

# 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

STEVE ARCHER FOR CONGRESS COMMITTEE

ADDRESS (number and street) 121 DARROW DRIVE

Check if different than previously reported. (ACC)

WARWICK

RI

02886

2. **FEC IDENTIFICATION NUMBER** ▼

C C00620229

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

RI

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 09 / 13 / 2016 in the State of RI

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

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

Election on / / in the State of

5. Covering Period 01 / 12 / 2016 through 08 / 24 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Steven Archer

Signature of Treasurer Mr. Steven Archer

[Electronically Filed]

Date

09 / 01 / 2016

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**STEVE ARCHER FOR CONGRESS COMMITTEE**

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))....	6346.64	6346.64
(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)).....	6346.64	6346.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5814.12	5814.12
(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)).....	5814.12	5814.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	437.42	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

**STEVE ARCHER FOR CONGRESS COMMITTEE**

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>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6096.64	6096.64
(ii) Unitemized.....	250.00	250.00
(iii) TOTAL of contributions from individuals ▶	6346.64	6346.64
(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))..	6346.64	6346.64
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	6346.64	6346.64

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5814.12	5814.12
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 .....	95.10	95.10
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5909.22	5909.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6346.64
25. SUBTOTAL (add Line 23 and Line 24).....	6346.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5909.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	437.42

**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 10
	<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	

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)  
**STEVE ARCHER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Steven Archer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2016	
Mailing Address 121 Darrow Drive		<b>Transaction ID : SA11AI.4101</b>	
City Warwick	State RI	Zip Code 02886	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 154.64	
Name of Employer Nationwide Anesthesia Services	Occupation C.R.N.A.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 204.64		

Full Name (Last, First, Middle Initial) <b>B. Mr. Steven Archer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 29 / 2016	
Mailing Address 121 Darrow Drive		<b>Transaction ID : SA11AI.4102</b>	
City Warwick	State RI	Zip Code 02886	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Nationwide Anesthesia Services	Occupation C.R.N.A.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 504.64		

Full Name (Last, First, Middle Initial) <b>C. Mr. Steven Archer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2016	
Mailing Address 121 Darrow Drive		<b>Transaction ID : SA11AI.4109</b>	
City Warwick	State RI	Zip Code 02886	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Nationwide Anesthesia Services	Occupation C.R.N.A.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1504.64		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1454.64
<b>TOTAL</b> This Period (last page this line number only).....	1454.64

**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 10
	<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)  
**STEVE ARCHER FOR CONGRESS COMMITTEE**

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

Mailing Address 121 Darrow Drive

City Warwick State RI Zip Code 02886

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

Name of Employer Nationwide Anesthesia Services Occupation C.R.N.A.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2504.64**

Date of Receipt **04 / 25 / 2016**

**Transaction ID : SA11AI.4117**

Amount of Each Receipt this Period **1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Steven Archer**

Mailing Address 121 Darrow Drive

City Warwick State RI Zip Code 02886

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

Name of Employer Nationwide Anesthesia Services Occupation C.R.N.A.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3504.64**

Date of Receipt **05 / 17 / 2016**

**Transaction ID : SA11AI.4118**

Amount of Each Receipt this Period **1000.00**

Memo Item

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

Mailing Address 121 Darrow Drive

City Warwick State RI Zip Code 02886

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

Name of Employer Nationwide Anesthesia Services Occupation C.R.N.A.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4487.64**

Date of Receipt **06 / 20 / 2016**

**Transaction ID : SA11AI.4125**

Amount of Each Receipt this Period **983.00**

Memo Item

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

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

**2983.00**

**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 10
	<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)  
**STEVE ARCHER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Steven Archer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016	
Mailing Address 121 Darrow Drive		<b>Transaction ID : SA11AI.4126</b>	
City Warwick	State RI	Zip Code 02886	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 309.00	
Name of Employer Nationwide Anesthesia Services	Occupation C.R.N.A.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4796.64		

Full Name (Last, First, Middle Initial) <b>B. Mr. Steven Archer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2016	
Mailing Address 121 Darrow Drive		<b>Transaction ID : SA11AI.4138</b>	
City Warwick	State RI	Zip Code 02886	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Nationwide Anesthesia Services	Occupation C.R.N.A.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5096.64		

Full Name (Last, First, Middle Initial) <b>C. Mr. Steven Archer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2016	
Mailing Address 121 Darrow Drive		<b>Transaction ID : SA11AI.4139</b>	
City Warwick	State RI	Zip Code 02886	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Nationwide Anesthesia Services	Occupation C.R.N.A.		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5396.64		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	909.00
<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: PAGE 8 OF 10  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**STEVE ARCHER FOR CONGRESS COMMITTEE**

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

Mailing Address 121 Darrow Drive

City State Zip Code  
Warwick RI 02886

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

Name of Employer Occupation  
Nationwide Anesthesia Services C.R.N.A.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5896.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2016

**Transaction ID : SA11AI.4142**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dr. ANTHONY QUINN**

Mailing Address 55 BITTERSWEET DRIVE

City State Zip Code  
GALES FERRY CT 06335

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

Name of Employer Occupation  
HARTFORD HEALTH UROLOGIST

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2016

**Transaction ID : SA11AI.4140**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

750.00

6096.64

**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 9 OF 10
	<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)  
**STEVE ARCHER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BUILD A SIGN</b>		Date of Disbursement
Mailing Address 11525 STONE HOLLOW DRIVE SUITE 100		M M / D D / Y Y Y Y 05 / 27 / 2016
City AUSITN State TX Zip Code 78758	Purpose of Disbursement BANNERS, SIGNS, POST CARDS, BUMPER STICKERS	Amount of Each Disbursement this Period 2500.21
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4120</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BUILD A SIGN</b>		Date of Disbursement
Mailing Address 11525 STONE HOLLOW DRIVE SUITE 100		M M / D D / Y Y Y Y 06 / 21 / 2016
City AUSITN State TX Zip Code 78758	Purpose of Disbursement BANNERS, SIGNS, SIGN STAKES	Amount of Each Disbursement this Period 1345.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4131</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BUILD A SIGN</b>		Date of Disbursement
Mailing Address 11525 STONE HOLLOW DRIVE SUITE 100		M M / D D / Y Y Y Y 08 / 04 / 2016
City AUSITN State TX Zip Code 78758	Purpose of Disbursement SIGNS, BANNERS	Amount of Each Disbursement this Period 501.10
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4146</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4346.31
<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 10 OF 10	
	<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)  
**STEVE ARCHER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL PEN CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address 12121 SCRIPS SUMMIT DRIVE		Amount of Each Disbursement this Period 485.95
City SAN DIAGO State CA Zip Code 92131	Purpose of Disbursement PENS	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4121</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL PEN CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 12121 SCRIPS SUMMIT DRIVE		Amount of Each Disbursement this Period 169.45
City SAN DIAGO State CA Zip Code 92131	Purpose of Disbursement PENS	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4132</b>
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	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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).....	655.40
<b>TOTAL</b> This Period (last page this line number only).....	5001.71