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PAGE 1 / 8

FEC FORM 3			_	RSEN	EIPTS			• Office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PR	RINT V		imple: If typin or the lines.	g, type	12FE4M5	
		RESS						
ADDRESS (number an	d street)	6213 CHAR		UITE 112				
Check if dif	ferent Jsly		<u> </u>			<u></u>	TN -	37209
2. FEC IDENTIFIC		JMBER V	CI	TY 🔺			STATE	
C C0051954	6		3. IS ⁻ REI	This Port	× NEW (N)	OR	AMENDI (A)	ED STATE ▼ DISTRICT
July 15 October January	eports: Quarterly F Quarterly R r 15 Quarter	Report (Q1) eport (Q2) ly Report (Q3) d Report (YE)	Ele		Election Repo Primary (12P) Convention (M M / F-Election Rep General (30G) 12C) Depresent for the	General (12 Special (12 / Y Y Y Y :: Runoff (30)	2S) in the State of
5. Covering Period	M Q.	M / D D 1	/ Y Y 2018		through	M 03	M / D D / 31	State of
<i>I certify that I have e</i> Type or Print Name o	of Treasurer	Arnold, Th	omas, C., ,	of my kn	owledge and l	belief it is	M	/ D D / Y Y Y
Signature of Treasure NOTE: Submission of	er				[Electronically] ubject the pers		Date 04	15 2018 e penalties of 52 U.S.C. §30109.
Office Use Only				-				FEC FORM 3 (Revised 05/2016)

Ima	age#	201804159108168282		
Γ		FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2/8
		or Type Committee Name J ANN FOR CONGRESS		
R	lepor	t Covering the Period: From:	01 / D D / Y Y Y Y 01 01 2018	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	117791.03
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	2500.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	115291.03
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	344850.36
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	1687.65
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	343162.71
8.		sh on Hand at Close of porting Period (from Line 27)	128.32]
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00]
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule 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)	ETAILED SUMMARY PAGE of Receipts	PAGE 3 / 8
W	rite or Type Committee Name		
L	OU ANN FOR CONGRESS		
R	eport Covering the Period: From: 01	1 / D D / Y Y Y Y 01 2018 To:	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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
		0.00	117791.03
	(ii) Unitemized (iii) TOTAL of contributions	· · · · · · · · · · ·	· · · · · · · · · · · · ·
	from individuals	0.00	117791.03
	(b) Political Party Committees(c) Other Political 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	, 117791.03
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
10	I OANS:		
13.	(a) Made or Guaranteed by the	0.00	
	Candidate	7 7 7	228000.00
	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00
	(add Lines 13(a) and (b))	0.00	228000.00
14.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	1687.65
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16.	TOTAL RECEIPTS (add Lines		y y w y
	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 2500.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (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		y	128.32
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		y	0.00
25.	SUBTOTAL (add Line 23 and Line 24)	[7		,	128.32
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	128.32

DETAILED SUMMARY PAGE

of Disbursements

PAGE 4/8

				Г	PAGE 5 OF 8
CHEDULE C DANS	(FEC Form 3)			Use separate schedule for each category of the Detailed Summary Page	e(s) FOR LINE NUMBER: he (check only one)
AME OF COMMITT	EE (In Full) R CONGRESS			Transac	ction ID : SC/10.4109
LOAN SOURCE ZELENIK, LO	Full Name (Last, First, Mic DU ANN, , ,	ddle Initial)		Memo Item	Election: 2012 X Primary General
Mailing Address 2620 SEQUOYA T	RACE				Other (specify) ▼
City MURFREESBORO		State TN	ZIP Code 37127	e	✗ Personal Funds of the Candidate
Original Amount	of Loan 15000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perior 15000.00
^M 05 ^M / ^D 3		M M / D D	Date Due	Interest Rate (If none, enter Ŏ1/2Ŏ20 ^Y 0.	
	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 (Las	st, First, Middle Initial)			Name of Employer	
Mailing Addres	35		Ļ	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:	9 1 9 1 1 1
	eriod This Page (optional).				15000.00
Carry outstanding b	palance only to LINE 3, Sch	nedule D, for this	s line. If n	o Schedule D, carry forv	vard to appropriate line of Summary.

•	-				PAGE 6 OF 8	
CHEDULE C OANS	(FEC Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMIT	EE (In Full) R CONGRESS			Transac	ction ID : SC/10.4111	
LOAN SOURCE	Full Name (Last, First, Mic DU ANN, , ,	ddle Initial)		🗌 Memo Item	Election: 2012 X Primary General	
Mailing Address 2620 SEQUOYA	RACE				Other (specify) ▼	
City MURFREESBORC)	State TN	ZIP Code 37127	e	X Personal Funds of the Candidate	
Original Amoun	: of Loan 200000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Period 200000.00	
	9 ^D / Y Ž01Ž Y	C M M / D D	Date Due	01/2020		
List All Endorse	rs or Guarantors (if any) t	o Loan Source				
1. Full Name (L	ast, First, Middle Initial)			Name of Employer		
Mailing Addre	255			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
2. Full Name (La	st, First, Middle Initial)			Name of Employer		
Mailing Addre	SS			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (La	st, First, Middle Initial)			Name of Employer		
Mailing Addre	SS			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (La	st, First, Middle Initial)			Name of Employer		
Mailing Addre	SS			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
	Period This Page (optional). d (last page in this line only				200000.00	
Carry outstanding	balance only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.	

CHEDULE C (F	EC Form 3)			Use separate schedule	PAGE 7 OF 8		
OANS				Ose separate schedule(s) for each category of the Detailed Summary PageFOR LINE NUMBER: (check only one)I 313			
AME OF COMMITTEE	. ,			Transac	ction ID : SC/10.4112		
LOAN SOURCE FU ZELENIK, LOU	III Name (Last, First, Mic J ANN, , ,	ddle Initial)		🗌 Memo Item	Election: 2012 X Primary General		
Mailing Address 2620 SEQUOYA TRA	CE				Other (specify) ▼		
City MURFREESBORO		State TN	ZIP Code 37127	9	✗ Personal Funds of the Candidate		
Original Amount of	Loan 8000.00	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Period 8000.00		
TERMS Date	Incurred	C	Date Due	Interest Rate (If none, enter			
^M 08 ^M / ^D 01 ^D	′ ^Y Ž01Ž ^Y	M M / D D	′ ^Y 12/3	51/2022	00 % (apr) Yes 🗴 No		
	or Guarantors (if any) t	o Loan Source	1				
1. Full Name (Last,	First, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y y y		
2. Full Name (Last,	First, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y		
3. 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		
4. Full Name (Last,	First, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	g		
SUBTOTALS This Perio	od This Page (optional).		I	······ •	8000.00		
	ast page in this line only	,			y		
Carry outstanding bala	ance only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forv	vard to appropriate line of Summary.		

CHEDULE C (FEC F DANS	orm 3)				PAGE 8 OF 8	
				Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) OU ANN FOR CONG	RESS			Transad	ction ID : SC/10.4113	
LOAN SOURCE Full Name ZELENIK, LOU ANN	•	dle Initial)		🗌 Memo Item	Election: 2012 X Primary General	
Mailing Address 2620 SEQUOYA TRACE					Other (specify)	
City MURFREESBORO		State TN	ZIP Code 37127	e	X Personal Funds of the Candidate	
Original Amount of Loan	5000.00	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Peric	
TERMS Date Incurred M08 ^M / P21 ^D / Y	Ž01Ž ^v		Date Due	51/2025		
List All Endorsers or Guara 1. Full Name (Last, First, M		Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
2. Full Name (Last, First, Mi	ddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
3. Full Name (Last, First, Mi	ddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Mi	ddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
UBTOTALS This Period This	Page (optional)		I	······	5000.00	
OTALS This Period (last page	in this line only)		······	228000.00	