

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

Muir Boda for Congress

ADDRESS (number and street)

619 Decatur Ave

Check if different than previously reported. (ACC)

Salisbury

MD

21804

2. FEC IDENTIFICATION NUMBER ▼

C C00521047

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MD

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

through

M M /

D D /

Y Y Y Y

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 Deborah Ann Anderson

Signature of Treasurer Deborah Ann Anderson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Write or Type Committee Name
Muir Boda 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))....	317.85	317.85
(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)).....	317.85	317.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	315.10	315.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	315.10	315.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	154.25	
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).....	151.50	

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

Muir Boda 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.....	100.00	100.00
(iii) TOTAL of contributions from individuals ▶	100.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	217.85	217.85
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	317.85	317.85
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	151.50	151.50
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	151.50	151.50
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)..... ▶	469.35	469.35

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	315.10	315.10
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) ►	315.10	315.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	469.35
25. SUBTOTAL (add Line 23 and Line 24).....	469.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	315.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	154.25

**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 9
	<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)
Muir Boda for Congress

A. Full Name (Last, First, Middle Initial)
MUIR WAYNE Wayne BODA

Mailing Address 619 DECATUR AVE

City SALISBURY State MD Zip Code 21804

FEC ID number of contributing federal political committee. **C H2MD01170**

Name of Employer Walmart Stores Inc Occupation Asset Protection Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 30.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11D.4110

Amount of Each Receipt this Period
 _____ 30.00

In-kind - Website Space Upgrade

B. Full Name (Last, First, Middle Initial)
MUIR WAYNE Wayne BODA

Mailing Address 619 DECATUR AVE

City SALISBURY State MD Zip Code 21804

FEC ID number of contributing federal political committee. **C H2MD01170**

Name of Employer Walmart Stores Inc Occupation Asset Protection Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 180.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : SA11D.4109

Amount of Each Receipt this Period
 _____ 150.00

Opening of Campaign Bank Account

C. Full Name (Last, First, Middle Initial)
MUIR WAYNE Wayne BODA

Mailing Address 619 DECATUR AVE

City SALISBURY State MD Zip Code 21804

FEC ID number of contributing federal political committee. **C H2MD01170**

Name of Employer Walmart Stores Inc Occupation Asset Protection Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 217.85

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : SA11D.4113

Amount of Each Receipt this Period
 _____ 37.85

In-kind - Business Cards

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

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

_____ 217.85

_____ 217.85

**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 9
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Muir Boda for Congress

A. Full Name (Last, First, Middle Initial)
MUIR WAYNE Wayne BODA

Mailing Address 619 DECATUR AVE

City SALISBURY State MD Zip Code 21804

FEC ID number of contributing federal political committee. **C H2MD01170**

Name of Employer Walmart Stores Inc Occupation Asset Protection Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
337.85

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SA13A.4118

Amount of Each Receipt this Period
120.00

Loan for T-Shirts

B. Full Name (Last, First, Middle Initial)
MUIR WAYNE Wayne BODA

Mailing Address 619 DECATUR AVE

City SALISBURY State MD Zip Code 21804

FEC ID number of contributing federal political committee. **C H2MD01170**

Name of Employer Walmart Stores Inc Occupation Asset Protection Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
369.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA13A.4127

Amount of Each Receipt this Period
31.50

Campaign Brochures

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).....

151.50

151.50

**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 9
	<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)
Muir Boda for Congress

Full Name (Last, First, Middle Initial) A. Robinson's		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 1520 South Salisbury Blvd		Amount of Each Disbursement this Period 225.50 Transaction ID : SB17.4119
City Salisbury State MD Zip Code 21801	Purpose of Disbursement Campaign T-Shirts Category/Type 006	
Candidate Name Muir Boda for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 01		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement 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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement 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:		

SUBTOTAL of Disbursements This Page (optional).....	225.50
TOTAL This Period (last page this line number only).....	225.50

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Muir Boda for Congress

Transaction ID : **SC/10.4118**

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

[PERSONAL FUNDS]

MUIR WAYNE Wayne BODA

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
619 DECATUR AVE

City State ZIP Code
SALISBURY MD 21804

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
120.00 0.00 120.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 18 / Y 2012 M M / D D / Y 11/20/2012 0.00 % (apr) 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)..... ▶ 120.00

TOTALS This Period (last page in this line only)..... ▶ []

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

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

NAME OF COMMITTEE (In Full) **Muir Boda for Congress** Transaction ID : **SC/10.4127**

LOAN SOURCE Full Name (Last, First, Middle Initial) MUIR WAYNE Wayne BODA	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 619 DECATUR AVE		

City	State	ZIP Code
SALISBURY	MD	21804

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
31.50	0.00	31.50

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 26 / Y 2012	M M / D D / Y 11/30/2012	0.00 % (apr)	<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 style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="31.50"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="151.50"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	