

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 APR 17 AM 11:49

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

MAX MARTIN FOR CONGRESS COMMITTEE

ADDRESS (number and street)

14303 SHANNON RIDGE ROAD

Check if different than previously reported. (ACC)

HOUSTON

TX

77062-2047

2. FEC IDENTIFICATION NUMBER

C00509109

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

TX

36

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

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

01 01 2012

through

03 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

JULIE ANNA MARTIN

Signature of Treasurer

X Julie Martin

Date

04 12 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)

12030783254

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MAX MARTIN FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

01 01 2012

To:

03 31 2012

	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))	137.00	137.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	137.00	137.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	57.91	267.13
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	57.91	267.13
8. Cash on Hand at Close of Reporting Period (from Line 27)	221.95	
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)	3,450.00	

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030783255

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**MAX MARTIN FOR CONGRESS COMMITTEE**

Report Covering the Period: From:

**01 01 2012**

To:

**03 31 2012**

**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).....

**136.00**

**136.00**

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

**100**

**17.99**

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

**137.00**

**137.00**

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

**000**

**3,450.00**

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

**000**

**3,450.00**

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

**137.00**

**3,587.00**

12030783256

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	57.91	267.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS.....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	57.91	267.13

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	142.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	136.88
25. SUBTOTAL (add Line 23 and Line 24).....	279.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	221.95

12030783257

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2  
 11a  11b  11c  11d  12  13a  13b  14  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)  
**MAX MARTIN FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**MARTIN, MAX O.**

Mailing Address  
**14303 SHANNON RIDGE RD**

City **HOUSTON** State **TX** Zip Code **77062**

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  
**12 12 2011**

Amount of Each Receipt this Period  
**1699**

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).....

12030783258

**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 <u>2</u> OF <u>2</u>
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MAX MARTIN FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MARTIN, MAX O.

Mailing Address  
14303 SHANNON RIDGE RD.

City HOUSTON State TX Zip Code 77062

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  
02 29 2012

Amount of Each Receipt this Period  
1.00

**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 \_\_\_\_\_

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<u>1.00</u>
<b>TOTAL</b> This Period (last page this line number only) .....	<u>1.00</u>

12030783259

**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 <u>1</u> OF <u>2</u>
	<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)  
**MAX MARTIN FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**THRASHER, KRISTA M.**

Mailing Address  
**14303 SHANNON RIDGE RD.**

City **HOUSTON** State **TX** Zip Code **77062**

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  
**03 10 2012**

Amount of Each Receipt this Period  
**34.00**

B. Full Name (Last, First, Middle Initial)  
**VERNON, LOREG M.**

Mailing Address  
**5111 DONNA LYNN COURT**

City **HOUSTON** State **TX** Zip Code **77092**

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  
**03 10 2012**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address  
**14303 SHANNON RIDGE RD**

City **HOUSTON** State **TX** Zip Code **77062**

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  
**02 24 2012**

Amount of Each Receipt this Period  
**1.00**

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

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

**135.00**

12030783260

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**MAX MARTIN FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SINGLETARY, BILLIE**

Mailing Address  
**171 RICE FARM RD**

City **DuPont** State **GA** Zip Code **31630**

Date of Receipt  
**02 26 2012**

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

Amount of Each Receipt this Period  
**1.00**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Receipt \_\_\_\_\_

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

Amount of Each Receipt this Period \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Receipt \_\_\_\_\_

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

Amount of Each Receipt this Period \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

**SUBTOTAL** of Receipts This Page (optional) \_\_\_\_\_

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

**1.00**  
**136.00**

12030783261



**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 1	OF 2
	<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)  
**MAX MARTIN FOR CONGRESS COMMITTEE**

A. **U.S. POSTMASTER**

Full Name (Last, First, Middle Initial)

Mailing Address: **ALBERT THOMAS**

City: **HOUSTON** State: **TX** Zip Code: **77062**

Purpose of Disbursement: **POST OFFICE BOX 001**

Candidate Name: **MAX MARTIN** Category/Type:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: **11 18 2011**

Amount of Each Disbursement this Period: **62.00**

B. **HARLAND CLARKE CHECK (JSC FED CRAT)**

Full Name (Last, First, Middle Initial)

Mailing Address: **1330 GEMINI**

City: **HOUSTON** State: **TX** Zip Code: **77058**

Purpose of Disbursement: **BLANK CHECKS 001**

Candidate Name: **MAX MARTIN** Category/Type:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: **11 30 2011**

Amount of Each Disbursement this Period: **15.00**

C. **SMART KIDS SOFTWARE**

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 590464**

City: **HOUSTON** State: **TX** Zip Code: **77259**

Purpose of Disbursement: **UPS SERVICE**

Candidate Name: **MAX MARTIN** Category/Type:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: **12 12 2011**

Amount of Each Disbursement this Period: **33.98**

**SUBTOTAL** of Disbursements This Page (optional) ..... **110.98**

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

12030783262

**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 2 OF 2

<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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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)

**MAX MARTIN FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **BUSINESS CARDS 24.COM**

Date of Disbursement

**12 28 2011**

Mailing Address

**822 N. MARSHALL**

City

**MARSHFIELD**

State

**MD**

Zip Code

**65706**

Amount of Each Disbursement this Period

**98.24**

Purpose of Disbursement

**BUSINESS CARDS**

**006**

Candidate Name

**MAX MARTIN**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

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

**98.24**

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

**209.22**

12030783263

**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 OF

17  18  19a  19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**MAX MARTIN FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **BUSINESSCARDS 24.COM**

Date of Disbursement

Mailing Address **B22 N. MARSHALL**

**02 20 2012**

City **MARSHFIELD** State **MD** Zip Code **65706**

Amount of Each Disbursement this Period

Purpose of Disbursement **BUSINESS CARDS** **006**

**19.85**

Candidate Name **MAX MARTIN**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. **BUSINESSCARDS 24.COM**

Date of Disbursement

Mailing Address **B22 N. MARSHALL**

**03 26 2012**

City **MARSHFIELD** State **MD** Zip Code **65706**

Amount of Each Disbursement this Period

Purpose of Disbursement **BUSINESS CARDS** **006**

**37.84**

Candidate Name **MAX MARTIN**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. **ACT BLUE**

Date of Disbursement

Mailing Address **P.O. BOX 382110**

**02 26 2012**

City **CAMBRIDGE** State **MA** Zip Code **02238**

Amount of Each Disbursement this Period

Purpose of Disbursement **CREDIT CARD TRANSACTION FEE** **003**

**.12**

Candidate Name **MAX MARTIN**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

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

**57.91**

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

**57.91**

12030783264

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
**MAX MARTIN FOR CONGRESS COMMITTEE**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**MARTIN, MAX O.**

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
**14303 SHANNON RIDGE ROAD**

City State ZIP Code  
**HOUSTON TEXAS 77062**

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<b>250.00</b>	<b>0.00</b>	<b>250.00</b>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<b>11 17 2011</b>	<b>11 05 2012</b>	<b>14.50 % (apr)</b>	<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) ..... ▶ **250.00**

**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.

12030783265

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**MAX MARTIN FOR CONGRESS COMMITTEE**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**MARTIN, MAX O.**

Mailing Address  
**14303 SHANNON RIDGE ROAD**

City **HOUSTON** State **TEXAS** ZIP Code **77062**

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan **3,200.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **0.00**

**TERMS** Date Incurred **12 08 2011** Date Due **11 05 2012** Interest Rate **14.50 % (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) ..... ▶ **3,200.00**

**TOTALS** This Period (last page in this line only) ..... ▶ **3,450.00**

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

12030783266

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
4/12/12

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JML*  
 PREPARER  
 (3/2005)

4/12/12  
 DATE PREPARED

12030783267