

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

PAUL ELLIOTT FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 274204

Check if different than previously reported. (ACC)

TAMPA

FL

33688

2. **FEC IDENTIFICATION NUMBER** ▼

C C00523266

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

12

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 11 / 06 / 2012 in the State of FL

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2012

through

10 / 17 / 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 RONALD M RICARDO

Signature of Treasurer RONALD M RICARDO

[Electronically Filed]

Date

10 / 24 / 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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PAUL ELLIOTT 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))....	1945.00	19670.00
(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)).....	1945.00	19670.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	766.20	29892.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	150.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	766.20	29741.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1428.69	
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).....	11500.00	

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

PAUL ELLIOTT 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).....	1945.00	19670.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	1945.00	19670.00
(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))..	1945.00	19670.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	11500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	11500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	150.70
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)..... ▶	1945.00	31320.70

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	766.20	29892.01
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) ►	766.20	29892.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	249.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1945.00
25. SUBTOTAL (add Line 23 and Line 24).....	2194.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	766.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1428.69

**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 13
	<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)
PAUL ELLIOTT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JEFFREY AMAN

Mailing Address **282 CRYSTAL GROVE BLVD**

City **LUTZ** State **FL** Zip Code **33548**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **75.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
RONALD BIDWELL

Mailing Address **4221 FAIRWAY CIR**

City **TAMPA** State **FL** Zip Code **33618**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
HENRY W. BORREGO

Mailing Address **10106 WOODSONG WAY**

City **TAMPA** State **FL** Zip Code **33618**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 10 / 2012

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
100.00

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

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

275.00

**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 6 OF 13
	<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)
PAUL ELLIOTT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARTIN A. BUBLEY

Mailing Address 3711 MONARCH DRIVE

City Tampa State FL Zip Code 33618

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
MICHAEL J. CAMPOAMOR

Mailing Address 1501 WEST SWANN AVE

City Tampa State FL Zip Code 33606

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

Name of Employer WELLS FARGO Occupation FINANCIAL ADVISOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period
 20.00

C. Full Name (Last, First, Middle Initial)
WILLIAM P CATOE

Mailing Address 13936 CLUBHOUSE CIRCLE

City Tampa State FL Zip Code 33618

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period
 200.00

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

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

320.00

**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 13
	<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)
PAUL ELLIOTT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL F. HANCOCK

Mailing Address 11405 CARROLLWOOD DRIVE

City TAMPA	State FL	Zip Code 33618
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
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Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2012

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL D KINDT

Mailing Address 5912 CACHETTE DE RIVERIA COURT

City NEW PORT RICHEY	State FL	Zip Code 34655
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FEC ID number of contributing federal political committee. **C**

Name of Employer LEWIS, BIRCH & RICARDO, LLC	Occupation CPA
---	-------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2012

Transaction ID : SA11AI.4271

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
RONALD J. KOSTER

Mailing Address 4506 HUDSON LN

City TAMPA	State FL	Zip Code 33618
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		11		2012

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period
200.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<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)
PAUL ELLIOTT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARILYN MESSINA		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2012	
Mailing Address 3113 LAKE ELLEN DR		Transaction ID : SA11AI.4297	
City TAMPA	State FL	Zip Code 33618	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) B. CALVIN A. POPE		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2012	
Mailing Address P.O. BOX 270038		Transaction ID : SA11AI.4283	
City TAMPA	State FL	Zip Code 33688	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. WILLIAM C. STALEY		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2012	
Mailing Address 3942 BUCKINGHAM LOOP DR		Transaction ID : SA11AI.4273	
City VALRICO	State FL	Zip Code 33594	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00		

SUBTOTAL of Receipts This Page (optional).....	650.00
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 9 OF 13
	<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)
PAUL ELLIOTT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ILONA M. VEGA

Mailing Address 10004 HAMPTON PL

City TAMPA State FL Zip Code 33618

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2012

Transaction ID : SA11AI.4281

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
MICHAEL ZMISTOWSKI

Mailing Address 16401 E. COURSE DRIVE

City TAMPA State FL Zip Code 33609

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

Name of Employer SELF EMPLOYED Occupation FINANCIAL ADVISOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period
 50.00

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).....

150.00

1945.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<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)
PAUL ELLIOTT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAKE SPC, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 18201 STILLWELL LANE		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4299
City TAMPA State FL Zip Code 33647	Purpose of Disbursement FACEBOOK SERVICES 004 Category/Type	
Candidate Name PAUL ELLIOTT FOR CONGRESS		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12		

Full Name (Last, First, Middle Initial) B. RATTLESNAKE AND GOPHER ENTHUSIASTS, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012
Mailing Address P.O. BOX 127		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.4301
City SAN ANTONIO State FL Zip Code 33576-0127	Purpose of Disbursement ADVERTISEMENT 004 Category/Type	
Candidate Name PAUL ELLIOTT FOR CONGRESS		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12		

Full Name (Last, First, Middle Initial) C. SIGNSYSTEMS		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012
Mailing Address 5031 GRACE ST.		Amount of Each Disbursement this Period 144.45 Transaction ID : SB17.4300
City TAMPA State FL Zip Code 33607	Purpose of Disbursement SIGNS 004 Category/Type	
Candidate Name PAUL ELLIOTT FOR CONGRESS		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12		

SUBTOTAL of Disbursements This Page (optional).....	414.45
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 11 OF 13			
	<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)
PAUL ELLIOTT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TAN TALK AM 1340		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 4002 W. GANDY BLVD.		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4303
City TAMPA State FL Zip Code 33611	Purpose of Disbursement RADIO SPOTS 004 Category/Type	
Candidate Name PAUL ELLIOTT 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 Other (specify)	
State: FL District: 12		

Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK, N.A.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address PO BOX 6995		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.4306
City PORTLAND State OR Zip Code 97228	Purpose of Disbursement BANK SERVICE CHARGES	
Candidate Name PAUL ELLIOTT 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 Other (specify)	
State: FL District: 12		

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	
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 Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	351.75
TOTAL This Period (last page this line number only).....	766.20

**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) **PAUL ELLIOTT FOR CONGRESS** Transaction ID : **SC/10.4121**

LOAN SOURCE Full Name (Last, First, Middle Initial) PAUL S ELLIOTT	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 274204		

City	State	ZIP Code
TAMPA	FL	33688

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:
M 06 / D 06 / Y 2012 Y	M M / D D / Y 12/31/12 Y	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: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

SUBTOTALS This Period This Page (optional).....	10000.00
TOTALS This Period (last page in this line only).....	<input style="width:150px" type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAUL ELLIOTT FOR CONGRESS** Transaction ID : **SC/10.4254**

LOAN SOURCE Full Name (Last, First, Middle Initial) PAUL S ELLIOTT	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 274204		

City	State	ZIP Code
TAMPA	FL	33688

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 25 / 2012	12/31/12	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).....	▶	1500.00
TOTALS This Period (last page in this line only).....	▶	11500.00

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