

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

Guild for Congress

ADDRESS (number and street)

PO Box 6621

Check if different than previously reported. (ACC)

Edmond

OK

73083

2. FEC IDENTIFICATION NUMBER ▼

C C00546242

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

OK

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
01 / 01 / 2013

through

M M / D D / Y Y Y Y
06 / 30 / 2013

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 Thomas Guild

Signature of Treasurer Thomas Guild

[Electronically Filed]

Date

M M / D D / Y Y Y Y
03 / 27 / 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
Guild 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)).... | 4312.68 | 4312.68 |
| (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))..... | 4312.68 | 4312.68 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 3486.13 | 3486.13 |
| (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))..... | 3486.13 | 3486.13 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 2953.05 | |
| 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)..... | 1200.00 | |

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

Guild 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)..... | 1501.00 | 1501.00 |
| (ii) Unitemized..... | 2811.68 | 2811.68 |
| (iii) TOTAL of contributions from individuals ▶ | 4312.68 | 4312.68 |
| (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)).. | 4312.68 | 4312.68 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 1200.00 | 1200.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 1200.00 | 1200.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 926.50 | 926.50 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 6439.18 | 6439.18 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 3486.13 | 3486.13 |
| 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) ► | 3486.13 | 3486.13 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 6439.18 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 6439.18 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 3486.13 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 2953.05 |

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

Form/Schedule: F3A
Transaction ID :

3/27/2014- Amended report...changed Designation from General to Primary. Realized we were attributing to wrong Election cycle

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 15 |
| | <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)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Joel Epstein

Mailing Address 521 W Lyon Farm Dr

City State Zip Code
Greenwich CT 06831

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period
 Contribution 25.00

B. Full Name (Last, First, Middle Initial)
James Gragg

Mailing Address 10609 Regent

City State Zip Code
Oklahoma City OK 73162

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2013

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period
 Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Barbara Hall

Mailing Address 9532 Sand Hill Ct

City State Zip Code
Highlands Ranch CO 80126

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period
 Contribution 50.00

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

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

575.00

**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 7 OF 15 |
| | <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)
Guild for Congress

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) Gene Hunt | | Date of Receipt MM / DD / YYYY 02 / 25 / 2013 |
| Mailing Address 4536 Kiva Ct | | Transaction ID : SA11AI.4144 |
| City Oklahoma City | State OK | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired | Occupation Retired | Contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) Gene Hunt | | Date of Receipt MM / DD / YYYY 05 / 07 / 2013 |
| Mailing Address 4536 Kiva Ct | | Transaction ID : SA11AI.4194 |
| City Oklahoma City | State OK | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Retired | Occupation Retired | Contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 450.00 | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) Gene Hunt | | Date of Receipt MM / DD / YYYY 06 / 21 / 2013 |
| Mailing Address 4536 Kiva Ct | | Transaction ID : SA11AI.4210 |
| City Oklahoma City | State OK | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 26.00 |
| Name of Employer Retired | Occupation Retired | Contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 476.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 476.00 |
| 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 8 OF 15 |
| | <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)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Nancy Kenderdine

Mailing Address 2805 NW 166th St

City Edmond State OK Zip Code 73012

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2013

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Nancy Kenderdine

Mailing Address 2805 NW 166th St

City Edmond State OK Zip Code 73012

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
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period
 Contribution 200.00

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

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

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

450.00

1501.00

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

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NAME OF COMMITTEE (In Full)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Guild

Mailing Address PO Box 6621

City Edmond State OK Zip Code 73083

FEC ID number of contributing federal political committee. **C H00K05155**

Name of Employer University of Central Oklahoma Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2013

Transaction ID : SA13A.4284

Amount of Each Receipt this Period
 200.00

Loan

B. Full Name (Last, First, Middle Initial)
Thomas Guild

Mailing Address PO Box 6621

City Edmond State OK Zip Code 73083

FEC ID number of contributing federal political committee. **C H00K05155**

Name of Employer University of Central Oklahoma Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2013

Transaction ID : SA13A.4209

Amount of Each Receipt this Period
 1000.00

Loan

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).....

1200.00

1200.00

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

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NAME OF COMMITTEE (In Full)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Monarch Marketing Group, LLC

Mailing Address 200 NW 63rd St

City Oklahoma City State OK Zip Code 73116

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
926.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2013

Transaction ID : SA15.4278

Amount of Each Receipt this Period
926.50

Refund of TV Ad fees

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).....

926.50

926.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 15 | | | |
| | <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)
Guild for Congress

| | | | | |
|---|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. IPGI - IMAGENation Promotional Group, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2013 | |
| Mailing Address 2720 N May Ave | | | Amount of Each Disbursement this Period 247.09 | |
| City Oklahoma City | State OK | Zip Code 73107 | Transaction ID : SB17.4119 | |
| Purpose of Disbursement Magnetic Signs | | Category/ Type 003 | | |
| Candidate Name | | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | | | |
|--|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. L.L. James Printing Co. | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013 | |
| Mailing Address 7156 Melrose Ln | | | Amount of Each Disbursement this Period 75.00 | |
| City Oklahoma City | State OK | Zip Code 73127 | Transaction ID : SB17.4126 | |
| Purpose of Disbursement Program Ad Expense | | Category/ Type 004 | | |
| Candidate Name | | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | | | |
|--|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Oklahoma Democratic Party | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2013 | |
| Mailing Address 4100 N Lincoln Blvd | | | Amount of Each Disbursement this Period 400.00 | |
| City Oklahoma City | State OK | Zip Code 73105 | Transaction ID : SB17.4127 | |
| Purpose of Disbursement 1/2 Table at Carl Albert Dinner Event | | Category/ Type 007 | | |
| Candidate Name | | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 722.09 |
| 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 12 OF 15 | | | |
| | <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)
Guild for Congress

| | | | | |
|---|--|---------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Pam Paul | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013 | |
| Mailing Address 2632 Cashion Pl | | | Amount of Each Disbursement this Period 100.00 | |
| City Oklahoma City | State OK | Zip Code 73112 | Transaction ID : SB17.4122 | |
| Purpose of Disbursement Professional Consulting Service | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ District: _____ | | | | |

| | | | | |
|---|--|---------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Pam Paul | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013 | |
| Mailing Address 2632 Cashion Pl | | | Amount of Each Disbursement this Period 100.00 | |
| City Oklahoma City | State OK | Zip Code 73112 | Transaction ID : SB17.4125 | |
| Purpose of Disbursement Professional Consulting Service | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ District: _____ | | | | |

| | | | | |
|---|--|---------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Pam Paul | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2013 | |
| Mailing Address 2632 Cashion Pl | | | Amount of Each Disbursement this Period 100.00 | |
| City Oklahoma City | State OK | Zip Code 73112 | Transaction ID : SB17.4132 | |
| Purpose of Disbursement Professional Consulting Service | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ District: _____ | | | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 300.00 |
| 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 13 OF 15 | | | |
| | <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)
Guild for Congress

| | | | | | |
|---|--|---------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. The Printers of Oklahoma, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2013 | | |
| Mailing Address 1601 N. Portland | | | Amount of Each Disbursement this Period 1095.13 | | |
| City Oklahoma City | State OK | Zip Code 73107 | Transaction ID : SB17.4114 | | |
| Purpose of Disbursement 10,000 Door hangers Printing Expense | | Category/ Type 003 | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: _____ | District: _____ | | | | |

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

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

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1095.13 |
| TOTAL This Period (last page this line number only) | 2117.22 |

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)
Guild for Congress

Transaction ID : **SC/10.4284**

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

Thomas Guild

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 200.00 | 0.00 | 200.00 |

TERMS

Date Incurred: M 01 / D 01 / Y 2013
 Date Due: M M / D D / Y 4/1/2015
 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)..... | ▶ | 200.00 |
| 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)
Guild for Congress

Transaction ID : **SC/10.4209**

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

Thomas Guild

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

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:
06 / 11 / 2013 M M / D D / 4/1/2015 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)..... ▶ 1000.00
TOTALS This Period (last page in this line only)..... ▶ 1200.00

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