

# 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

M. Mark Mitchell for US Congress

ADDRESS (number and street)

7220 Craig Street

Check if different than previously reported. (ACC)

Fort Worth

TX

76112

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C 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

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

11 / 08 / 2016

in the State of

TX

5. Covering Period

M M / D D / Y Y Y Y

10 / 20 / 2016

through

M M / D D / Y Y Y Y

11 / 28 / 2016

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

Young, Hannah, , ,

Signature of Treasurer

Young, Hannah, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

11 / 25 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**M. Mark Mitchell for US Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	2525.00	9393.54
(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)).....	2525.00	9393.54
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	23627.95	40986.31
(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)).....	23627.95	40986.31
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	-25519.57	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	7008.04	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	47680.01	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

M. Mark Mitchell for US Congress

Report Covering the Period: From: 10 / 20 / 2016 To: 11 / 28 / 2016

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 08 / 2016 (date of general election)	COLUMN C Total for 11 / 09 / 2016 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
<b>(a) Individuals/Persons Other than Political Committees</b>		
<b>(i) Itemized (use Schedule A)</b>		
2500.00	7625.00	0.00
<b>(ii) Unitemized</b>		
25.00	1700.05	0.00
<b>(iii) Total of contributions from individuals</b>		
2525.00	9325.05	0.00
<b>(b) Political Party Committees</b>		
0.00	0.00	0.00
<b>(c) Other Political Committees</b>		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 27

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	68.49	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
2525.00	9393.54	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	12731.24	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	12731.24	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
2525.00	22124.78	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 27

Write or Type Committee Name

M. Mark Mitchell for US Congress

Report Covering the Period: From:  /  /  To:  /  /

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
23627.95	40986.31	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 27

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

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

0.00	0.00	0.00
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**21. OTHER DISBURSEMENTS**

7008.04	0.00	7008.04
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

30635.99	40986.31	7008.04
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

2525.00	9393.54	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

23627.95	40986.31	0.00
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2591.42
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	2525.00
25. SUBTOTAL (add Line 23 and Line 24).....	5116.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30635.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	-25519.57

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

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

FOR LINE NUMBER: PAGE 7 OF 27  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 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)  
**M. Mark Mitchell for US Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robertson, Roberta, , ,**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2016

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period  
2500.00

Memo Item  
In-kind - administrative services

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	2500.00

# 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 8 OF 27
<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)  
**M. Mark Mitchell for US Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mitchell, Monte, Mark, ,**

Mailing Address 7220 Craig Street

City Fort Worth	State TX	Zip Code 76112
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician & Attorney
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12819.73

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

**Transaction ID : SA11D.4242**

Amount of Each Receipt this Period  

3265.31
---------

Memo Item  
Advertising Expenses

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

Mailing Address 7220 Craig Street

City Fort Worth	State TX	Zip Code 76112
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician & Attorney
--------------------------	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12819.73

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

**Transaction ID : SA11D.4262**

Amount of Each Receipt this Period  

1400.00
---------

Memo Item  
Advertising Expense Seeking reimbursement

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

Mailing Address 7220 Craig Street

City Fort Worth	State TX	Zip Code 76112
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician & Attorney
--------------------------	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12819.73

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

**Transaction ID : SA11D.4263**

Amount of Each Receipt this Period  

1458.75
---------

Memo Item  
Personel Expenses seeking reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	0.00
<b>TOTAL</b> 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)		PAGE 9 OF 27	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**M. Mark Mitchell for US Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mitchell, Monte, Mark, ,**

Mailing Address 7220 Craig Street

City Fort Worth	State TX	Zip Code 76112
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician & Attorney
--------------------------	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12819.73

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

**Transaction ID : SA11D.4274**

Amount of Each Receipt this Period  
1500.00

Memo Item  
Payment to MPAC. Seeking reimbursement

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

Mailing Address 7220 Craig Street

City Fort Worth	State TX	Zip Code 76112
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician & Attorney
--------------------------	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12819.73

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 03 / 2016

**Transaction ID : SA11D.4288**

Amount of Each Receipt this Period  
10525.96

Memo Item  
Advertising Expenses to be reimbursed

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

Mailing Address 7220 Craig Street

City Fort Worth	State TX	Zip Code 76112
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician & Attorney
--------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12819.73

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

**Transaction ID : SA11D.4290**

Amount of Each Receipt this Period  
5265.00

Memo Item  
Advertising Expenses to be reimbursed

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	0.00

**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 10 OF 27	
	<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)  
**M. Mark Mitchell for US Congress**

Full Name (Last, First, Middle Initial) <b>A. Gotprint</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2016
Mailing Address 1001 Nolen Drive		FEC Identification Number C
City Grapevine	State TX	Zip Code 76051
Purpose of Disbursement Advertising Expense	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3265.31	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4294
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Govea, Alberto, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016
Mailing Address 1500 Circle Drive		FEC Identification Number C
City Fort Worth	State TX	Zip Code 76119
Purpose of Disbursement Advertising Expense	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 275.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4300
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Lowe's Home Improvement</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2016
Mailing Address 1111 Eastchase Parkway		FEC Identification Number C
City Fort Worth	State TX	Zip Code 76120
Purpose of Disbursement Advertising Expense	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 395.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4292
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3935.61
<b>TOTAL</b> 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 11 OF 27	
	<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)  
**M. Mark Mitchell for US Congress**

Full Name (Last, First, Middle Initial) <b>A. Metroplex Mail Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016
Mailing Address 1352 Exchange Drive		FEC Identification Number C
City Richardson	State TX	Zip Code 75081
Purpose of Disbursement Advertising Expense		Amount of Each Disbursement this Period 10525.96
Candidate Name		Transaction ID : SB17.4296
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robertson, Roberta, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement In-kind - administrative services		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB17.4277
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sly and Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016
Mailing Address 501 Royal Glade Drive		FEC Identification Number C
City Keller	State TX	Zip Code 76248
Purpose of Disbursement Advertising Expense		Amount of Each Disbursement this Period 5265.00
Candidate Name		Transaction ID : SB17.4298
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18290.96
<b>TOTAL</b> 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 12 OF 27	
	<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)  
**M. Mark Mitchell for US Congress**

Full Name (Last, First, Middle Initial) <b>A. Stars and Stripes, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016	
Mailing Address 7560 W. 100th Pl.			FEC Identification Number C	
City Bridgeview	State IL	Zip Code 60455	Amount of Each Disbursement this Period 1400.00	
Purpose of Disbursement Advertising Expense		Category/ Type	Transaction ID : SB17.4295	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	23626.57

**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 13 OF 27			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**M. Mark Mitchell for US Congress**

Full Name (Last, First, Middle Initial) <b>A. M. Mark Mitchell for US Congress</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2016		
Mailing Address 7220 Craig Street			FEC Identification Number <b>C</b> C00552950		
City Fort Worth	State TX	Zip Code 76112	Amount of Each Disbursement this Period 7008.04		
Purpose of Disbursement Loan Payback		Category/ Type	Transaction ID : <b>SB21.4305</b>		
Candidate Name <b>Mitchell, Monte, Mark, ,</b>		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>				
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7008.04
<b>TOTAL</b> This Period (last page this line number only).....▶	7008.04

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

NAME OF COMMITTEE (In Full) **M. Mark Mitchell for US Congress** Transaction ID : **SC/9.4305**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>M. Mark Mitchell for US Congress</b>		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	ZIP Code 76112	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 7008.04	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7008.04
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<b>TERMS</b>	Date Incurred M 11 / D 14 / Y 2016	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7008.04
<b>TOTALS</b> This Period (last page in this line only).....▶	7008.04

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) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4144**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	ZIP Code 76112	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3175.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3175.00
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<b>TERMS</b>	Date Incurred M 11 / D 30 / Y 2015	Date Due M / D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3175.00
<b>TOTALS</b> 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) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4148**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	ZIP Code 76112	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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<b>TERMS</b>	Date Incurred M 02 / D 06 / Y 2016	Date Due M M / D D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	2000.00
<b>TOTALS</b> 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) Transaction ID : SC/10.4159  
**M. Mark Mitchell for US Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Mitchell, Monte, Mark, ,		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street		
City Fort Worth	State TX	ZIP Code 76112
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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<b>TERMS</b>	Date Incurred M 02 / D 24 / Y 2016	Date Due M M / D D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="2000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....▶	<input style="width: 100%;" type="text"/>

**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) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4160**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	ZIP Code 76112	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 350.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 350.00
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<b>TERMS</b>	Date Incurred M 05 / D 19 / Y 2016	Date Due M M / D D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	350.00
<b>TOTALS</b> 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) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4161**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	ZIP Code 76112	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50.00
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<b>TERMS</b>	Date Incurred M 06 / D 23 / Y 2016	Date Due M M / D D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50.00
<b>TOTALS</b> 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) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4217**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	ZIP Code 76112	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 316.40	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 316.40
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<b>TERMS</b>	Date Incurred M 07 / D 25 / Y 2016	Date Due M M / D D / Y Unknown	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	316.40
<b>TOTALS</b> 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) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4218**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	ZIP Code 76112	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 512.16	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 512.16
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<b>TERMS</b>	Date Incurred M 08 / D 08 / Y 2016	Date Due M M / D D / Y Unknown	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	512.16
<b>TOTALS</b> 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) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4219**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	ZIP Code 76112	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1473.71	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1473.71
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<b>TERMS</b>	Date Incurred M 09 / D 02 / Y 2016	Date Due M M / D D / Y Unknown	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1473.71
<b>TOTALS</b> 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) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4220**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	ZIP Code 76112	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 28.97	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 28.97
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<b>TERMS</b>	Date Incurred M 09 / D 24 / Y 2016	Date Due M M / D D / Y Unknown	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	28.97
<b>TOTALS</b> 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) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4233**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, ,			<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street				
City Fort Worth	State TX	ZIP Code 76112	<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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<b>TERMS</b>	Date Incurred M 10 / D 14 / Y 2016	Date Due M / D / Y No date	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	19906.24

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



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**M. Mark Mitchell for US Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mitchell, Monte, Mark, ,</b>			Nature of Debt (Purpose): Advertising Expenses
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	Zip Code 76112	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4245	
Amount Incurred This Period 3265.31	Payment This Period 0.00	Outstanding Balance at Close of This Period 3265.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mitchell, Monte, Mark, ,</b>			Nature of Debt (Purpose): Personel expense
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	Zip Code 76112	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4247	
Amount Incurred This Period 2958.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 2958.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mitchell, Monte, Mark, ,</b>			Nature of Debt (Purpose): Advertising Expenses
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	Zip Code 76112	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4249	
Amount Incurred This Period 1400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	7624.06
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

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

NAME OF COMMITTEE (In Full)

**M. Mark Mitchell for US Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mitchell, Monte, Mark, ,</b>			Nature of Debt (Purpose): Advertising expenses seeking reimbursement
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	Zip Code 76112	

Outstanding Balance Beginning This Period 0.00	Transaction ID : <b>SD10.4268</b>	
Amount Incurred This Period 1400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mitchell, Monte, Mark, ,</b>			Nature of Debt (Purpose): Personal expenses seeking reimbursement
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	Zip Code 76112	

Outstanding Balance Beginning This Period 0.00	Transaction ID : <b>SD10.4269</b>	
Amount Incurred This Period 2958.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 2958.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mitchell, Monte, Mark, ,</b>			Nature of Debt (Purpose): Advertising Expenses
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	Zip Code 76112	

Outstanding Balance Beginning This Period 0.00	Transaction ID : <b>SD10.4281</b>	
Amount Incurred This Period 10525.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 10525.96

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	14884.71
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

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

NAME OF COMMITTEE (In Full)

**M. Mark Mitchell for US Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mitchell, Monte, Mark, ,</b>			Nature of Debt (Purpose): Advertising Expenses
Mailing Address 7220 Craig Street			
City Fort Worth	State TX	Zip Code 76112	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4282	
Amount Incurred This Period 5265.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5265.00	

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	5265.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	27773.77
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	19906.24
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	47680.01