

# 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

Mullin For Congress

ADDRESS (number and street)

PO Box 3681

Check if different than previously reported. (ACC)

Muskogee

OK

74402

2. FEC IDENTIFICATION NUMBER ▼

C C00498345

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OK

02

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  
07 / 01 / 2014

through

M M / D D / Y Y Y Y  
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 Steve Ralls

Signature of Treasurer Steve Ralls

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 16 / 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**  
of Receipts and Disbursements

Write or Type Committee Name  
**Mullin 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))....	173925	1205405.63
(b) Total Contribution Refunds (from Line 20(d)) .....	8300	21400
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	165625	1184005.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	68919.64	816063.7
(b) Total Offsets to Operating Expenditures (from Line 14).....	1094.35	1176.6
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67825.29	814887.1
8. Cash on Hand at Close of Reporting Period (from Line 27).....	281820.09	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	73000	

**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

**Mullin For Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	65300	634861
(ii) Unitemized.....	1925	29194
(iii) TOTAL of contributions from individuals ▶	67225	664055
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	106700	539355.83
(d) The Candidate.....		1994.8
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	173925	1205405.63
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.) .....	1094.35	1176.6
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	175019.35	1206582.23

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	68919.64	816063.7
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	155000	177000
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	155000	177000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	8300	16400
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		5000
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	8300	21400
21. OTHER DISBURSEMENTS .....	1100	1100
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	233319.64	1015563.7

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	340120.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	175019.35
25. SUBTOTAL (add Line 23 and Line 24).....	515139.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	233319.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	281820.09

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A

Transaction ID :

The FEC report filed October 15 erroneously combined the 2012 election cycle and the 2014 election cycle in the aggregated column B and contribution aggregates. Column A numbers and contributions received during the reporting cycle were correct. This amended report corrects the Column B and contribution aggregates.

Form/Schedule:

Transaction ID:

**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 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>Mescalero Apache Tribe</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 101 Central Mescalero Avenue		<b>Transaction ID : SA11Ai-CN3277</b>
City Mescalero	State NM	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000
Name of Employer Indian Tribe	Occupation Indian Tribe	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000	

Full Name (Last, First, Middle Initial) <b>Mrs. Lugene Armstrong</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address PO Box 206		<b>Transaction ID : SA11Ai-CN3388</b>
City Vian	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600
Name of Employer Housewife	Occupation Housewife	Reattributed from Sinclair Armstrong
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600	<b>[MEMO ITEM]</b> Reattribution

Full Name (Last, First, Middle Initial) <b>Mr. Sinclair W. Armstrong Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address PO Box 206		<b>Transaction ID : SA11Ai-CN3386</b>
City Vian	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200
Name of Employer Armstrong Bank	Occupation Banker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7200.00
<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 7 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Sinclair W. Armstrong Jr.**

Mailing Address PO Box 206

City Vian State OK Zip Code 74962-0206

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

Name of Employer Armstrong Bank Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 10 / 2014

**Transaction ID : SA11Ai-CN3387**

Amount of Each Receipt this Period  
 -2600

Reattributed to Lugene Armstrong

**[MEMO ITEM]**  
Reattributed

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

Mailing Address 3201 Devils Den Rd

City Tishomingo State OK Zip Code 73460

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

Name of Employer Ron Austin DDS Occupation Office Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11Ai-CN3352**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Shingle Springs Bank Miwok Indians**

Mailing Address PO Box 1340

City Shingle Springs State CA Zip Code 95682

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

Name of Employer Indian Tribe Occupation Indian Tribe

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11Ai-CN3249**

Amount of Each Receipt this Period  
 2000

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

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

2250.00

**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 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Steven L Bilby**

Mailing Address 513 E Lakeview Dr.

City Sapulpa State OK Zip Code 74066

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11Ai-CN3243**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Tim R. Broughton**

Mailing Address PO Box 147

City Westville State OK Zip Code 74965-0147

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

Name of Employer Requested Occupation Requested  
 McKee Foods Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 04 / 2014**

**Transaction ID : SA11Ai-CN3250**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 11200 Oakleaf Ln

City Oklahoma City State OK Zip Code 73131-3261

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

Name of Employer Requested Occupation Requested  
 Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11Ai-CN3338**

Amount of Each Receipt this Period  
**2600**

Reattributed from Barry Bryant

**[MEMO ITEM]**  
 Reattribution

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

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

**1500.00**



**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 9 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Barry G. Bryant**

Mailing Address 11200 Oakleaf Ln

City Oklahoma City State OK Zip Code 73131-3261

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

Name of Employer Occupation  
Magnum Drilling President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11Ai-CN3253**

Amount of Each Receipt this Period  
**5200**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Barry G. Bryant**

Mailing Address 11200 Oakleaf Ln

City Oklahoma City State OK Zip Code 73131-3261

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

Name of Employer Occupation  
Magnum Drilling President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7800**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11Ai-CN3337**

Amount of Each Receipt this Period  
**-2600**

Reattributed to Anzhella Bryant

**[MEMO ITEM]**  
Reattributed

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

Mailing Address 30788 Calhoun Rd

City Shady Point State OK Zip Code 74956-2065

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11Ai-CN3306**

Amount of Each Receipt this Period  
**500**

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

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

**5700.00**

**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 10 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Allen R Christy**

Mailing Address 469 S Reed St.

City Lakewood State CO Zip Code 80228

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11Ai-CN3314**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Russell M Claybrook**

Mailing Address 6917 Hackberry Rdg

City Owasso State OK Zip Code 74055

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

Name of Employer Requested Occupation Requested  
 Cherokee Nation Business CEO Business Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11Ai-CN3233**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James B Cochran**

Mailing Address 870 Cherry Spring Drive

City Tahlequah State OK Zip Code 74464

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

Name of Employer Requested Occupation Requested  
 Cochran Real Estate Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11Ai-CN3226**

Amount of Each Receipt this Period  
**1000**

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

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

**1750.00**

**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 11 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Art Couch**

Mailing Address 401 S Memorial Dr

City State Zip Code  
Tulsa OK 74112

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

Name of Employer Occupation  
WN Couch Inc. Contractor/Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 30 / 2014**

**Transaction ID : SA11Ai-CN3220**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Dale Derby Md**

Mailing Address 7247 N 201st East Ave

City State Zip Code  
Owasso OK 74055-5876

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

Name of Employer Occupation  
EMCARE Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11Ai-CN3358**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address PO Box 721

City State Zip Code  
Stilwell OK 74960

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

Name of Employer Occupation  
Self Employed Bailbondsman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11Ai-CN3241**

Amount of Each Receipt this Period  
**500**

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

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

**2000.00**

**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 12 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Phillip Driskill**

Mailing Address 1006 NE 2nd Street

City Wagoner State OK Zip Code 74487

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11Ai-CN3235**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. R Douglas Evans CPA**

Mailing Address 15165 S 353rd E Ave

City Coweta State OK Zip Code 74429

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

Name of Employer Cherokee Nation Occupation Sr. VP/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11Ai-CN3239**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. R Shane Fidler**

Mailing Address 7335 S Lewis Ave Ste 306

City Tulsa State OK Zip Code 74136-6897

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

Name of Employer Fidler LPL Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Ai-CN3311**

Amount of Each Receipt this Period  
**1000**

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

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

**1750.00**

**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 13 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles Garrett**

Mailing Address 1712 S Madison Ave

City Tulsa State OK Zip Code 74120

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

Name of Employer CWB Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11Ai-CN3242**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 503 S Muskogee Ave

City Okmulgee State OK Zip Code 74447-5137

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

Name of Employer Self-Employed Occupation Veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11Ai-CN3309**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. J T Griffin**

Mailing Address PO Box 1077

City Coweta State OK Zip Code 74429

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

Name of Employer Self Employed Occupation Manufacturing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11Ai-CN3234**

Amount of Each Receipt this Period  
**250**

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

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

**1250.00**

**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 14 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Tami Hasselwander**

Mailing Address 22388 Southerly Farms Blvd

City Edmond State OK Zip Code 73003-2045

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

Name of Employer Metal Roof Contractors Inc Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Ai-CN3332**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert A Huffman Jr**

Mailing Address 2129 E 60th Court

City Tulsa State OK Zip Code 74105

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

Name of Employer Cherokee Nation Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11Ai-CN3225**

Amount of Each Receipt this Period  
**250**

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

Mailing Address PO Box 1877

City Tahlequah State OK Zip Code 74465

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

Name of Employer Wilcox & McGrath Inc Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11Ai-CN3240**

Amount of Each Receipt this Period  
**500**

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

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

**1250.00**

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

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

FOR LINE NUMBER: PAGE 15 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Keith R. Jones**

Mailing Address 1815 N. Sara Rd.

City State Zip Code  
Tuttle OK 73089

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

Name of Employer Occupation  
Central OK Winnelson Plumbing Wholesaler

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2014**

**Transaction ID : SA11Ai-CN3335**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 1124 10th Street Nw; #2-b

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
iHeartMedia Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2014**

**Transaction ID : SA11Ai-CN3357**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Gregory J Kilkenny**

Mailing Address 9568 E Silent Hills Place

City State Zip Code  
Lone Tree CO 80124

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2014**

**Transaction ID : SA11Ai-CN3315**

Amount of Each Receipt this Period  
**500**

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

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

**1250.00**

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

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

FOR LINE NUMBER: PAGE 16 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Leo Kingston**

Mailing Address PO Box 12920

City State Zip Code  
Oklahoma City OK 73157

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

Name of Employer Occupation  
RAK Properties Inc Real Estate Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11Ai-CN3353**

Amount of Each Receipt this Period  
**2000**

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

Mailing Address 7200 E Covell Rd

City State Zip Code  
Edmond OK 73034

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

Name of Employer Occupation  
Self Oil & Gas

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 07 / 2014**

**Transaction ID : SA11Ai-CN3347**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Greg M. Love**

Mailing Address 10601 N Pennsylvania Ave

City State Zip Code  
Oklahoma City OK 73120-4108

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

Name of Employer Occupation  
Love's Trvel Stops President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : SA11Ai-CN3283**

Amount of Each Receipt this Period  
**2000**

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

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

**5000.00**



**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 17 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Bobby J. McAlpine Jr.**

Mailing Address 17196 N Baker Rd

City State Zip Code  
Tahlequah OK 74464-1168

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

Name of Employer Occupation  
Cochran & Associates Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11Ai-CN3227**

Amount of Each Receipt this Period  
500

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

Mailing Address 7700 Morningside Drive NW

City State Zip Code  
Washington DC 20012

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

Name of Employer Occupation  
Powers Pyle Sutter & Verville attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2014

**Transaction ID : SA11Ai-CN3348**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Frank W. Murphy III**

Mailing Address 2602 E. 28th St.

City State Zip Code  
Tulsa OK 74114

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

Name of Employer Occupation  
FW Murphy Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11Ai-CN3355**

Amount of Each Receipt this Period  
2600

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

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

3600.00

**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 18 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barona Band Of Mission Indians**

Mailing Address 1095 Barona Rd

City Lakeside State CA Zip Code 92040

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

Name of Employer Indian Tribe Occupation Indian Tribe

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 20 / 2014**

**Transaction ID : SA11Ai-CN3255**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 11921 S 89th E Ave

City Bixby State OK Zip Code 74003

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

Name of Employer Dia Konos Group Occupation Nursing Home Staff

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 08 / 2014**

**Transaction ID : SA11Ai-CN3354**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 2131 E 29th St

City Tulsa State OK Zip Code 74114-5421

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11Ai-CN3262**

Amount of Each Receipt this Period  
**5200**

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

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

**7200.00**

**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 19 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert C. Poe**

Mailing Address 2131 E 29th St

City State Zip Code  
Tulsa OK 74114-5421

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11Ai-CN3261**

Amount of Each Receipt this Period  
**400**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Henry Primeaux Iii**

Mailing Address 6201 E 108th St

City State Zip Code  
Tulsa OK 74137-8903

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

Name of Employer Occupation  
Primeaux Kia Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11Ai-CN3317**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Victor W Pryor Jr.**

Mailing Address PO Box 898

City State Zip Code  
Holdenville OK 74848-0898

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11Ai-CN3308**

Amount of Each Receipt this Period  
**250**

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

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

**3250.00**

**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 20 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David E Rainbolt**

Mailing Address 6226 N Riviera Dr

City Oklahoma City State OK Zip Code 73112

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

Name of Employer Bancfirst Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : SA11Ai-CN3268**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David E Rainbolt**

Mailing Address 6226 N Riviera Dr

City Oklahoma City State OK Zip Code 73112

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

Name of Employer Bancfirst Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11Ai-CN3282**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Steven J. Reiter**

Mailing Address 14728 Hollyhock Dr

City Oklahoma City State OK Zip Code 73142-1804

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

Name of Employer Integris Cardiovascular Physicians Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Ai-CN3313**

Amount of Each Receipt this Period  
 500

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

**TOTAL** 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 21 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Roberts**

Mailing Address 10612 S. Winston Ct.

City Tulsa	State OK	Zip Code 74137
---------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Real Estate
-----------------------------------	---------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		31		2014

**Transaction ID : SA11Ai-CN3351**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Lee E. Schoeffler**

Mailing Address PO Box 915

City Broken Arrow	State OK	Zip Code 74013
----------------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2014

**Transaction ID : SA11Ai-CN3312**

Amount of Each Receipt this Period  
**250**

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

Mailing Address RR 1 Box 128

City Stilwell	State OK	Zip Code 74960
------------------	-------------	-------------------

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

Name of Employer Northside Animal Clinic	Occupation Veterinarian
---	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2014

**Transaction ID : SA11Ai-CN3331**

Amount of Each Receipt this Period  
**500**

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

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

**1750.00**

**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 22 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard D Shelby**

Mailing Address 1119 Ingleside Ave

City	State	Zip Code
Mc Lean	VA	22101

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

Name of Employer	Occupation
Capitol Hill Consulting Group	Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11Ai-CN3279**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Shakopee Mdewakanton Sioux Community**

Mailing Address 2330 Sioux Trail NW

City	State	Zip Code
Prior Lake	MN	55372

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

Name of Employer	Occupation
Indian Tribe	Indian Tribe

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11Ai-CN3318**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Shawn B Slaton**

Mailing Address 4321 W Roadrunner Dr.

City	State	Zip Code
Hulbert	OK	74441

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

Name of Employer	Occupation
Requested	Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11Ai-CN3238**

Amount of Each Receipt this Period  
**1000**

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

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

**3850.00**

**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 23 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jack Spinks**

Mailing Address 1408 Quail Valley Dr.

City State Zip Code  
Claremore OK 74017

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 28 2014**

**Transaction ID : SA11Ai-CN3216**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert E. Thomas**

Mailing Address PO Box 4679

City State Zip Code  
Tulsa OK 74159-0679

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

Name of Employer Requested Occupation Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2014**

**Transaction ID : SA11Ai-CN3307**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Miami Tribe Tribal Support**

Mailing Address PO Box 1326

City State Zip Code  
Miami OK 74355

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

Name of Employer Requested Occupation Requested  
Indian Tribe Indian Tribe

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 23 2014**

**Transaction ID : SA11Ai-CN3284**

Amount of Each Receipt this Period  
**3000**

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

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

**3750.00**

**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 24 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Snoqualmie Tribe**

Mailing Address PO Box 969  
8130 Railroad Ave

City Snoqualmie State WA Zip Code 98065

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

Name of Employer Indian Tribe Occupation Indian Tribe

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 16 / 2014

**Transaction ID : SA11Ai-CN3214**

Amount of Each Receipt this Period  
1500

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

Mailing Address 526 Seminary Ave

City Tahlequah State OK Zip Code 74464

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 15 / 2014

**Transaction ID : SA11Ai-CN3232**

Amount of Each Receipt this Period  
300

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

Mailing Address PO Box 161

City Anacortes State WA Zip Code 98221

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 23 / 2014

**Transaction ID : SA11Ai-CN3294**

Amount of Each Receipt this Period  
2000

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

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

3800.00



**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 25 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Dana Weber**

Mailing Address 4310 S Quacker Ave

City Tulsa State OK Zip Code 74105

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

Name of Employer Webco Industries Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Ai-CN3334**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. F. William Weber**

Mailing Address 9101 W 21st St.

City Sand Springs State OK Zip Code 74063

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

Name of Employer Webco Industries Occupation Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Ai-CN3333**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Yocha Dehe Wintun Nation**

Mailing Address PO Box 18

City Brooks State CA Zip Code 95606

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

Name of Employer Indian Tribe Occupation Indian Tribe

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Ai-CN3303**

Amount of Each Receipt this Period  
**2600**

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

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

**4600.00**

**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 26 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Manuel Ybarra Jr.**

Mailing Address Rr 5 Box 1550

City Coalgate State OK Zip Code 74538-9552

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11Ai-CN3259**

Amount of Each Receipt this Period  
**100**

**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

**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).....

**100.00**

**65300.00**

**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 27 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Assn PAC**

Mailing Address 1625 Massachusetts Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : SA11C-CN3224**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Assn PAC**

Mailing Address 1625 Massachusetts Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3319**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Airlines For America PAC**

Mailing Address 1301 Pennsylvania Ave NW  
Ste 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00114694

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11C-CN3217**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

**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 28 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar PAC**

Mailing Address 101 N Third St

City Moorhead State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11C-CN3288**

Amount of Each Receipt this Period  
 5000

**B.** Full Name (Last, First, Middle Initial)  
**American Forest & Paper Assn PAC**

Mailing Address 1101 K St NW Ste 700

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3328**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**American Medical Assoc. PAC**

Mailing Address 25 Massachusetts Ave NW Ste 600

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11C-CN3275**

Amount of Each Receipt this Period  
 1000

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

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

7000.00

**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 29 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Sugar Cane League PAC**

Mailing Address PO Box 938

City State Zip Code  
Thibodaux LA 70302

FEC ID number of contributing federal political committee. **C C00081414**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 01 / 2014**

**Transaction ID : SA11C-CN3222**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address PO Box 3535

City State Zip Code  
Ballwin MO 63022

FEC ID number of contributing federal political committee. **C C00531764**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11C-CN3281**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**ARDA ROC-PAC**

Mailing Address 1201 15th St NW  
Ste 400

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00358663**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : SA11C-CN3336**

Amount of Each Receipt this Period  
**2500**

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

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

**4500.00**

**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 30 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ARDA ROC-PAC**

Mailing Address 1201 15th St NW  
Ste 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00358663**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11C-CN3289**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Arnold & Porter Partners PAC**

Mailing Address 555 12th St. NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00216895**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11C-CN3269**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Asian American Hotel Owner Association Pac**

Mailing Address 228 S. Washington St. Ste. 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00336743**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11C-CN3285**

Amount of Each Receipt this Period  
**2000**

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

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

**5000.00**

**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 31 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Associated Builders And Contractors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 4250 North Fairfax Dr. 9th Floor

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12500

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3296**

Amount of Each Receipt this Period  
5000

**B. AT&T Inc Federal PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 208 S Akard St Ste 2701

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11C-CN3252**

Amount of Each Receipt this Period  
1000

**C. BNSF Railpac**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 961039

City State Zip Code  
Ft Worth TX 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3304**

Amount of Each Receipt this Period  
3000

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

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

9000.00

**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 32 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Boeing Company Pac**

Mailing Address 1200 Wilson Blvd

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA11C-CN3223**

Amount of Each Receipt this Period  
1000

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

Mailing Address 1200 Wilson Blvd

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3330**

Amount of Each Receipt this Period  
1000

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

Mailing Address PO Box 6016

City State Zip Code  
San Ramon CA 94583

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3297**

Amount of Each Receipt this Period  
1000

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

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

3000.00



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

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

FOR LINE NUMBER: PAGE 33 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Coal PAC**

Mailing Address 101 Constitution Ave. Nw Ste 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3323**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 900 Spring Street

City Silver Springs State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C** C00114025

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11C-CN3267**

Amount of Each Receipt this Period  
 3000

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

Mailing Address 1440 S Creek Drive

City Houston State TX Zip Code 77084

FEC ID number of contributing federal political committee. **C** C00532366

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11C-CN3270**

Amount of Each Receipt this Period  
 2500

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

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

6500.00

**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 34 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>Cox Enterprises PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 975 F ST NW Suite 300		<b>Transaction ID : SA11C-CN3218</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00477653		Amount of Each Receipt this Period 2500
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7000	

Full Name (Last, First, Middle Initial) <b>Cox Enterprises PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 975 F ST NW Suite 300		<b>Transaction ID : SA11C-CN3316</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00477653		Amount of Each Receipt this Period 2500
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9500	

Full Name (Last, First, Middle Initial) <b>Empire District Electric Co. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address PO Box 127		<b>Transaction ID : SA11C-CN3257</b>
City Joplin	State MO	
FEC ID number of contributing federal political committee. C C00208249		Amount of Each Receipt this Period 200
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5200.00
<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 35 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ernst & Young Pac**

Mailing Address 1101 New York Ave NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11C-CN3247**

Amount of Each Receipt this Period  
**5000**

**B.** Full Name (Last, First, Middle Initial)  
**Exxon Mobile Corporation Pac**

Mailing Address 5959 Las Colinas Blvd

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : SA11C-CN3287**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Eye of The Tiger Pac**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11C-CN3280**

Amount of Each Receipt this Period  
**2000**

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

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

**9500.00**

**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 36 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Federal Express PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 942 S Shady Grove Rd  
 1st Floor  
 City Memphis State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C** C00068692  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11C-CN3298**  
 Amount of Each Receipt this Period  
 1000

**B. Federal Home Loan Bank Of Topeka PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 176  
 City Topeka State KS Zip Code 66601  
 FEC ID number of contributing federal political committee. **C** C00410720  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11C-CN3320**  
 Amount of Each Receipt this Period  
 1000

**C. Fluor PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 East Capitol Street SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00034132  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11C-CN3321**  
 Amount of Each Receipt this Period  
 1000

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

3000.00

**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 37 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ford Motor Company Civic Action Fund**

Mailing Address PO Box 75000

City State Zip Code  
Detroit MI 48275

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11C-CN3264**

Amount of Each Receipt this Period  
1000

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

Mailing Address 1299 Pennsylvania Ave NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11C-CN3290**

Amount of Each Receipt this Period  
1000

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

Mailing Address 1101 New York Ave NW  
Second Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00428623

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11C-CN3274**

Amount of Each Receipt this Period  
1500

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

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

3500.00

**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 38 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Halliburton Company Pac**

Mailing Address 801 17th St. Nw 10th Fl.

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11C-CN3248**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Health Care Services Corp Employees PAC**

Mailing Address 300 E Randolph St.

City Chicago	State IL	Zip Code 60601
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00199711

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3299**

Amount of Each Receipt this Period  
5000

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

Mailing Address 1155 F Street Nw Ste. 400

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3322**

Amount of Each Receipt this Period  
2500

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

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

8500.00

**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 39 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kbr Inc Pac**

Mailing Address 601 Jefferson Ste. 3455b

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00431114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11C-CN3291**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 600 14th St. Nw Ste. 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6500

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : SA11C-CN3251**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 600 14th St. Nw Ste. 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11C-CN3292**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

**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 40 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Linde North American Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 Mountain Ave  
 City Murray Hill State NJ Zip Code 07974  
 FEC ID number of contributing federal political committee. **C** C00471193  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11C-CN3276**  
 Amount of Each Receipt this Period  
 1000

**B. Lockheed Martin PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Crystal Drive Ste 100  
 City Arlington State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C** C00303024  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11C-CN3329**  
 Amount of Each Receipt this Period  
 1000

**C. Majority Committee Pac - Mc Pac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 10134  
 City Bakersfield State CA Zip Code 93389  
 FEC ID number of contributing federal political committee. **C** C00428052  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : SA11C-CN3219**  
 Amount of Each Receipt this Period  
 5000

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

7000.00



**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 41 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Nat'l Assoc Of Real Estate Investment Trusts PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1875 I Street NW  
Ste 600  
City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11C-CN3265**

Amount of Each Receipt this Period  
 1000

**B. National Beer Wholesalers Assn Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 King Street Ste. 600  
City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C-CN3221**

Amount of Each Receipt this Period  
 2500

**C. National Stone Sand & Gravel Assn PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1605 King St  
City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3305**

Amount of Each Receipt this Period  
 1000

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 42 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**New York Life Insurance PAC**

Mailing Address 51 Madison Ave  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11C-CN3256**

Amount of Each Receipt this Period  
2500

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

Mailing Address 235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3300**

Amount of Each Receipt this Period  
5000

**C.** Full Name (Last, First, Middle Initial)  
**Portland Cement Association Inc. PAC**

Mailing Address 500 New Jersey Ave N.W.  
7th Floor

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00237065**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11C-CN3293**

Amount of Each Receipt this Period  
1000

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

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

8500.00

**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 43 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Propane PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1899 L Street NW  
 Ste 350  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C C00079681**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : SA11C-CN3266**  
 Amount of Each Receipt this Period  
 1000

**B. Realtor's PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 N Michigan Ave  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C C00030718**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11C-CN3301**  
 Amount of Each Receipt this Period  
 1000

**C. Schwan Pac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 W College Dr.  
 City Marshall State MN Zip Code 56258  
 FEC ID number of contributing federal political committee. **C C00360362**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11C-CN3278**  
 Amount of Each Receipt this Period  
 1000

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

3000.00

**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 44 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A. Society Of Independent Gasoline Marketers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 3930 Pender Dr  
Ste 340

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing federal political committee. **C** C00120030

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11C-CN3295**

Amount of Each Receipt this Period  
1000

**B. Southern Company Employees PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 241 Ralph McGill Blvd NE

City State Zip Code  
Atlanta GA 30308

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3302**

Amount of Each Receipt this Period  
1000

**C. Southern Nuclear Operating Company Inc PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 42 Inverness Center

City State Zip Code  
Birmingham AL 35242

FEC ID number of contributing federal political committee. **C** C00250407

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : SA11C-CN3260**

Amount of Each Receipt this Period  
1000

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

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

3000.00

**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 45 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Spectra/dcp Pac**

Mailing Address 5400 Westheimer Ct.

City Houston State TX Zip Code 77068

FEC ID number of contributing federal political committee. **C** C00429662

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11C-CN3215**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**Spirit Aerosystems Inc Pac**

Mailing Address PO Box 780008 Mc K16021

City Wichita State KS Zip Code 67278

FEC ID number of contributing federal political committee. **C** C00428110

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11C-CN3286**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**Union Pacific Corporation Fund for Effective Govt**

Mailing Address 600 Thirteenth Street Nw Ste 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3327**

Amount of Each Receipt this Period  
 2000

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

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

6000.00

**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 46 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**United Parcel Service Inc PAC**

Mailing Address 55 Glenlake Pkwy NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3324**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 1101 Pennsylvania Ave NW  
10th Floor

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3325**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Wine & Spirits Wholesalers Of America PAC**

Mailing Address 805 Fifteenth St NW  
Ste 430

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C-CN3326**

Amount of Each Receipt this Period  
 2000

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

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

4000.00

106700.00

**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 47 OF 102
	<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)  
**Mullin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Oklahoma Gas & Electric**

Mailing Address PO Box 24990

City Oklahoma City      State OK      Zip Code 73124

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

Name of Employer      Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
794.35

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA14-ER1**

Amount of Each Receipt this Period  
794.35

Expenditure Refund

**B.** Full Name (Last, First, Middle Initial)  
**Will Rogers Memorial Center**

Mailing Address 3401 W Lancaster Ave

City Fort Worth      State TX      Zip Code 76107

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

Name of Employer      Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA14-ER2**

Amount of Each Receipt this Period  
300

Expenditure Refund

**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).....

1094.35

1094.35

**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 48 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address Rt 1 Box 8255		Amount of Each Disbursement this Period 513.51
City Westville State OK Zip Code 74965	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Transaction ID : SB17-EX2604
Candidate Name Markwayne Mullin	Category/Type 001	REIMBURSEMENT: SEE BELOW
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 216.25
City Atlanta State GA Zip Code 30353	Purpose of Disbursement Telephone	Transaction ID : SB17-EX2605
Candidate Name Markwayne Mullin	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 297.26
City Washington State DC Zip Code 20003	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX2606
Candidate Name Markwayne Mullin	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	513.51
<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 49 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address Rt 1 Box 8255		Amount of Each Disbursement this Period 633.44
City Westville State OK Zip Code 74965	Purpose of Disbursement Expense Reimbursement: SEE BELOW	Transaction ID : SB17-EX2559
Candidate Name Markwayne Mullin	Category/Type 001	Expense Reimbursement: SEE BELOW
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 216.25
City Atlanta State GA Zip Code 30353	Purpose of Disbursement Telephone	Transaction ID : SB17-EX2560
Candidate Name Markwayne Mullin	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 417.19
City Washington State DC Zip Code 20003	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX2561
Candidate Name Markwayne Mullin	Category/Type 001	[MEMO ITEM] Food and Beverage
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: OK District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	633.44
<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 50 OF 102	
	<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)  
**Mullin For Congress**

**A. AH Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address 4020 N. Lincoln Ste. 100

City Oklahoma City State OK Zip Code 73105

Purpose of Disbursement Fundraising Retainer

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17-EX2491

Fundraising Retainer

**B. AH Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address 4020 N. Lincoln Ste. 100

City Oklahoma City State OK Zip Code 73105

Purpose of Disbursement REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 359.40

Transaction ID : SB17-EX2519

REIMBURSEMENT: SEE BELOW

**C. Wufoo.com**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Lytton Ave

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement Online Software

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 359.40

Transaction ID : SB17-EX2520

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 5359.40

**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 51 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. AH Strategies</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period 1390.20
City Oklahoma City State OK Zip Code 73105	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Transaction ID : SB17-EX2522
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	REIMBURSEMENT: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Miami News Record</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 14 1st Ave NW		Amount of Each Disbursement this Period 700.00
City Miami State OK Zip Code 74354	Purpose of Disbursement Newspaper Advertising	Transaction ID : SB17-EX2523
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. On Cue Express</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 6200 NW Expy		Amount of Each Disbursement this Period 8.65
City Oklahoma City State OK Zip Code 73132	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX2524
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1390.20
<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 52 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Usps</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 2801 E. Kenosha St.		Amount of Each Disbursement this Period 245.00
City Broken Arrow	State OK	
Zip Code 74014	Purpose of Disbursement Postage	Transaction ID : SB17-EX2525
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Godaddy.com</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 14455 N. Hayden Rd		Amount of Each Disbursement this Period 160.56
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Domain renewal	Transaction ID : SB17-EX2526
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Fedex</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 732 W. New Orleans		Amount of Each Disbursement this Period 275.99
City Broken Arrow	State OK	
Zip Code 74012	Purpose of Disbursement Delivery	Transaction ID : SB17-EX2527
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 53 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. AH Strategies</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period 6101.00
City Oklahoma City	State OK	Zip Code 73105
Purpose of Disbursement Fundraising Commission	Category/ Type 003	
Candidate Name	Transaction ID : SB17-EX2602	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Fundraising Commission
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AH Strategies</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2014
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period 305.35
City Oklahoma City	State OK	Zip Code 73105
Purpose of Disbursement Postage Reimbursement: SEE BELOW	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX2566	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Postage Reimbursement: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Usps</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2014
Mailing Address 2801 E. Kenosha St.		Amount of Each Disbursement this Period 245.00
City Broken Arrow	State OK	Zip Code 74014
Purpose of Disbursement Postage Reimbursement: SEE BELOW	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX2567	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Postage Expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6406.35
<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 54 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 732 W. New Orleans		Amount of Each Disbursement this Period 60.35
City Broken Arrow	State OK Zip Code 74012	
Purpose of Disbursement Postage Reimbursement: SEE BELOW		Transaction ID : SB17-EX2568
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Shipping Expense
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 0.91
City Carol Stream	State IL Zip Code 60197	
Purpose of Disbursement Telephone Expense		Transaction ID : SB17-EX2637
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Telephone Expense
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 43.00
City Carol Stream	State IL Zip Code 60197	
Purpose of Disbursement Telephone Expense		Transaction ID : SB17-EX2636
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Telephone Expense
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.91
<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 55 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 130.28
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone Expense	<b>Transaction ID : SB17-EX2635</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Telephone Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address PO Box 5014		Amount of Each Disbursement this Period 65.00
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone Expense	<b>Transaction ID : SB17-EX2618</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Telephone Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hartog Kallenberger &amp; Swarthout PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 1560 E. 21st St.		Amount of Each Disbursement this Period 4345.00
City Tulsa	State OK	
Zip Code 74114	Purpose of Disbursement Legal Services	<b>Transaction ID : SB17-EX2603</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Legal Services
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4540.28
<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 56 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial)			Date of Disbursement											
<b>A. Majority Designs Invoicing</b>			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		08		2014
M M	/	D D	/	Y Y Y Y										
07		08		2014										
Mailing Address 4020 N. Lincoln Ste. 100			Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Oklahoma City</td> <td>OK</td> <td>73105</td> </tr> </table>			City	State	Zip Code	Oklahoma City	OK	73105	<table border="1"> <tr> <td>417.94</td> </tr> </table>		417.94			
City	State	Zip Code												
Oklahoma City	OK	73105												
417.94														
Purpose of Disbursement Invitation Design & Printing			Transaction ID : SB17-EX2495											
Candidate Name			Category/Type											
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) General 2014                 </td> </tr> </table>			Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Invitation Design & Printing	
Office Sought:	House	Disbursement For: 2014												
	Senate													
	President													
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014												

Full Name (Last, First, Middle Initial)			Date of Disbursement											
<b>B. Majority Designs Invoicing</b>			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		11		2014
M M	/	D D	/	Y Y Y Y										
07		11		2014										
Mailing Address 4020 N. Lincoln Ste. 100			Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Oklahoma City</td> <td>OK</td> <td>73105</td> </tr> </table>			City	State	Zip Code	Oklahoma City	OK	73105	<table border="1"> <tr> <td>169.94</td> </tr> </table>		169.94			
City	State	Zip Code												
Oklahoma City	OK	73105												
169.94														
Purpose of Disbursement Absentee Vote Card Desing & Print			Transaction ID : SB17-EX2499											
Candidate Name			Category/Type											
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) General 2014                 </td> </tr> </table>			Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Absentee Vote Card Desing & Print	
Office Sought:	House	Disbursement For: 2014												
	Senate													
	President													
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014												

Full Name (Last, First, Middle Initial)			Date of Disbursement											
<b>c. Majority Designs Invoicing</b>			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		11		2014
M M	/	D D	/	Y Y Y Y										
07		11		2014										
Mailing Address 4020 N. Lincoln Ste. 100			Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Oklahoma City</td> <td>OK</td> <td>73105</td> </tr> </table>			City	State	Zip Code	Oklahoma City	OK	73105	<table border="1"> <tr> <td>2858.42</td> </tr> </table>		2858.42			
City	State	Zip Code												
Oklahoma City	OK	73105												
2858.42														
Purpose of Disbursement Auto Calls			Transaction ID : SB17-EX2501											
Candidate Name			Category/Type											
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) General 2014                 </td> </tr> </table>			Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Auto Calls	
Office Sought:	House	Disbursement For: 2014												
	Senate													
	President													
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3446.30
<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 57 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Majority Designs Invoicing</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address 4020 N. Lincoln Ste. 100			Amount of Each Disbursement this Period 696.88	
City Oklahoma City	State OK	Zip Code 73105	Transaction ID : SB17-EX2504	
Purpose of Disbursement Push Card Design & Print		Category/ Type 001	Push Card Design & Print	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Majority Designs Invoicing</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address 4020 N. Lincoln Ste. 100			Amount of Each Disbursement this Period 843.82	
City Oklahoma City	State OK	Zip Code 73105	Transaction ID : SB17-EX2505	
Purpose of Disbursement Push Card Design & Print		Category/ Type 001	Push Card Design & Print	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Majority Designs Invoicing</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 4020 N. Lincoln Ste. 100			Amount of Each Disbursement this Period 269.78	
City Oklahoma City	State OK	Zip Code 73105	Transaction ID : SB17-EX2511	
Purpose of Disbursement Invitation Design & Printing		Category/ Type 007	Invitation Design & Printing	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1810.48
<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 58 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Majority Designs Invoicing</b>		M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period	
City Oklahoma City State OK Zip Code 73105		1147.95	
Purpose of Disbursement Logo Design & Printing		Transaction ID : SB17-EX2540	
Candidate Name		Logo Design & Printing	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		Category/Type 004	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Majority Designs Invoicing</b>		M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 4020 N. Lincoln Ste. 100		Amount of Each Disbursement this Period	
City Oklahoma City State OK Zip Code 73105		442.45	
Purpose of Disbursement Invitation Printing		Transaction ID : SB17-EX2556	
Candidate Name		Invitation Printing	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		Category/Type 003	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. Tulsa County Republican Party</b>		M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 2816 E. 51st St. #100		Amount of Each Disbursement this Period	
City Tulsa State OK Zip Code 74105		250.00	
Purpose of Disbursement Print Advertising		Transaction ID : SB17-EX2552	
Candidate Name		Print Advertising	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1840.40
<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 59 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Usps</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 2801 E. Kenosha St.		Amount of Each Disbursement this Period 62.00
City Broken Arrow	State OK	
Zip Code 74014	Purpose of Disbursement PO Box Rental	<b>Transaction ID : SB17-EX2518</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	PO Box Rental
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 420 Montgomery St.		Amount of Each Disbursement this Period 12.00
City San Francisco	State CA	
Zip Code 94104	Purpose of Disbursement Bank Service Charge	<b>Transaction ID : SB17-EX2638</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Bank Service Charge
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address 420 Montgomery St.		Amount of Each Disbursement this Period 30.00
City San Francisco	State CA	
Zip Code 94104	Purpose of Disbursement Bank Service Charge	<b>Transaction ID : SB17-EX2639</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Bank Service Charge
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	104.00
<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 60 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 420 Montgomery St		Amount of Each Disbursement this Period 3.00
City San Francisco	State CA	
Zip Code 94104	Purpose of Disbursement Bank Service Charge	<b>Transaction ID : SB17-EX2529</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Bank Service Charge
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2014
Mailing Address 420 Montgomery St		Amount of Each Disbursement this Period 3.00
City San Francisco	State CA	
Zip Code 94104	Purpose of Disbursement Bank Service Charge	<b>Transaction ID : SB17-EX2543</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Bank Service Charge
State: District:		

Full Name (Last, First, Middle Initial) <b>c. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1834.86
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement PAYMENT: SEE BELOW	<b>Transaction ID : SB17-EX2496</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	PAYMENT: SEE BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1840.86
<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 61 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1650.00
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Accounting Services	Transaction ID : <b>SB17-EX2497</b>  <b>[MEMO ITEM]</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 184.86
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Postage Reimbursement	Transaction ID : <b>SB17-EX2498</b>  <b>[MEMO ITEM]</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1143.13
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement PAYMENT: SEE BELOW	Transaction ID : <b>SB17-EX2599</b>  PAYMENT: SEE BELOW
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1143.13
<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 62 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1100.00
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Accounting Services	Transaction ID : SB17-EX2600
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 43.13
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Postage Reimbursement	Transaction ID : SB17-EX2601
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1115.87
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Bookkeeping and Filing Services: SEE BELOW	Transaction ID : SB17-EX2534
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Bookkeeping and Filing Services: SEE BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1115.87
<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 63 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1100.00
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Bookkeeping and Filing Services: SEE BELOW	Transaction ID : SB17-EX2535
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Bookkeeping and FEC Filing Services
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Usps</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 2801 E. Kenosha St.		Amount of Each Disbursement this Period 15.87
City Broken Arrow	State OK	
Zip Code 74014	Purpose of Disbursement Bookkeeping and Filing Services: SEE BELOW	Transaction ID : SB17-EX2536
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Postage Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 230.28
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Telephone Expense	Transaction ID : SB17-EX2547
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Telephone Expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	230.28
<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 64 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 35.00
City Atlanta	State GA	Zip Code 30353
Purpose of Disbursement Telephone Expense	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX2544	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Telephone Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address PO Box 537104		Amount of Each Disbursement this Period 480.28
City Atlanta	State GA	Zip Code 30353
Purpose of Disbursement Telephone Expense	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX2545	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Telephone Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Intuit</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 314.16
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Deposit Slip and Check order	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX2528	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Deposit Slip and Check order
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	829.44
<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 65 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Grand Valley Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address 213 Ashby Street			Amount of Each Disbursement this Period 7458.65	
City Alexandria	State VA	Zip Code 22305	Transaction ID : SB17-EX2512	
Purpose of Disbursement PAYMENT: SEE BELOW		Category/ Type 003	PAYMENT: SEE BELOW	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Charlie Palmer Steakhouse</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address 101 Constitution Ave NW			Amount of Each Disbursement this Period 117.83	
City Washington	State DC	Zip Code 20001	Transaction ID : SB17-EX2513	
Purpose of Disbursement Food and Beverage		Category/ Type 003	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Johnny's Half Shell</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address 400 N Capitol St NW			Amount of Each Disbursement this Period 455.00	
City Washington	State DC	Zip Code 20001	Transaction ID : SB17-EX2514	
Purpose of Disbursement Food and Beverage		Category/ Type 003	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7458.65
<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 66 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ruth's Chris Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 724 9th St NW		Amount of Each Disbursement this Period 3097.03
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Food and Beverage	Candidate Name	Transaction ID : SB17-EX2515
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 732 W. New Orleans		Amount of Each Disbursement this Period 38.79
City Broken Arrow	State OK Zip Code 74012	
Purpose of Disbursement Delivery	Candidate Name	Transaction ID : SB17-EX2516
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Grand Valley Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 213 Ashby Street		Amount of Each Disbursement this Period 3750.00
City Alexandria	State VA Zip Code 22305	
Purpose of Disbursement Fundraising Retainer	Candidate Name	Transaction ID : SB17-EX2517
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 67 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Grand Valley Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 213 Ashby Street			Amount of Each Disbursement this Period 3831.35	
City Alexandria	State VA	Zip Code 22305	Transaction ID : SB17-EX2537	
Purpose of Disbursement Fundraising Commission and Expenses: SEE BELOW		Category/ Type 003	Fundraising Commission and Expenses: SEE BELOW	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Grand Valley Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 213 Ashby Street			Amount of Each Disbursement this Period 3750.00	
City Alexandria	State VA	Zip Code 22305	Transaction ID : SB17-EX2538	
Purpose of Disbursement Fundraising Commission and Expenses: SEE BELOW		Category/ Type 003	[MEMO ITEM] Fundraising Retainer	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 732 W. New Orleans			Amount of Each Disbursement this Period 81.35	
City Broken Arrow	State OK	Zip Code 74012	Transaction ID : SB17-EX2539	
Purpose of Disbursement Fundraising Commission and Expenses: SEE BELOW		Category/ Type 003	[MEMO ITEM] Shipping Expense	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3831.35
<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 68 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Oklahoma Gas &amp; Electric</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address PO Box 24990		Amount of Each Disbursement this Period 1015.65 <b>Transaction ID : SB17-EX2619</b>
City Oklahoma City	State OK	
Zip Code 73124	Purpose of Disbursement Utility Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	State: District:	Utility Expense

Full Name (Last, First, Middle Initial) <b>B. Oklahoma Gas &amp; Electric</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address PO Box 24990		Amount of Each Disbursement this Period 630.31 <b>Transaction ID : SB17-EX2610</b>
City Oklahoma City	State OK	
Zip Code 73124	Purpose of Disbursement Utility Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	State: District:	Utility Expense

Full Name (Last, First, Middle Initial) <b>c. Oklahoma Gas &amp; Electric</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address PO Box 24990		Amount of Each Disbursement this Period 209.11 <b>Transaction ID : SB17-EX2562</b>
City Oklahoma City	State OK	
Zip Code 73124	Purpose of Disbursement Utility Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	State: District:	Utility Expense

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1855.07
<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 69 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Corporate To Casual Screen Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 702 W Broadway			Amount of Each Disbursement this Period 490.36
City Muskogee	State OK	Zip Code 74401	Transaction ID : SB17-EX2558
Purpose of Disbursement Campaign T-Shirts		Category/ Type 006	
Candidate Name			Campaign T-Shirts
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. The Strategy Group Company</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 2170.20
City Delaware	State OH	Zip Code 43015	Transaction ID : SB17-EX2550
Purpose of Disbursement Telephone Equipment & Setup		Category/ Type 004	
Candidate Name			Telephone Equipment & Setup
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Muskogee Holdings</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address PO Box 2519			Amount of Each Disbursement this Period 500.00
City Muskogee	State OK	Zip Code 74402	Transaction ID : SB17-EX2510
Purpose of Disbursement Office Rent		Category/ Type 001	
Candidate Name			Office Rent
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3160.56
<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 70 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Muskogee Holdings</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address PO Box 2519		Amount of Each Disbursement this Period 512.31
City Muskogee	State OK	Zip Code 74402
Purpose of Disbursement Office Rent	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2609	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Office Rent
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Muskogee Holdings</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address PO Box 2519		Amount of Each Disbursement this Period 500.00
City Muskogee	State OK	Zip Code 74402
Purpose of Disbursement Office Rent	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2554	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Office Rent
State: District:		

Full Name (Last, First, Middle Initial) <b>C. William Barnes</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address PO Box 140		Amount of Each Disbursement this Period 637.60
City Caney	State OK	Zip Code 74533
Purpose of Disbursement Mileage Reimbursement	Category/Type 002	
Candidate Name	Transaction ID : SB17-EX2493	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Mileage Reimbursement
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1649.91
<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 71 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 837.36
City Fairfax	State VA	
Zip Code 22031	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17-EX2644
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Payroll Taxes
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 3036.88
City Fairfax	State VA	
Zip Code 22031	Purpose of Disbursement PAYROLL: SEE BELOW	Transaction ID : SB17-EX2614
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	PAYROLL: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Angie Gallant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address PO Box 140994		Amount of Each Disbursement this Period 688.04
City Broken Arrow	State OK	
Zip Code 74014	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2612
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Net Salary
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3874.24
<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 72 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 742.53
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2613  [MEMO ITEM] Withholding Taxes
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 1606.31
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2611  [MEMO ITEM] Net Salary
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 171.65
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll Service Fee	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2634  Payroll Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	171.65
<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 73 OF 102	
	<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)  
**Mullin For Congress**

**A. Paychex**

Full Name (Last, First, Middle Initial)  
Mailing Address 3060 Williams Drive Ste 200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
PAYROLL: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 29 / 2014

Amount of Each Disbursement this Period  
2201.00

Transaction ID : SB17-EX2617

PAYROLL: SEE BELOW

Category/Type: 001

**B. Laramie Burge**

Full Name (Last, First, Middle Initial)  
Mailing Address 2700 N 7th St Apt 116

City Broken Arrow State OK Zip Code 74012

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 29 / 2014

Amount of Each Disbursement this Period  
1606.31

Transaction ID : SB17-EX2615

[MEMO ITEM]  
Net Salary

Category/Type: 001

**c. Paychex**

Full Name (Last, First, Middle Initial)  
Mailing Address 3060 Williams Drive Ste 200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Administrative/Salary/Overhead Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 29 / 2014

Amount of Each Disbursement this Period  
594.69

Transaction ID : SB17-EX2616

[MEMO ITEM]  
Withholding Taxes

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 2201.00

**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 74 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 163.15
City Fairfax	State VA	
Purpose of Disbursement Payroll Service Fee	Zip Code 22031	Payroll Service Fee
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 163.15
City Fairfax	State VA	
Purpose of Disbursement Payroll Service Fee	Zip Code 22031	Payroll Service Fee
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 163.15
City Fairfax	State VA	
Purpose of Disbursement Payroll Service Fee	Zip Code 22031	Payroll Service Fee
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	489.45
<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 75 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		30		2014
M M	/	D D	/	Y Y Y Y								
09		30		2014								
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period <table border="1"> <tr> <td>4967.25</td> </tr> </table>	4967.25									
4967.25												
City State Zip Code Fairfax VA 22031	Purpose of Disbursement PAYROLL: SEE BELOW	Transaction ID : <b>SB17-EX2643</b>										
Candidate Name	Category/Type 001	PAYROLL: SEE BELOW										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014											
State: District:												

Full Name (Last, First, Middle Initial) <b>B. Laramie Burge</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		30		2014
M M	/	D D	/	Y Y Y Y								
09		30		2014								
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1606.31</td> </tr> </table>	1606.31									
1606.31												
City State Zip Code Broken Arrow OK 74012	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : <b>SB17-EX2640</b>										
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Net Salary										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014											
State: District:												

Full Name (Last, First, Middle Initial) <b>c. Michael Stopp</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		30		2014
M M	/	D D	/	Y Y Y Y								
09		30		2014								
Mailing Address 1003 Francis Ave		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2011.44</td> </tr> </table>	2011.44									
2011.44												
City State Zip Code Tahlequah OK 74464	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : <b>SB17-EX2641</b>										
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Net Salary										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>4967.25</td> </tr> </table>	4967.25
4967.25		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 76 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3060 Williams Drive Ste 200		Amount of Each Disbursement this Period 1349.50
City Fairfax	State VA	
Zip Code 22031	Purpose of Disbursement Administrative/Salary/Overhead Expenses	<b>Transaction ID : SB17-EX2642</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	<b>[MEMO ITEM]</b> Withholding Taxes
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angie Gallant</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address PO Box 140994		Amount of Each Disbursement this Period 423.28
City Broken Arrow	State OK	
Zip Code 74014	Purpose of Disbursement Mileage Reimbursement	<b>Transaction ID : SB17-EX2500</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Mileage Reimbursement
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 463.16
City Broken Arrow	State OK	
Zip Code 74012	Purpose of Disbursement Mileage Reimbursement	<b>Transaction ID : SB17-EX2492</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Mileage Reimbursement
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	886.44
<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 77 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 10.84
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		001 Category/Type
Candidate Name		Transaction ID : SB17-EX2502
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 10303 E. 71st St.		Amount of Each Disbursement this Period 10.84
City Tulsa	State OK	Zip Code 74133
Purpose of Disbursement Computer Equipment		001 Category/Type
Candidate Name		Transaction ID : SB17-EX2503
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 32.40
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement Mileage Reimbursement		002 Category/Type
Candidate Name		Transaction ID : SB17-EX2506
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	Mileage Reimbursement	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.24
<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 78 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 100.00
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		007 Category/Type
Candidate Name		Transaction ID : SB17-EX2507
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. Hammett House</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 1516 W Will Rogers Blvd		Amount of Each Disbursement this Period 50.00
City Claremore	State OK	Zip Code 74017
Purpose of Disbursement Host Gifts		007 Category/Type
Candidate Name		Transaction ID : SB17-EX2508
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. The Pink House</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 210 W 4th St		Amount of Each Disbursement this Period 50.00
City Claremore	State OK	Zip Code 74017
Purpose of Disbursement Host Gifts		007 Category/Type
Candidate Name		Transaction ID : SB17-EX2509
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<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 79 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Laramie Burge</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 283.60
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement Mileage Reimbursement	Category/Type 002	
Candidate Name	Transaction ID : SB17-EX2607	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	Mileage Reimbursement	

Full Name (Last, First, Middle Initial) <b>B. Laramie Burge</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 417.44
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement Mileage Reimbursement	Category/Type 002	
Candidate Name	Transaction ID : SB17-EX2541	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	Mileage Reimbursement	

Full Name (Last, First, Middle Initial) <b>c. Laramie Burge</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 20.00
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement Parking Reimbursement	Category/Type 002	
Candidate Name	Transaction ID : SB17-EX2542	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	Parking Reimbursement	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	721.04
<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 80 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 635.36
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement Mileage Reimbursement	Category/Type 002	
Candidate Name		Transaction ID : SB17-EX2551
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	Mileage Reimbursement	

Full Name (Last, First, Middle Initial) <b>B. Laramie Burge</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 2700 N 7th St Apt 116		Amount of Each Disbursement this Period 167.32
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement Travel Reimbursement	Category/Type 002	
Candidate Name		Transaction ID : SB17-EX2553
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	Travel Reimbursement	

Full Name (Last, First, Middle Initial) <b>c. Credit Card Operations</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address PO Box 6139		Amount of Each Disbursement this Period 2533.86
City Norman	State OK	Zip Code 73070
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX2591
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	CREDIT CARD PAYMENT: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3336.54
<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 81 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Harps Fuel</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 30750 S Hwy 88		Amount of Each Disbursement this Period 17.38
City Inola	State OK	Zip Code 74036
Purpose of Disbursement Travel Expenses	Category/Type 002	
Candidate Name		Transaction ID : SB17-EX2569
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	[MEMO ITEM] Fuel	

Full Name (Last, First, Middle Initial) <b>B. Main Street Diner</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 251 W 6th St		Amount of Each Disbursement this Period 35.48
City Chelsea	State OK	Zip Code 74016
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX2570
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	[MEMO ITEM] Food and Beverage	

Full Name (Last, First, Middle Initial) <b>c. The Antlers American</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 110 EAST MAIN		Amount of Each Disbursement this Period 134.66
City Antlers	State OK	Zip Code 74523
Purpose of Disbursement Advertising Expenses	Category/Type 004	
Candidate Name		Transaction ID : SB17-EX2571
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	[MEMO ITEM] Newspaper Advertising	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 82 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Okemah News Leader</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address PO Box 191		Amount of Each Disbursement this Period 126.00
City Okemah	State OK	Zip Code 74859
Purpose of Disbursement Advertising Expenses	Category/Type 004	
Candidate Name		Transaction ID : SB17-EX2572
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State:	District:	[MEMO ITEM] Newspaper Advertising

Full Name (Last, First, Middle Initial) <b>B. Mccurtain Daily Gazette</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 107 S Central		Amount of Each Disbursement this Period 231.00
City Idabel	State OK	Zip Code 74745
Purpose of Disbursement Advertising Expenses	Category/Type 004	
Candidate Name		Transaction ID : SB17-EX2573
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State:	District:	[MEMO ITEM] Newspaper Advertising

Full Name (Last, First, Middle Initial) <b>c. Okmulgee Daily Times</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 114 E 7th St		Amount of Each Disbursement this Period 233.00
City Okmulgee	State OK	Zip Code 74447
Purpose of Disbursement Advertising Expenses	Category/Type 004	
Candidate Name		Transaction ID : SB17-EX2574
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State:	District:	[MEMO ITEM] Newspaper Advertising

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 83 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Pryor Daily Times</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 105 S Adair St		Amount of Each Disbursement this Period 119.85
City Pryor State OK Zip Code 74362	Purpose of Disbursement Advertising Expenses	Transaction ID : SB17-EX2575
Candidate Name	Category/Type 004	[MEMO ITEM] Newspaper Advertising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Miami News Record</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 14 1st Ave NW		Amount of Each Disbursement this Period 127.50
City Miami State OK Zip Code 74354	Purpose of Disbursement Advertising Expenses	Transaction ID : SB17-EX2576
Candidate Name	Category/Type 004	[MEMO ITEM] Newspaper Advertising
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Walmart</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 1500 S. Lynn Riggs Blvd.		Amount of Each Disbursement this Period 7.93
City Claremore State OK Zip Code 74017	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2577
Candidate Name	Category/Type 001	[MEMO ITEM] Food and Beverage
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 84 OF 102			
	<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)  
**Mullin For Congress**

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

Mailing Address 2801 E. Kenosha St.

City Broken Arrow State OK Zip Code 74014

Purpose of Disbursement Administrative/Salary/Overhead Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) General 2014

State: District:

Date of Disbursement 07 / 15 / 2014

Amount of Each Disbursement this Period 219.00

Transaction ID : SB17-EX2578

**[MEMO ITEM]**  
Postage

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

Mailing Address 504 E. Graham

City Pryor State OK Zip Code 74361

Purpose of Disbursement Advertising Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) General 2014

State: District:

Date of Disbursement 07 / 15 / 2014

Amount of Each Disbursement this Period 15.97

Transaction ID : SB17-EX2579

**[MEMO ITEM]**  
Campaign Sign Posts

Full Name (Last, First, Middle Initial)  
**c. Tractor Supply**

Mailing Address 410 S George Nigh Expy

City Mcalester State OK Zip Code 74501

Purpose of Disbursement Advertising Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) General 2014

State: District:

Date of Disbursement 07 / 15 / 2014

Amount of Each Disbursement this Period 43.55

Transaction ID : SB17-EX2580

**[MEMO ITEM]**  
Campaign Sign Posts

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**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 85 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Greenvelope.com</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 1411 Fourth Ave		Amount of Each Disbursement this Period 105.00
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement Campaign Event Expenses	Transaction ID : <b>SB17-EX2581</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Invitation Printing
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vinita Daily Journal</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 140 S Wilson		Amount of Each Disbursement this Period 245.40
City Vinita	State OK	
Zip Code 74301	Purpose of Disbursement Advertising Expenses	Transaction ID : <b>SB17-EX2582</b>
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Newspaper Advertising
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hobby Lobby</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 720 W. New Orleans		Amount of Each Disbursement this Period 147.80
City Broken Arrow	State OK	
Zip Code 74011	Purpose of Disbursement Campaign Event Expenses	Transaction ID : <b>SB17-EX2583</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Event Decorations
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 86 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Little Caesars</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 915 W. Will Rogers Blvd.		Amount of Each Disbursement this Period 21.94
City Claremore	State OK	
Zip Code 74017	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2584
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shipping Plus</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 1114 W Broadway St		Amount of Each Disbursement this Period 75.49
City Muskogee	State OK	
Zip Code 74401	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2585
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Delivery
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 11001 E. 71st St. South		Amount of Each Disbursement this Period 16.91
City Tulsa	State OK	
Zip Code 74133	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2586
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] USB Memory
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 87 OF 102	
	<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)  
**Mullin For Congress**

**A. Kum & Go**

Full Name (Last, First, Middle Initial)  
Mailing Address 24101 E. State Hwy

City Broken Arrow State OK Zip Code 74014

Purpose of Disbursement Travel Expenses  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) General 2014

State: District:

Date of Disbursement 07 / 15 / 2014

Amount of Each Disbursement this Period 100.00

Transaction ID : SB17-EX2587

**[MEMO ITEM]**  
Fuel

**B. Armstrong's Catering Co**

Full Name (Last, First, Middle Initial)  
Mailing Address 211 N 3rd St

City Muskogee State OK Zip Code 74401

Purpose of Disbursement Campaign Event Expenses  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) General 2014

State: District:

Date of Disbursement 07 / 15 / 2014

Amount of Each Disbursement this Period 625.00

Transaction ID : SB17-EX2588

**[MEMO ITEM]**  
Catering

**C. AT&T Mobility**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 537104

City Atlanta State GA Zip Code 30353

Purpose of Disbursement Administrative/Salary/Overhead Expenses  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) General 2014

State: District:

Date of Disbursement 07 / 15 / 2014

Amount of Each Disbursement this Period 27.00

Transaction ID : SB17-EX2589

**[MEMO ITEM]**  
Telephone Expense

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

**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 88 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 716.21
City Ft Worth	State TX	
Purpose of Disbursement Travel Expenses	Candidate Name	Transaction ID : SB17-EX2590
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Airfare
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Credit Card Operations</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address PO Box 6139		Amount of Each Disbursement this Period 716.21
City Norman	State OK	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	Candidate Name	Transaction ID : SB17-EX2598
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	CREDIT CARD PAYMENT: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Cellular</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 8410 W Bryn Mawr Ave		Amount of Each Disbursement this Period 54.71
City Chicago	State IL	
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Candidate Name	Transaction ID : SB17-EX2592
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Telephone
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	716.21
<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 89 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 1500 S. Lynn Riggs Blvd.		Amount of Each Disbursement this Period 50.00
City Claremore	State OK	
Zip Code 74017	Purpose of Disbursement Campaign Event Expenses	Transaction ID : SB17-EX2593
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Name Tags
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Homeland</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 504 E. Graham		Amount of Each Disbursement this Period 4.14
City Pryor	State OK	
Zip Code 74361	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2594
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Cable Ties
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Fedex</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 732 W. New Orleans		Amount of Each Disbursement this Period 301.19
City Broken Arrow	State OK	
Zip Code 74012	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2596
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Delivery
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 90 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 10303 E. 71st St.		Amount of Each Disbursement this Period 206.17
City Tulsa	State OK	Zip Code 74133
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Category/Type 001
Candidate Name		Transaction ID : SB17-EX2597
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State:	District:	[MEMO ITEM] Computer Equipment

Full Name (Last, First, Middle Initial) <b>B. Credit Card Operations</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address PO Box 6139		Amount of Each Disbursement this Period 893.98
City Norman	State OK	Zip Code 73070
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		Category/Type 001
Candidate Name		Transaction ID : SB17-EX2629
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State:	District:	CREDIT CARD PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>c. US Cellular</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address 8410 W Bryn Mawr Ave		Amount of Each Disbursement this Period 54.71
City Chicago	State IL	Zip Code 60631
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Category/Type 001
Candidate Name		Transaction ID : SB17-EX2621
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State:	District:	[MEMO ITEM] Telephone

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	893.98
<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 91 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Usps</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address 2801 E. Kenosha St.		Amount of Each Disbursement this Period 49.42
City Broken Arrow	State OK	Zip Code 74014
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Category/Type 001
Candidate Name		Transaction ID : SB17-EX2622
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State:	District:	[MEMO ITEM] Postage

Full Name (Last, First, Middle Initial) <b>B. CVS Pharmacy</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address 1853 S Aspen Ave		Amount of Each Disbursement this Period 25.00
City Broken Arrow	State OK	Zip Code 74012
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Category/Type 001
Candidate Name		Transaction ID : SB17-EX2623
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State:	District:	[MEMO ITEM] Food and Beverage

Full Name (Last, First, Middle Initial) <b>C. El Azteca</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address 441 S Brady St		Amount of Each Disbursement this Period 23.65
City Claremore	State OK	Zip Code 74017
Purpose of Disbursement Administrative/Salary/Overhead Expenses		Category/Type 001
Candidate Name		Transaction ID : SB17-EX2625
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State:	District:	[MEMO ITEM] Food and Beverage

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 92 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Chili's</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 419 W. Will Rogers Blvd.		Amount of Each Disbursement this Period 27.00
City Claremore	State OK	
Zip Code 74017	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2626
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 1500 S. Lynn Riggs Blvd.		Amount of Each Disbursement this Period 6.59
City Claremore	State OK	
Zip Code 74017	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX2627
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Corporate To Casual Screen Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 702 W Broadway		Amount of Each Disbursement this Period 457.61
City Muskogee	State OK	
Zip Code 74401	Purpose of Disbursement Campaign Materials	Transaction ID : SB17-EX2628
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Campaign T-Shirts
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 93 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoffman Printing LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO Box 1529		Amount of Each Disbursement this Period 389.50
City Muskogee	State OK	Zip Code 74402
Purpose of Disbursement Business Card Printing	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX2555
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	Business Card Printing	

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 5555 Hilton Ave		Amount of Each Disbursement this Period 693.21
City Baton Rouge	State LA	Zip Code 70808
Purpose of Disbursement Credit Card Processing	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX2632
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	Credit Card Processing	

Full Name (Last, First, Middle Initial) <b>C.</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1082.71
<b>TOTAL</b> This Period (last page this line number only).....	68687.14

**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 94 OF 102	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address Rt 1 Box 8255		Amount of Each Disbursement this Period 155000.00 <b>Transaction ID : SB19A-LP4</b>
City Westville	State OK	
Zip Code 74965	Purpose of Disbursement Repay Loan	Loan Payment
Candidate Name <b>Markwayne Mullin</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address Rt 1 Box 8255		Amount of Each Disbursement this Period 100000.00 <b>Transaction ID : SB19A-LP2</b>
City Westville	State OK	
Zip Code 74965	Purpose of Disbursement Repay Loan	Loan Payment
Candidate Name <b>Markwayne Mullin</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address Rt 1 Box 8255		Amount of Each Disbursement this Period 35000.00 <b>Transaction ID : SB19A-LP3</b>
City Westville	State OK	
Zip Code 74965	Purpose of Disbursement Repay Loan	Loan Payment
Candidate Name <b>Markwayne Mullin</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: OK	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	155000.00
<b>TOTAL</b> This Period (last page this line number only).....	155000.00

**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 95 OF 102			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Barry G. Bryant</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 11200 Oakleaf Ln			Amount of Each Disbursement this Period 2600.00	
City Oklahoma City	State OK	Zip Code 73131	Transaction ID : SB20a-CR8	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Excess Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mrs. Jacqueline Poe</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 2131 E 29th St			Amount of Each Disbursement this Period 4900.00	
City Tulsa	State OK	Zip Code 74114	Transaction ID : SB20a-CR6	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund Over Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert C. Poe</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 2131 E 29th St			Amount of Each Disbursement this Period 400.00	
City Tulsa	State OK	Zip Code 74114	Transaction ID : SB20a-CR5	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund Over Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7900.00
<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 96 OF 102			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Miami Tribe Tribal Support</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address PO Box 1326			Amount of Each Disbursement this Period 400.00
City Miami	State OK	Zip Code 74355	Transaction ID : SB20a-CR7
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Refund of Over Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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		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			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
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).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	8300.00



**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 97 OF 102			
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Markwayne Mullin</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address Rt 1 Box 8255		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB21-EX2563</b>
City Westville	State OK	
Purpose of Disbursement Reimbursement: SEE BELOW		Category/ Type 012
Candidate Name <b>Markwayne Mullin</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Reimbursement: SEE BELOW
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Poteau Veteran Appreciation Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 1441 E. 41st Street		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB21-EX2564</b>
City Tulsa	State OK	
Purpose of Disbursement Contribution		Category/ Type 012
Candidate Name <b>Markwayne Mullin</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	<b>[MEMO ITEM]</b>
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>C. NRA Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 11250 Waples Mill Rd		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17-EX2595</b>
City Fairfax	State VA	
Purpose of Disbursement Donations		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	<b>[MEMO ITEM]</b> Donation
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<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 98 OF 102	
	<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)  
**Mullin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Claremore Public Schools Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 102 W. 10th		Amount of Each Disbursement this Period 250.00
City Claremore	State OK Zip Code 74017	
Purpose of Disbursement Donations	Candidate Name	Transaction ID : SB17-EX2624
Category/Type 012		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Donation
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Westerman For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 21097		Amount of Each Disbursement this Period 1000.00
City Hot Springs National Park	State AR Zip Code 71903	
Purpose of Disbursement Contribution	Candidate Name <b>Bruce Westerman</b>	Transaction ID : SB21-EX2620
Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Contribution
State: AR District: 04		

Full Name (Last, First, Middle Initial) <b>C.</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	Candidate Name	Category/Type
Category/Type		
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).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1100.00

**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)  
**Mullin For Congress**

Transaction ID : **SC10-LN1**

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

**[PERSONAL FUNDS]**

Election: 2012

**Markwayne Mullin**

Primary

General

Other (specify) ▼

Mailing Address  
Rt 1 Box 8255

City State ZIP Code  
Westville OK 74965

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000 47750.00 52250.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06

21

2011

01

01

2014

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)..... ▶ 52250.00

**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**

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)  
**Mullin For Congress**

Transaction ID : **SC10-LN2**

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

**[PERSONAL FUNDS]**

Election: 2012

**Markwayne Mullin**

Primary

General

Other (specify) ▼

Mailing Address  
Rt 1 Box 8255

City State ZIP Code  
Westville OK 74965

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000 100000.00 .00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M / D 30 D / Y 2011 Y

M 01 M / D 01 D / Y 2014 Y

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)..... ▶ 0.00

**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**

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)  
**Mullin For Congress**

Transaction ID : **SC10-LN3**

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

**[PERSONAL FUNDS]**

Election: 2012

**Markwayne Mullin**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
Rt 1 Box 8255

City State ZIP Code  
Westville OK 74965

Original Amount of Loan 35000	Cumulative Payment To Date 35000.00	Balance Outstanding at Close of This Period .00
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**TERMS**

Date Incurred: M 06 / D 06 / Y 2012  
Date Due: M 01 / D 01 / Y 2014  
Interest Rate: 0.00 % (apr)  
Secured:  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)..... ▶ [ ] 0.00

**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.**