

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

Missa Eaton for Congress

ADDRESS (number and street)

PO Box 2365

Check if different than previously reported. (ACC)

Sharon

PA

16146

2. FEC IDENTIFICATION NUMBER ▼

C C00509869

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

PA

03

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

11 / 27 / 2012

through

M M /

D D /

Y Y Y Y

12 / 31 / 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 Marcia Radcliffe

Signature of Treasurer Marcia Radcliffe

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

01 / 31 / 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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Missa Eaton 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))....	340.00	640.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	340.00	140.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1884.57	13360.45
(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)).....	1884.57	13360.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7802.25	
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).....	7466.43	

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

Missa Eaton 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).....	180.00	101644.47
(ii) Unitemized.....	160.00	72604.20
(iii) TOTAL of contributions from individuals ▶	340.00	640.00
(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))..	340.00	640.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
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)..... ▶	340.00	640.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1884.57	13360.45
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	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1884.57	13860.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9346.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	340.00
25. SUBTOTAL (add Line 23 and Line 24).....	9686.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1884.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7802.25

**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)
Missa Eaton for Congress

A. Full Name (Last, First, Middle Initial)
Larry D. Naples CPA

Mailing Address 293 E Judy Lynn Dr

City State Zip Code
Farrell PA 16121-1526

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

Name of Employer Occupation
Self-Employed CPA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2012

Transaction ID : C6732987

Amount of Each Receipt this Period
180.00

* In-Kind: payroll services

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

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

Amount of Each Receipt this Period

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

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

180.00

180.00

**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 6 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)
Missa Eaton for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Missa Murry Eaton		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 1401 Highland Rd		Amount of Each Disbursement this Period 494.58 Transaction ID : D483806
City Sharon	State PA Zip Code 16146-3727	
Purpose of Disbursement Meals	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) B. Mrs. Missa Murry Eaton		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 1401 Highland Rd		Amount of Each Disbursement this Period 18.00 Transaction ID : D483809
City Sharon	State PA Zip Code 16146-3727	
Purpose of Disbursement Subscription	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) C. Mrs. Missa Murry Eaton		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 1401 Highland Rd		Amount of Each Disbursement this Period 90.00 Transaction ID : D483811
City Sharon	State PA Zip Code 16146-3727	
Purpose of Disbursement Postage	Category/Type 001	
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).....	602.58
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 7 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)
Missa Eaton for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Missa Murry Eaton			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012	
Mailing Address 1401 Highland Rd			Amount of Each Disbursement this Period 196.55	
City Sharon	State PA	Zip Code 16146-3727	Transaction ID : D483813	
Purpose of Disbursement Printing & Copying		Category/ Type 001		
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:				

Full Name (Last, First, Middle Initial) B. Mrs. Missa Murry Eaton			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012	
Mailing Address 1401 Highland Rd			Amount of Each Disbursement this Period 30.20	
City Sharon	State PA	Zip Code 16146-3727	Transaction ID : D483815	
Purpose of Disbursement Tolls		Category/ Type 002		
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:				

Full Name (Last, First, Middle Initial) C. Mrs. Missa Murry Eaton			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012	
Mailing Address 1401 Highland Rd			Amount of Each Disbursement this Period 165.07	
City Sharon	State PA	Zip Code 16146-3727	Transaction ID : D483818	
Purpose of Disbursement Campaign Materials		Category/ Type 006		
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).....	391.82
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 8 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)
Missa Eaton for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Missa Murry Eaton		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 1401 Highland Rd		Amount of Each Disbursement this Period 67.00 Transaction ID : D483821
City Sharon	State PA Zip Code 16146-3727	
Purpose of Disbursement Event Registration	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) B. Mrs. Missa Murry Eaton		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 1401 Highland Rd		Amount of Each Disbursement this Period 105.98 Transaction ID : D483822
City Sharon	State PA Zip Code 16146-3727	
Purpose of Disbursement Lodging	Category/Type 002	
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:		

Full Name (Last, First, Middle Initial) C. Mrs. Missa Murry Eaton		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 1401 Highland Rd		Amount of Each Disbursement this Period 965.15 Transaction ID : D483825
City Sharon	State PA Zip Code 16146-3727	
Purpose of Disbursement Meals	Category/Type 001	
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).....	1138.13
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 9 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)
Missa Eaton for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Missa Murry Eaton			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 1401 Highland Rd			Amount of Each Disbursement this Period 35.00 Transaction ID : D483827
City Sharon	State PA	Zip Code 16146-3727	
Purpose of Disbursement Parking	Candidate Name		Category/ Type 002
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:			

Full Name (Last, First, Middle Initial) B. Mr. Larry D. Naples CPA			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 293 E Judy Lynn Dr			Amount of Each Disbursement this Period 180.00 Transaction ID : D476621
City Farrell	State PA	Zip Code 16121-1526	
Purpose of Disbursement payroll services	Candidate Name		Category/ Type
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:			* In-Kind Received

Full Name (Last, First, Middle Initial) c. The JPM Group			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address PO Box 367			Amount of Each Disbursement this Period -820.00 Transaction ID : D488110
City Mars	State PA	Zip Code 16046	
Purpose of Disbursement Deposit	Candidate Name		Category/ Type 001
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).....	-605.00
TOTAL This Period (last page this line number only).....	1527.53

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Missa Eaton for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mrs. Missa Murry Eaton

Nature of Debt (Purpose):
Campaign Materials

Mailing Address 1401 Highland Rd

City State Zip Code
Sharon PA 16146-3727

Outstanding Balance Beginning This Period

165.07

Transaction ID : D468573

Amount Incurred This Period

0.00

Payment This Period

165.07

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mrs. Missa Murry Eaton

Nature of Debt (Purpose):
Event Registration Fees

Mailing Address 1401 Highland Rd

City State Zip Code
Sharon PA 16146-3727

Outstanding Balance Beginning This Period

67.00

Transaction ID : D468574

Amount Incurred This Period

0.00

Payment This Period

67.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mrs. Missa Murry Eaton

Nature of Debt (Purpose):
Lodging

Mailing Address 1401 Highland Rd

City State Zip Code
Sharon PA 16146-3727

Outstanding Balance Beginning This Period

105.98

Transaction ID : D468575

Amount Incurred This Period

0.00

Payment This Period

105.98

Outstanding Balance at Close of This Period

0.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Missa Eaton for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mrs. Missa Murry Eaton

Nature of Debt (Purpose):
Meals

Mailing Address 1401 Highland Rd

City State Zip Code
Sharon PA 16146-3727

Outstanding Balance Beginning This Period

965.15

Transaction ID : D468576

Amount Incurred This Period

0.00

Payment This Period

965.15

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mrs. Missa Murry Eaton

Nature of Debt (Purpose):
Parking

Mailing Address 1401 Highland Rd

City State Zip Code
Sharon PA 16146-3727

Outstanding Balance Beginning This Period

35.00

Transaction ID : D468577

Amount Incurred This Period

0.00

Payment This Period

35.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mrs. Missa Murry Eaton

Nature of Debt (Purpose):
Printing & Copying

Mailing Address 1401 Highland Rd

City State Zip Code
Sharon PA 16146-3727

Outstanding Balance Beginning This Period

196.55

Transaction ID : D468578

Amount Incurred This Period

0.00

Payment This Period

196.55

Outstanding Balance at Close of This Period

0.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Missa Eaton for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mrs. Missa Murry Eaton	Nature of Debt (Purpose): Tolls
Mailing Address 1401 Highland Rd	
City State Zip Code Sharon PA 16146-3727	

Outstanding Balance Beginning This Period 30.20	Transaction ID : D468579	
Amount Incurred This Period 0.00	Payment This Period 30.20	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mrs. Missa Murry Eaton	Nature of Debt (Purpose): Rent
Mailing Address 1401 Highland Rd	
City State Zip Code Sharon PA 16146-3727	

Outstanding Balance Beginning This Period 3400.00	Transaction ID : D468580	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mrs. Missa Murry Eaton	Nature of Debt (Purpose): Yard Signs
Mailing Address 1401 Highland Rd	
City State Zip Code Sharon PA 16146-3727	

Outstanding Balance Beginning This Period 4066.43	Transaction ID : D483799	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4066.43

1) SUBTOTALS This Period This Page (optional)	7466.43
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Missa Eaton for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mrs. Missa Murry Eaton

Mailing Address 1401 Highland Rd

City State Zip Code
 Sharon PA 16146-3727

Nature of Debt (Purpose):
 Subscription

Outstanding Balance Beginning This Period	Transaction ID : D483800	
18.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	18.00	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mrs. Missa Murry Eaton

Mailing Address 1401 Highland Rd

City State Zip Code
 Sharon PA 16146-3727

Nature of Debt (Purpose):
 Postage

Outstanding Balance Beginning This Period	Transaction ID : D483801	
90.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	90.00	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mrs. Missa Murry Eaton

Mailing Address 1401 Highland Rd

City State Zip Code
 Sharon PA 16146-3727

Nature of Debt (Purpose):
 Meals

Outstanding Balance Beginning This Period	Transaction ID : D483802	
494.58		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	494.58	0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	7466.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	7466.43