, FL  
32580  
OCT 20 14  
AMOUNT

\$4.21  
00024713-02



OCT 20 AM 11:49  
MAIL CENTER

RECEIVED

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

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/14/2014
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PY

10/20/2014

PREPARER  
(8/2013)

DATE PREPARED

NON-FUNCTIONAL