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PAGE 1 / 8

FEC FORM 3		AND D		RSE	CEIPTS MENTS			Office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PR	INT V		ample: If typin er the lines.	g, type	12FE4M5	
		BRESS						
ADDRESS (number ar	nd street)	6213 CHAR		SUITE 112	2			
Check if dif	usly		<u> </u>			1	TN	37209
2. FEC IDENTIFIC							STATE	
C C0051954				s This Eport	× NEW (N)	OR	AMEND (A)	DED STATE ▼ DISTRICT
		Report (Q1)	(b) 12	-Day PRE	Election Repo Primary (12P) Convention ()	General (1 Special (1)	
		rly Report (Q3)	E	lection on	M M /	D D	/ Y Y Y Y	in the State of
January	/ 31 Year-Er	nd Report (YE)	(c) 30	-Day POS	T-Election Rep	port for the	e:	
Termina	ation Report	(TER)	E	× lection on	General (30G		Runoff (30	OR) Special (30S) in the State of TN
5. Covering Period	M 1	0 / D D D 18		ү 18	through	M 11	M / D D / 26	Y Y Y Y 2018
I certify that I have e Type or Print Name		Arnold Jr.,	to the bes Thomas, C,		nowledge and l	belief it is	true, correct and	t complete.
Signature of Treasure		old Jr., Thomas,	С, ,		[Electronically]	Filed]	Date	/ D D / Y Y Y Y 02 / 2018
	false, erron	eous, or incom	plete inform	ation may	subject the per	son signing	g this Report to th	ne penalties of 52 U.S.C. §30109.
Office Use Only								FEC FORM 3 (Revised 05/2016)

SUMMARY	PAGE

FEC Form 3 (Revised 05/2016) of Receipts and Disbursements

Write or Type Committee Name LOU ANN FOR CONGRESS

			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net C	Contributions (other than loans)		
	(-)	Total Contributions (other than loans) (from Line 11(e))	0.00	, 117791.03
	• •	Total Contribution Refunds (from Line 20(d))	0.00	2500.00
		Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	115291.03
7.	Net (Operating Expenditures		
		Total Operating Expenditures (from Line 17)	0.00	344850.36
	• •	Total Offsets to Operating Expenditures (from Line 14)	0.00	1687.65
	• •	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	343162.71
8.		n on Hand at Close of orting Period (from Line 27)	128.32	
9.	the C	s and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the C	s and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	228000.00	

For further information contact:

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

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

Γ	- FEC Form 3 (Revised 05/2016)	TAILED SUMMARY PAGE of Receipts	PAGE 3 / 8
W	rite or Type Committee Name		
L	OU ANN FOR CONGRESS		
R	eport Covering the Period: From:	/ D D / Y Y Y Y 18 2018 To:	M M / D D / Y Y Y Y 11 26 2018
	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	0.00	90869.30
	(i) Itemized (use Schedule A)(ii) Unitemized	0.00	26921.73
	(iii) TOTAL of contributions from individuals	0.00	117791.03
	(b) Political Party Committees(c) Other Political Committees	0.00	, 0.00
	(such as PACs)	0.00	0.00
	(d) The Candidate (e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	, 117791.03
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13.	LOANS: (a) Made or Guaranteed by the		
	Candidate	0.00	, 228000.00
	 (b) All Other Loans (c) TOTAL LOANS (c) LULL 22(2) LULL 	0.00	0.00
14	(add Lines 13(a) and (b))	7 7 7 0.00	22000.00
.4.	EXPENDITURES (Refunds, Rebates, etc.)	0.00	1687.65
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)	0.00	347478.68

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FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 344850.36 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 1000.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 1500.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 2500.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 347350.36 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		9	128.32
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		9	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		,	128.32
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		,	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		9	128.32

DETAILED SUMMARY PAGE

of Disbursements

PAGE 4/8

				5 OF 8
SCHEDULE C (FEC Form 3) LOANS			Use separate schedule(s) for each category of the Detailed Summary Page	
AME OF COMMITTEE (In Full) OU ANN FOR CONGRESS			Transaction ID : SC/10.4130	
LOAN SOURCE Full Name (Last, First, Mic LOU ANN FOR CONGRESS	ddle Initial)		Memo Item Election: 2012 Memo Item Filection: 2012 General General	
Mailing Address 6213 CHARLOTTE AVE SUITE 112			Other (specify) v	
City NASHVILLE	State TN	ZIP Code 37209	Personal Funds of	the Candidate
Original Amount of Loan	Cumulative Pa	yment To D		of This Period 5000.00
TERMS Date Incurred M05 ^M / P31 ^D / Y Ž01Ž Y	M M / D D	Date Due	Interest Rate Sec (If none, enter 0) 01/2020 ^Y 0.00 % (apr)	cured: Yes 🗴 No
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	to Loan Source		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 Amount	
City State	ZIP Code		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:	
UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line onl				5000.00

SCHEDULE C (FEC Form 3) LOANS				Use separate schedule(s) for each category of the Detailed Summary Page					
ME OF COMMITTEE (In Full) OU ANN FOR CONGRES	S			Transa	ction ID : SC/10.4131				
LOAN SOURCE Full Name (Last		ddle Initial)		Memo Item	Election: 2012 ¥ Primary General General				
Mailing Address 6213 CHARLOTTE AVE SUITE 112					Other (specify)				
City NASHVILLE		State TN	ZIP Code 37209	9	Personal Funds of the Candidate				
Original Amount of Loan		Cumulative Pag	yment To D	Date Bal	ance Outstanding at Close of This Perio				
20000	0.00			0.00	200000.00				
TERMS Date Incurred		C	Date Due	Interest Rat (If none, ente					
M06M / D29D / Y Ž012	Y	M M / D D	′ ^v 01/ð		0.00				
List All Endorsers or Guarantors		o Loan Source		Name of Employer					
1. Full Name (Last, First, Middle	initial)								
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	- y - 1 - y - 1 x				
2. Full Name (Last, First, Middle I	nitial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y				
3. Full Name (Last, First, Middle I	nitial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	y				
4. Full Name (Last, First, Middle I	nitial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9				
JBTOTALS This Period This Page DTALS This Period (last page in th					, 200000.00				

CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page					
AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.4132				
LOAN SOURCE Full Name (Last, First, Mic LOU ANN FOR CONGRESS	Idle Initial)		🗌 Memo Item	Election: 2012 X Primary General				
Mailing Address 6213 CHARLOTTE AVE SUITE 112				Other (specify)				
City NASHVILLE	State TN	ZIP Code 37209	9	Y Personal Funds of the Candidate				
Original Amount of Loan 8000.00	Cumulative Pay	/ment To D	Date Bala	ance Outstanding at Close of This Perioc 8000.00				
TERMS Date Incurred	C	ate Due	Interest Rate	e Secured:				
M08M / D01D / Y Ž01Ž Y	M M / D D	[/] ^Y 01/0	(If none, enter 0./2020 ^Y					
List All Endorsers or Guarantors (if any) to	o Loan Source							
1. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1				
2. Full Name (Last, First, Middle Initial)	·		Name of Employer					
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed Outstanding:	y				
3. Full Name (Last, First, Middle Initial)	·		Name of Employer					
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed Outstanding:	y y y y y				
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
City	ZIP Code		Amount Guaranteed Outstanding:	y y				
CUBTOTALS This Period This Page (optional)				8000.00				

					PAGE 8 OF 8
SCHEDULE C (FEC Form 3) LOANS				Use separate schedule for each category of th Detailed Summary Pag	e(s) FOR LINE NUMBER:
AME OF COMMITT OU ANN FOF	EE (In Full) R CONGRESS			Transac	tion ID : SC/10.4133
	Full Name (Last, First, Mid OR CONGRESS	ddle Initial)		🗌 Memo Item	Election: 2012 X Primary General
Mailing Address 6213 CHARLOTTE	E AVE SUITE 112				Other (specify)
City NASHVILLE		State TN	ZIP Code 37209	e	X Personal Funds of the Candidate
Original Amount	of Loan 5000.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio
^M 08 ^M / ^D 2		M M / D D	Date Due	Interest Rate (If none, enter)1/2020 ^Y 0.	0) 00 x () x x ()
	rs or Guarantors (if any) t ast, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Addre	ess			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Las	st, First, Middle Initial)			Name of Employer	
Mailing Addres	35			Occupation Amount	
City	State	ZIP Code		Guaranteed	y y
3. Full Name (La	st, First, Middle Initial)			Name of Employer	
Mailing Addres	SS			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Las	st, First, Middle Initial)			Name of Employer	
Mailing Addres	SS			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 9 9 1 1 1 1
SUBTOTALS This P	eriod This Page (optional).			······	5000.00
OTALS This Period	d (last page in this line only	y)		······ [228000.00
Carry outstanding b	palance only to LINE 3, Sci	hedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.