

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

Kenneth Sanders for Congress Campaign

ADDRESS (number and street)

P.O. Box 183504

Check if different than previously reported. (ACC)

Arlington

TX

76096

2. FEC IDENTIFICATION NUMBER ▼

C C00514489

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TX

06

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 / /

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on / /

in the State of

5. Covering Period

/ /

through

/ /

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 Esque Sanders Jr.

Signature of Treasurer Esque Sanders Jr.

[Electronically Filed]

Date

/ /

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

Kenneth Sanders for Congress Campaign

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))....	0.00	0.00
(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)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3618.16	3618.16
(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)).....	3618.16	3618.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	131.84	
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).....	3750.00	

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

Kenneth Sanders for Congress Campaign

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(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))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3750.00	3750.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3750.00	3750.00
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)..... ▶	3750.00	3750.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3618.16	3618.16
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) ►	3618.16	3618.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3750.00
25. SUBTOTAL (add Line 23 and Line 24).....	3750.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3618.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	131.84

**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 8
	<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	

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)
Kenneth Sanders for Congress Campaign

A. Full Name (Last, First, Middle Initial)
Kenneth Dwayne Sanders

Mailing Address P.O. Box 183504

City: Arlington State: TX Zip Code: 76096

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

Name of Employer Information Requested: _____ Occupation Information Requested: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: 11 / 29 / 2011

Transaction ID : C6949009

Amount of Each Receipt this Period: 3750.00

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: _____

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: _____

Amount of Each Receipt this Period: _____

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

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

3750.00

3750.00

**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 8			
	<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)
Kenneth Sanders for Congress Campaign

Full Name (Last, First, Middle Initial) A. Lynncal Bering		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address 805 Mallard St.		Amount of Each Disbursement this Period 500.00 Transaction ID : D349955
City La Place	State LA	
Zip Code 70068	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ms. Melinda Blaze		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2011
Mailing Address P.O. Box 1867		Amount of Each Disbursement this Period 250.00 Transaction ID : D349960
City Addison	State TX	
Zip Code 75001	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ms. Melinda Blaze		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address P.O. Box 1867		Amount of Each Disbursement this Period 2000.00 Transaction ID : D349962
City Addison	State TX	
Zip Code 75001	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2750.00
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 7 OF 8			
	<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)
Kenneth Sanders for Congress Campaign

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. One Hour Business Cards		M M / D D / Y Y Y Y 12 / 15 / 2011	
Mailing Address 11441 North Stemmons Freeway Ste 223		Amount of Each Disbursement this Period	
City Dallas	State TX	Zip Code 75229	210.01
Purpose of Disbursement Business Cards		Transaction ID : D349951	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. One Hour Business Cards		M M / D D / Y Y Y Y 12 / 08 / 2011	
Mailing Address 11441 North Stemmons Freeway Ste 223		Amount of Each Disbursement this Period	
City Dallas	State TX	Zip Code 75229	184.03
Purpose of Disbursement Business Cards		Transaction ID : D349952	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. TCDPAC		M M / D D / Y Y Y Y 12 / 12 / 2011	
Mailing Address 2806 Race St.		Amount of Each Disbursement this Period	
City Fort Worth	State TX	Zip Code 76111	201.10
Purpose of Disbursement Xmas Party Event Sponsor		Transaction ID : D349949	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	595.14
TOTAL This Period (last page this line number only).....	3345.14

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Kenneth Sanders for Congress Campaign** Transaction ID : L730

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Mr. Kenneth Dwayne Sanders PERS FUNDS
 Primary
 General
 Other (specify) ▼

Mailing Address
 P.O. Box 183504

City State ZIP Code
 Arlington TX 76096

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3750.00	0.00	3750.00

TERMS

Date Incurred: M 11 / D 29 / Y 2011
 Date Due: M M / D D / Y no due date
 Interest Rate: 3.50 % (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).....	▶	3750.00
TOTALS This Period (last page in this line only).....	▶	3750.00

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