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FE6AN023

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 FEB -1 AM 8: 16

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

O STATE (III I III)	over the lines.		
Committee to elle	cit Wayne Hairmon	31_1_1_1_1_1_1_1_1_1_1_1_1	
	<u> </u>	<u> </u>	
ADDRESS (number and street)	NX 19603		
	CITY A	[IN] [4 6 2 19 -	
2. FEC IDENTIFICATION NUMBER ▼	3. IS THIS NEW REPORT (N) OR	AMENDED STATE ▼ DIST	TRICT
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)	(b) 12-Day PRE -Election Report for the: Primary (12P) Convention (12C)	General (12G) Runoff (1	12R)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on Colored (20) Election on Colored (20) Election on Election Report for the	in the State of	
Termination Report (TER)	General (30G) Election on	Runoff (30R) Special ((30S)
5. Covering Period	through N 3] ' [3.1] ' [2.0.1.5]	
I certify that I have examined this Report and to Type or Print Name of Treasurer	the best of my knowledge and belief it is t	rue, correct and complete.	
Signature of Treasurer	Barrier Commence	Date Date 2 / 20	افاً ا
NOTE: Submission of false, erroneous, or incomple	ete information may subject the person signing	this Report to the penalties of 52 U.S.C.	§30109.
Office Use		FEC FORM 3	

20-16:02:01:0M:00044288

SUMMARY PAGE FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

							i uge L
W	Vrite o	or Type Committee Name	Elect	Wayne Harmon			
R	leport	Covering the Period: From:	D Ø	<u>81 / 20.15</u>	_	[2 / 3]	' <u> </u>
				COLUMN A This Period		COLUI Election Cyc	
6.	Net	Contributions (other than loans)					
	(a)	Total Contributions (other than loans) (from Line 11(e))	[0 <u>0</u> 0		14.4.35
	(b)	Total Contribution Refunds (from Line 20(d))	[(ე <i>00</i>		
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))			<u> </u>		, U,OD
7.	Net	Operating Expenditures					
	(a)	Total Operating Expenditures (from Line 17)	[0.00		,1.12.35
	(b)	Total Offsets to Operating Expenditures (from Line 14)			<u> </u>	-27-47-4	, 000
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	[0.0.0		il gig
8.		ch on Hand at Close of corting Period (from Line 27)		3\	.55		
9.	the	ots and Obligations Owed TO Committee (Itemize all on ledule C and/or Schedule D)			700		
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)	_ [000		

For further information contact:

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

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

DE* FEC Form 3 (Revised 12/2003)	TAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		i age V
A	syne Harmon	
COMMITTE IO CROS OF	lyne tarmon	
Report Covering the Period: From:	1 0 1 2 0 1 5 To:	(a / 3 i / a o i s
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than		
Political Committees (i) Itemized (use Schedule A)	000	144.35
, i		
(ii) Unitemized(iii) TOTAL of contributions	000	
from individuals	000	0.00
(b) Political Party Committees	000	0.0
(c) Other Political Committees	0.00	0.00
(such as PACs)		<u> </u>
(d) The Candidate(e) TOTAL CONTRIBUTIONS		0.00
(other than loans)	***	1/11/200
(add Lines 11(a)(iii), (b), (c), and (d))	000	1998
2. TRANSFERS FROM OTHER		(22)
AUTHORIZED COMMITTEES		
3. LOANS:		
(a) Made or Guaranteed by the Candidate	0.60	0.00
/b) All Other Leans	6.00	()00
(b) All Other Loans(c) TOTAL LOANS	0.00	
(add Lines 13(a) and (b))	000	0.00
4. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	6077	006
	<u></u>	
15. OTHER RECEIPTS (Dividends, Interest, etc.)	$\mathcal{C}(\gamma,C)$	000
16. TOTAL RECEIPTS (add Lines		
11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	606	() ()

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	2 000	, 1,12,35
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0,01
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	by the Candidate	,,,000	0.00
	(b) Of All Other Loans	0,00	000
	(add Lines 19(a) and (b))	000	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	(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	000
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	60.0.	
 21.	OTHER DISBURSEMENTS	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)		
	III. CASH SUMN	MARY	
23.	CASH ON HAND AT BEGINNING OF REPORTIN	G PERIOD	31,55
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, p	page 3)	D00
25.	SUBTOTAL (add Line 23 and Line 24)		3155
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Li	ne 22)	000
27.	CASH ON HAND AT CLOSE OF REPORTING PE (subtract Line 26 from Line 25)		3155
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SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)		
Committee to Elect Was	no Horman	
Full Name (Last, First, Middle Initial)	1.50 1.00 1.0	
A. Mailles Address		Date of Receipt
Mailing Address		M M / D D / Y V Y Y Y
City Sta	te Zip Code	
FFC ID averbas of postsibution		_
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occu	pation	
Receipt For: Elec	tion Cycle to Date	-
Primary General	tion Cycle-to-Date	
Other (specify)	<u> </u>	
Full Name (Last, First, Middle Initial)		
B. Mailing Address		Date of Receipt
		, , , , , , , , , , , , , , , , , , ,
City Sta	ate Zip Code	
FEC ID number of contributing	· · · · · · · · · · · · · · · · · · ·	Amount of Each Receipt this Period
federal political committee.		Amount of Each Fleedige this Feriod
Name of Employer Occi	pation	
Receipt For: Elec	tion Cycle-to-Date	-
Primary General		1 (
Other (specify)		
Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		MAM / LOSO / LAAAAA
City	ate Zip Code	- L L L
FEC ID number of contributing		
federal political committee.		Amount of Each Receipt this Period
Name of Employer Occu	pation	
	tion Cycle-to-Date	-
Primary General Other (specify)		
Green (specify)		<u> </u>
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		

S	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b 20c 21
	ly information copied from such Reports and Statements m for commercial purposes, other than using the name and a		
<u> </u>	NAME OF COMMITTEE (in Full)		
/	Committee to Elect Wagne	. Harmon	
	Full Name (Last, First, Middle Initial)		
۹.			Date of Disbursement
	Mailing Address		
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		1
	Candidate Name	Category Type	 /
	Office Sought: House Disbursement For		
	Senate Primary President Other (s	General	
	President Other (s State: District:	pechy)	
	Full Name (Last, First, Middle Initial)		
В.			Date of Disbursement
	Mailing Address		— M M / D D / Y Y Y Y
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		7
	Candidate Name	Category	
	Office Sought: House Disbursement For	Туре	
	Office Sought: House Disbursement For Senate Primary	General	
	President Other (s	pecify)	
_	State: District:		
_	Full Name (Last, First, Middle Initial)		Date of Disbursement
C.			M M / D D / Y Y Y Y
	Mailing Address		
	City State Zi	p Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name		
	Office Sought: House Disbursement For	<u> </u>	
	Senate Primary President Other (s	General General	
	State: District:		
9	SUBTOTAL of Disbursements This Page (optional)		
ا ا			
T	OTAL This Period (last page this line number only)		

HEDULE C (FEC	Form 3)		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE NUMBER: (check only one) 13a
			Detailed Summary Page	13b
ME OF COMMITTEE (In Ful	•	. 11		
Committee	b 2 lect le	Dyne Harmon		
LOAN SOURCE Full Nam	e (Last, First, Middi	е іпшаі)		ection: Primary
		<u> </u>		General
Mailing Address				Other (specify) ▼
City	<u>_</u>	tate ZIP Cod		
on, y	J			
Original Amount of Loan		Cumulative Payment To	Date Balance	Outstanding at Close of This Perio
1	***			
TERMS Date Incurre	ed	Date Due	Interest Rate	Secured:
M M / D D / Y	W	M / D D / Y	V V V V	
				% (apr) Yes No
Link All Carlengens and Otto	wantara (if anul ta l	Loan Source		
List All Endorsers or Gua		Loan Source		
		Loan Source	Name of Employer	
		LOAN Source	Name of Employer Occupation	
1. Full Name (Last, First,		LOAN Source	Occupation	
Full Name (Last, First, Mailing Address	Middle Initial)			
1. Full Name (Last, First,		ZIP Code	Occupation	
Full Name (Last, First, Mailing Address	Middle Initial) State		Occupation Amount Guaranteed	
Full Name (Last, First, Mailing Address City	Middle Initial) State		Occupation Amount Guaranteed Outstanding:	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Name)	Middle Initial) State		Occupation Amount Guaranteed Outstanding: Name of Employer Occupation	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address	Middle Initial) State Middle Initial)	ZIP Code	Occupation Amount Guaranteed Outstanding:	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, March 1988)	Middle Initial) State		Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address City	State Middle Initial) State State	ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address City	State Middle Initial) State State	ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address City 3. Full Name (Last, First, Mailing Address)	State Middle Initial) State State	ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Occupation	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address City City 3. Full Name (Last, First, Mailing Address)	State Middle Initial) State State	ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Amount Guaranteed	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address City 3. Full Name (Last, First, Mailing Address City City City	State Middle Initial) State Middle Initial) State Middle Initial)	ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding:	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address City 3. Full Name (Last, First, Mailing Address City 4. Full Name (Last, First, Mailing Address)	State Middle Initial) State Middle Initial) State Middle Initial)	ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address City 3. Full Name (Last, First, Mailing Address City City City	State Middle Initial) State Middle Initial) State Middle Initial)	ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding:	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address City 3. Full Name (Last, First, Mailing Address City 4. Full Name (Last, First, Mailing Address)	State Middle Initial) State Middle Initial) State Middle Initial)	ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation	
1. Full Name (Last, First, Mailing Address City 2. Full Name (Last, First, Mailing Address City 3. Full Name (Last, First, Mailing Address City 4. Full Name (Last, First, Mailing Address)	State Middle Initial) State Middle Initial) State Middle Initial)	ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer	

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

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Committee to Elect Wayne Harma	×	000546721
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		
		<u> </u>
Mailing Address	Date Incurred or Established	Maw \ Pap \ \ Aadadad
City State Zip Code	Date Due	M & M / D & D / Y & Y & Y & Y
A. Has loan been restructured? No Yes	If yes, date originally incurred	
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors must	ed? st be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the least property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the value of this collateral?
No Yes If yes, specify:		Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, sp		What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
	Address:	
Date account established:	City, State, Zip:	
F. If neither of the types of collateral described above wa exceed the loan amount, state the basis upon which t	as pledged for this loan, or if th his loan was made and the bas	e amount pledged does not equal or is on which it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name		Man , Dag , Yayayay
Signature	-	
H. Attach a signed copy of the loan agreement.		
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the te are accurate as stated above. 		· ·
The loan was made on terms and conditions (inc similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C	comparable credit worthiness. I loan must be made on a basi	s which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name		
Signature Title	e	المصالحا لحا

SCHEDULE D (FEC Form 3)

(Use separate schedule(s)

PAGE FOR LINE NUMBER:

	9
	10

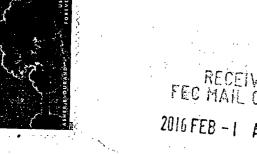
cluding Loans		for each numbered line)	(check only one)		9 10
AME OF COMMITTEE (In Full)		<u>. </u>			
Committee & Elect W	ague Harmon				
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):		
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period		- 	<u>,</u>		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Pe	eriod
			(1) - C - C - (1) - C - C		
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	lebt (Purpose):		
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Pe	eriod
		حصا لصد		(1)	
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of D	lebt (Purpose):	····	
Mailing Address					
City	State Zip Code				
Outstanding Balance Beginning This Period		<u> </u>			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Pe	eriod
SUBTOTALS This Period This Page (optional)					$\overline{1}$
) TOTALS This Period (last page this line number			~ ^ + · · · · ·	-0-4	Ī
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•			
ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page o	nly) ▶			

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Na	me	e of Principal Campaign	Committee (In Full)	Report Cover	ing Period	·		
Connittee to Elect Wagne Harner From:					To:			
10 61 4015 12 131 12015							120.15	
L								
Committee Name						(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
Α						0		
В	C	olumn Total Last Page C)nly			144.35	Ö	
		(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans	
	A	0	0	Ó	0	0	0,	
	В	0	0	144).35	G	O	0	
		(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(I) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees	
	A	C	0	0	0	0	0	
	В	9	Ü)	\mathcal{L}	112.35	0	
		(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees	
	Α	0	0	0/	0	0	0/	
	В	0		0	O .	ට ·	5	
		(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee	
	Α	Ö	0	0	31.55	31.55	9	
	В	5	Ö	112.35	31.55	31.55	D	
		(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures				
	Α	V	0,	0				
	В	S	S	112.35				



Fectoral Electron Commission, aggin E street NW Woshington, DC 20465

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	Date of Receipt 2/1/16
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	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):	e of Receipt or Postmarked
PREPARER	2/1/16 DATE PREPARED
(3/2015)	CATETALD