

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

CHRIS EDWARDS FOR CONGRESS

ADDRESS (number and street)

PO BOX 13105

Check if different than previously reported. (ACC)

LAS VEGAS

NV

89112

2. FEC IDENTIFICATION NUMBER ▼

C C00511667

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NV

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY
07 / 01 / 2012 through 09 / 30 / 2012

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 Tiffany Waddell

Signature of Treasurer Tiffany Waddell

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2012

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								
-----------------	--	--	--	--	--	--	--	--

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CHRIS EDWARDS 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))....	24306.00	28907.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	24306.00	28907.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21693.38	76858.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21693.38	76858.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	94048.35	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	142000.00	

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

CHRIS EDWARDS FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17412.00	19490.00
(ii) Unitemized.....	6894.00	9417.00
(iii) TOTAL of contributions from individuals ▶	24306.00	28907.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	24306.00	28907.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	142000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	142000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	24306.00	170907.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21693.38	76858.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21693.38	76858.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	91435.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	24306.00
25. SUBTOTAL (add Line 23 and Line 24).....	115741.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21693.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	94048.35

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 32
	<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)
CHRIS EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bill Adams

Mailing Address 1200 N. Nash Street
#812

City Arlington State VA Zip Code 22208

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

Name of Employer Info requested Occupation Info requested

Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period
Contribution 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Info requested Occupation Info requested

Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
627.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period
Pass the hat at meeting 166.00

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

Mailing Address

City State Zip Code

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

Name of Employer Info requested Occupation Info requested

Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
810.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 14 / 2012

Transaction ID : SA11AI.4569

Amount of Each Receipt this Period
Pass the hat at meeting 183.00

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

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

599.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5H-CB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4568

All anonymous pass the hat cash donations. No individual donation exceeded \$50.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4569

All anonymous pass the hat cash donations. No individual donation exceeded \$50.

**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 32
	<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)
CHRIS EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anonymous Anonymous

Mailing Address

City State Zip Code

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

Name of Employer
Unknown

Occupation
Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1045.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2012

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
235.00

Pass the hat at event

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

Mailing Address

City State Zip Code

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

Name of Employer
Unknown

Occupation
Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1115.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2012

Transaction ID : SA11AI.4571

Amount of Each Receipt this Period
70.00

Pass the hat at event

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

Mailing Address

City State Zip Code

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

Name of Employer
Unknown

Occupation
Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1128.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2012

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period
13.00

Pass the hat at event

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

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

318.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4570

All anonymous pass the hat cash donations. No individual donation exceeded \$50.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4571

All anonymous pass the hat cash donations. No individual donation exceeded \$50.

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4572

All anonymous pass the hat cash donations. No individual donation exceeded \$50.

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 10 OF 32
	<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)
CHRIS EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anonymous Anonymous

Mailing Address

City State Zip Code

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

Name of Employer
Unknown

Occupation
Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1233.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period
105.00

Pass the hat at event

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

Mailing Address

City State Zip Code

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

Name of Employer
Unknown

Occupation
Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1703.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11AI.4575

Amount of Each Receipt this Period
470.00

Pass the hat at event

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

Mailing Address

City State Zip Code

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

Name of Employer
Unknown

Occupation
Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1753.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period
50.00

Anonymous cash donation

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

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

625.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4573

All anonymous pass the hat cash donations. No individual donation exceeded \$50.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4575

All anonymous pass the hat cash donations. No individual donation exceeded \$50.

**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 32
	<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)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Doug Ansell		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address PO Box 96843		Transaction ID : SA11AI.4403	
City Las Vegas	State NV	Zip Code 89193	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00	
Name of Employer Inenvi	Occupation CEO		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 1000.00		

Full Name (Last, First, Middle Initial) B. Euclid Black		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address 2 Grand Anacapri Dr		Transaction ID : SA11AI.4396	
City Henderson	State NV	Zip Code 89011	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 1000.00	
Name of Employer Info requested	Occupation Info requested		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 1000.00		

Full Name (Last, First, Middle Initial) C. Antoinette Chaltiel		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2012	
Mailing Address 912 Trophy Hills Dr		Transaction ID : SA11AI.4390	
City Las Vegas	State NV	Zip Code 89134	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2500.00	
Name of Employer Info requested	Occupation Managing member		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 2500.00		

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 32
	<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)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Victor Chaltiel		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2012	
Mailing Address 912 Trophy Hills Dr		Transaction ID : SA11AI.4388	
City Las Vegas	State NV	Zip Code 89134	Amount of Each Receipt this Period Contribution 2500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Info requested	Occupation Chairman		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) B. Margaret Crockett		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address 17 Princeville Lane		Transaction ID : SA11AI.4416	
City Las Vegas	State NV	Zip Code 89113	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Info requested	Occupation Info requested		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Maria Donald		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2012	
Mailing Address 6650 Peachtree lane		Transaction ID : SA11AI.4700	
City Las Vegas	State NV	Zip Code 89103	Amount of Each Receipt this Period Contribution 50.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 32
	<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)
CHRIS EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Donald

Mailing Address 6550 Peachtree Lane

City Las Vegas State NV Zip Code 89103

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period
350.00

Contribution

B. Full Name (Last, First, Middle Initial)
Kenneth Edwards

Mailing Address 1571 Irving Street

City Rahway State NJ Zip Code 07065

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

Name of Employer Info requested Occupation Businessman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mary Fatzinger

Mailing Address 7805 Canoe Lane

City Las Vegas State NV Zip Code 89145

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

Name of Employer Info requested Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
250.00

Contribution

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

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

850.00

**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 15 OF 32
	<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)
CHRIS EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Felb

Mailing Address 9901 Moon Valley Lane

City Las Vegas State NV Zip Code 89134

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

Name of Employer Info requested Occupation CFO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2012

Transaction ID : SA11AI.4392

Amount of Each Receipt this Period
 Contribution 2000.00

B. Full Name (Last, First, Middle Initial)
Babe Gialketsis

Mailing Address 6333 Ensworth Street

City LAs Vegas State NV Zip Code 89119

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
Julie Hereford

Mailing Address 11311 Winter Collage Pl

City Las Vegas State NV Zip Code 89135

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

Name of Employer Info requested Occupation Candidate Recruiter

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period
 Contribution 100.00

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

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

3100.00

**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 16 OF 32
	<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)
CHRIS EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Francis Ivey

Mailing Address 2176 Point Mallard Dr

City Henderson State NV Zip Code 89012

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period
 Contribution **50.00**

B. Full Name (Last, First, Middle Initial)
Matthew Jakus

Mailing Address 4301 Newcastle Rd

City Las Vegas State NV Zip Code 89103

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period
 Contribution **250.00**

C. Full Name (Last, First, Middle Initial)
Frank Nolimal

Mailing Address

City State Zip Code

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

Name of Employer Self Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period
 Contribution **350.00**

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

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

650.00

**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 32
	<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)
CHRIS EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Brian Rathjen

Mailing Address 6 Roxen Rd

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Info requested Occupation
Sales Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Real Water

Mailing Address 3208 W Desert Inn

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
720.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2012

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period
720.00

In-kind - Water

C. Full Name (Last, First, Middle Initial)
Judith Ruiz

Mailing Address 9 Hummingbird Lane

City State Zip Code
Las Vegas NV 89014

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.4401

Amount of Each Receipt this Period
500.00

Contribution

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

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

1720.00

**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 32
	<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)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. James Sallee		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2012	
Mailing Address 416 Clifton Heights Dr		Transaction ID : SA11AI.4674	
City Las Vegas	State NV	Zip Code 89128	Amount of Each Receipt this Period Contribution 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

Full Name (Last, First, Middle Initial) B. Dan Schwartz		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address 322 Karen Ave #3505		Transaction ID : SA11AI.4398	
City Las Vegas	State NV	Zip Code 89109	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Political Candidate		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) C. Kim Sennes		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address 3556 Fair Bluff St		Transaction ID : SA11AI.4399	
City Las Vegas	State NV	Zip Code 89135	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Info requested	Occupation Info requested		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<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)
CHRIS EDWARDS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lewis Shupe

Mailing Address 2020 Plaza Del Cielo

City Las Vegas State NV Zip Code 89102

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

Name of Employer Self Occupation Author

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Michael Suarez

Mailing Address 1288 Lynnwood Street

City Boulder City State NV Zip Code 89005

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
 Contribution 250.00

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
 Contribution

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

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

750.00

17412.00

**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 20 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 07 / 22 / 2012
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 549.08 Transaction ID : SB17.4667
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airline tickets LV to WDC	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV	District: 01	

Full Name (Last, First, Middle Initial) B. Black Raven		Date of Disbursement MM / DD / YYYY 07 / 17 / 2012
Mailing Address 11572 Hadwen Lane		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4600
City Las Vegas	State NV	
Zip Code 89135	Purpose of Disbursement Video Shoot and Photos	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV	District: 01	

Full Name (Last, First, Middle Initial) c. Black Raven		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 11572 Hadwen Lane		Amount of Each Disbursement this Period 1299.00 Transaction ID : SB17.4631
City Las Vegas	State NV	
Zip Code 89135	Purpose of Disbursement Vidoe Shoot and Photos	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3048.08
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 21 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Budget Mail		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 5480 S Cameron St		Amount of Each Disbursement this Period 2736.00
City Las Vegas	State NV	
Zip Code 89118	Purpose of Disbursement Postage	Transaction ID : SB17.4594
Candidate Name CHRIS EDWARDS FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2012	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NV	District: 01	

Full Name (Last, First, Middle Initial) B. Capital Effects LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2012
Mailing Address PO Box 2719		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20013	Purpose of Disbursement FEC Compliance Consulting	Transaction ID : SB17.4589
Candidate Name CHRIS EDWARDS FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2012	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NV	District: 01	

Full Name (Last, First, Middle Initial) c. Capital Effects LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address PO Box 2719		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20013	Purpose of Disbursement FEC Compliance Consulting	Transaction ID : SB17.4617
Candidate Name CHRIS EDWARDS FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2012	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NV	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3736.00
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 22 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capital Effects LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address PO Box 2719		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4636
City Washington State DC Zip Code 20013	Purpose of Disbursement FEC Compliance Consulting	
Candidate Name CHRIS EDWARDS FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Capital Effects LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address PO Box 2719		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4647
City Washington State DC Zip Code 20013	Purpose of Disbursement FEC Compliance Consulting	
Candidate Name CHRIS EDWARDS FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Daffron Marketing		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address PO Box 778056		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4581
City Henderson State NV Zip Code 89077	Purpose of Disbursement Social Media Services	
Candidate Name CHRIS EDWARDS FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1750.00
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 23 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Daffron Marketing		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address PO Box 778056		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4641
City Henderson	State NV	
Zip Code 89077	Purpose of Disbursement Social Media Services	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV	District: 01	

Full Name (Last, First, Middle Initial) B. Daffron Marketing		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address PO Box 778056		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4659
City Henderson	State NV	
Zip Code 89077	Purpose of Disbursement Social Media Services	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV	District: 01	

Full Name (Last, First, Middle Initial) c. Daffron Marketing		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2012
Mailing Address PO Box 778056		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4662
City Henderson	State NV	
Zip Code 89077	Purpose of Disbursement Social Media Services	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2250.00
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 24 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dane & Associates		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2012
Mailing Address 4145 Pequeno Ave		Amount of Each Disbursement this Period 6005.15 Transaction ID : SB17.4606
City Las Vegas	State NV Zip Code 89120	
Purpose of Disbursement Survey	Category/Type	
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

Full Name (Last, First, Middle Initial) B. Fedex		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2012
Mailing Address 9995 S Eastern Ave		Amount of Each Disbursement this Period 279.99 Transaction ID : SB17.4609
City Las Vegas	State NV Zip Code 89183	
Purpose of Disbursement Printing	Category/Type	
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

Full Name (Last, First, Middle Initial) c. Jolley Insurance Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address		Amount of Each Disbursement this Period 896.66 Transaction ID : SB17.4639
City Las Vegas	State NV Zip Code	
Purpose of Disbursement Office Insurance	Category/Type	
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

SUBTOTAL of Disbursements This Page (optional).....	7181.80
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 25 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ken Wegner		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4656
City Las Vegas	State NV	
Purpose of Disbursement Autodialer services	Zip Code	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

Full Name (Last, First, Middle Initial) B. Las Vegas Chinese Daily News		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 4215 Spring Mount Rd		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4602
City Las Vegas	State NV	
Purpose of Disbursement Newspaper ads	Zip Code 89102	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

Full Name (Last, First, Middle Initial) c. OfficeMax		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 2837 S Maryland Parkway		Amount of Each Disbursement this Period 48.60 Transaction ID : SB17.4625
City Las Vegas	State NV	
Purpose of Disbursement Printer Ink	Zip Code 89109	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

SUBTOTAL of Disbursements This Page (optional).....	848.60
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 26 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OfficeMax		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 2837 S Maryland Parkway		Amount of Each Disbursement this Period 17.56 Transaction ID : SB17.4653
City Las Vegas	State NV Zip Code 89109	
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

Full Name (Last, First, Middle Initial) B. Raw Dialogue		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 2300 Rock Springs		Amount of Each Disbursement this Period 754.68 Transaction ID : SB17.4649
City Las Vegas	State NV Zip Code 89126	
Purpose of Disbursement Printing	Category/Type	
Candidate Name CHRIS EDWARDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

Full Name (Last, First, Middle Initial) c. Real Water		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2012
Mailing Address 3208 W Desert Inn		Amount of Each Disbursement this Period 720.00 Transaction ID : SB17.4580
City Las Vegas	State NV Zip Code 89102	
Purpose of Disbursement In-kind - Water	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1492.24
TOTAL This Period (last page this line number only).....	20306.72

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CHRIS EDWARDS FOR CONGRESS** Transaction ID : **SC/10.4207**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Christopher Edwards
 Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address PO BOX 13105
 City LAS VEGAS State NV ZIP Code 89112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS
 Date Incurred: M 01 / D 03 / Y 2012
 Date Due: M M / D D / Y On Demand
 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)..... ▶ 100.00
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) **CHRIS EDWARDS FOR CONGRESS** Transaction ID : **SC/10.4209**

LOAN SOURCE Full Name (Last, First, Middle Initial) CHRISTOPHER EDWARDS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 13105		

City	State	ZIP Code
LAS VEGAS	NV	89112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 12 / 2012	On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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).....	▶	1000.00
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)

Transaction ID : SC/10.4211

CHRIS EDWARDS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

CHRISTOPHER EDWARDS

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 13105

City State ZIP Code
LAS VEGAS NV 89112

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
900.00 0.00 900.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

27

2012

On Demand

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)..... 900.00
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) **CHRIS EDWARDS FOR CONGRESS** Transaction ID : **SC/10.4210**

LOAN SOURCE Full Name (Last, First, Middle Initial) CHRISTOPHER EDWARDS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 13105		

City	State	ZIP Code
LAS VEGAS	NV	89112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 08 / 2012	On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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).....	▶	10000.00
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) **CHRIS EDWARDS FOR CONGRESS** Transaction ID : **SC/10.4212**

LOAN SOURCE Full Name (Last, First, Middle Initial) CHRISTOPHER EDWARDS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 13105		

City	State	ZIP Code
LAS VEGAS	NV	89112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 03 / D 05 / Y 2012 Y	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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).....	▶	5000.00
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) **CHRIS EDWARDS FOR CONGRESS** Transaction ID : **SC/10.4213**

LOAN SOURCE Full Name (Last, First, Middle Initial) CHRISTOPHER EDWARDS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 13105		

City	State	ZIP Code
LAS VEGAS	NV	89112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125000.00	0.00	125000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 29 / Y 2012	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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).....	▶	125000.00
TOTALS This Period (last page in this line only).....	▶	142000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		