

**FEC  
FORM 3**

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

RECEIVED  
FEC MAIL CENTER  
2015 DEC 23 AM 11:47  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

M MARK MITCHELL FOR CONGRESS

ADDRESS (number and street)

1720 CRAIG STREET



Check if different than previously reported. (ACC)

FORT WORTH TX 76114-7214

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00552950

3. IS THIS REPORT



NEW (N) OR



AMENDED (A)

STATE ▼ DISTRICT

TX 33

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

10 01 2015

through

12 31 2015

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

Hannah Young

Signature of Treasurer

Hannah Young

Date

12 23 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

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

M. MARIL MITCHELL FOR CONGRESS

Report Covering the Period: From:

10 01 2015

To:

12 31 2015

**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)) ....

000

000

(b) Total Contribution Refunds  
(from Line 20(d)) .....

000

000

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

000

000

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

3,125.00

3,125.00

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

000

000

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

3,125.00

3,125.00

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

50.00

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

000

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

000

**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

Write or Type Committee Name

M MARK MITCHELL FOR CONGRESS

Report Covering the Period: From: 10 / 01 / 2015 To: 12 / 31 / 2015

**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) .....

000

000

(ii) Unitemized .....

000

000

(iii) TOTAL of contributions from individuals .....

000

000

(b) Political Party Committees .....

000

000

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

000

000

(d) The Candidate .....

000

000

(e) TOTAL CONTRIBUTIONS

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

000

000

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

000

000

13. LOANS:

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

317500

317500

(b) All Other Loans .....

000

000

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

317500

317500

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

000

000

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

000

000

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

317500

317500

NON-FEDERAL CAMPAIGN FINANCING

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

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

FOR LINE NUMBER: PAGE OF  
(check only one)

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

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)  
**M MARK MITCHELL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A.** Mailing Address

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

City State Zip Code

Amount of Each Receipt this Period

--

FEC ID number of contributing federal political committee.

C
---

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

--

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

City State Zip Code

Amount of Each Receipt this Period

--

FEC ID number of contributing federal political committee.

C
---

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

--

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

City State Zip Code

Amount of Each Receipt this Period

--

FEC ID number of contributing federal political committee.

C
---

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

--

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

--

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

000
-----

UNIVERSITY MICROFILMS INTERNATIONAL

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

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)  
**M. MARK MITCHELL FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial)  
**Republican Party of TEXAS**

Mailing Address  
**20 E 7th Street #915**

City  
**Austin, TX** State Zip Code

Purpose of Disbursement  
**FILING FEE FOR US CONGRESS**

Candidate Name  
**M. MARK MITCHELL**

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

State: **TX** District: **33**

Date of Disbursement  
**11 / 30 / 2015**

Amount of Each Disbursement this Period  
**312500**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

**312500**

2015-11-03 10:00:00 AM

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....	31,250.00	31,250.00
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) ▶	31,250.00	31,250.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31,750.00
25. SUBTOTAL (add Line 23 and Line 24).....	31,750.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31,250.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	50.00

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full)  
*M MARK MITCHELL FOR CONGRESS*

LOAN SOURCE Full Name (Last, First, Middle Initial)  
*MITCHELL, MONTE M*

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
*7220 CRAIG STREET*

City State ZIP Code  
*Fort Worth, TX 76112*

Original Amount of Loan <i>317500</i>	Cumulative Payment To Date <i>000</i>	Balance Outstanding at Close of This Period <i>317500</i>
--	--	--

TERMS

Date Incurred <i>MM 30 2015</i>	Date Due <i>12 31 2016</i>	Interest Rate <i>3.00</i> % (apr)	Secured: <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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/>
TOTALS This Period (last page in this line only).....	<i>317500</i>

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

2015-01-10 10:00:00 AM

# SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)  <i>M MARK MITCHELL FOR CONGRESS</i>	FEC IDENTIFICATION NUMBER <b>000552950</b>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <input type="text"/>	Interest Rate (APR) <input type="text"/> %
Mailing Address	Date Incurred or Established	<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code	Date Due	<input type="text"/> / <input type="text"/> / <input type="text"/>

A. Has loan been restructured?  No  Yes If yes, date originally incurred  /  /

B. If line of credit, Amount of this Draw:  Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Date account established:  
 /  /

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
---	--

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
--	-------	--

NON-FUNCTIONAL INFORMATION



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
*M MARK MITCHELL FOR CONGRESS*

A. 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	

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	

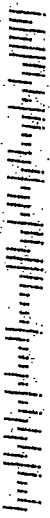
1) SUBTOTALS This Period This Page (optional) .....	<input type="text" value="000"/>
2) TOTALS This Period (last page this line number only) .....	<input type="text" value="000"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="317500"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="317500"/>

2001-01-000001-NO-001-NFL-UNION

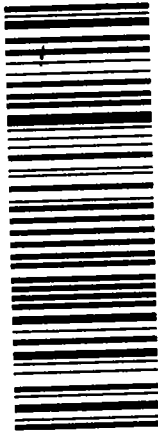


011010000 1 W0 1 0 W 1 N T 1 1 1 1 0 N

**M** Monte Mitchell  
7220 Craig Street  
Fort Worth, Texas 76112



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL**



7015 1730 0002 3808 8100



1000



20463

U.S. POSTAGE  
PAID  
FORT WORTH, TX  
76112  
DEC 23 15  
AMOUNT  
**\$4.87**  
R2304M114550-05


RECEIVED  
PEC MAIL CENTER  
2015 DEC 30 AM 11:47

Federal Election Commission  
999 E. Street, NW  
Washington, D.C. 20463

7015 1730 0002 3808 8100

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 Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>12-23-15</i>
<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

 PREPARER (3/2015)	<i>12-30-15</i> DATE PREPARED
---	----------------------------------

NON-FUNCTIONAL DOCUMENT