

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE JUL 25 PM 1:15 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

SUE LOWDEN FOR U S SENATE

ADDRESS (number and street)

PO BOX 26141

Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C C00467761

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NV 00

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

MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 01 / 01 / 2010

through

MM / DD / YYYY 03 / 31 / 2010

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

Christopher M. Marston

Signature of Treasurer

Christopher M. Marston

Date

MM / DD / YYYY 07 / 12 / 2016

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)

201607250200316310

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **SUE LOWDEN FOR U S SENATE** Transaction ID : **SC/10.22746**

LOAN SOURCE Full Name (Last, First, Middle Initial) *PERSONAL FUNDS* Memo Item
Sue Lowden (Line of Credit) Election: 2010
 Primary
 General
 Other (specify) ▼

Mailing Address
 9004 Greenboro Lane

City State ZIP Code
 Las Vegas NV 89134-0500

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 500000.00 0.00 500000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 02 / D 01 / Y 2010 M M / D D / Y 11/14/10 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Paul Lowden III (Guarantor)	Name of Employer Archon Corp.
Mailing Address 9004 Greensboro Lane	Occupation President and CEO
City State ZIP Code Las Vegas NV 89134	Amount Guaranteed Outstanding: 500000.00 Transaction ID : SC/10.22746.0.SC2
2. Full Name (Last, First, Middle Initial) Lico (Endorser)	Name of Employer
Mailing Address 4336 Losee Road Ste. 5	Occupation
City State ZIP Code North Las Vegas NV 89030	Amount Guaranteed Outstanding: 500000.00 Transaction ID : SC/10.22746.1.SC2
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)... 500000.00

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.

201607250200316311

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
SUE LOWDEN FOR U S SENATE

Transaction ID : SC/10.9259

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Sue Lowden (Line of Credit)

Election: 2010
 Primary
 General
 Other (specify) ▼

Mailing Address
9004 Greenboro Lane

City State ZIP Code
Las Vegas NV 89115-0500

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 26 / Y 2010	M M / D D / Y 11/14/10	% (apr)	<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) Paul Lowden III (Guarantor)	Name of Employer Archon Corp.
Mailing Address 9004 Greensboro Lane	Occupation President and CEO
City State ZIP Code Las Vegas NV 89134	Amount Guaranteed Outstanding: 600000.00 Transaction ID : SC/10.9259.0.SC2
2. Full Name (Last, First, Middle Initial) Lico (Endorser)	Name of Employer
Mailing Address 4336 Losee Road Ste. 5	Occupation
City State ZIP Code North Las Vegas NV 89030	Amount Guaranteed Outstanding: 600000.00 Transaction ID : SC/10.9259.1.SC2
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)... ▶ 100000.00

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.

201607250200316312

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **SUE LOWDEN FOR U S SENATE** Transaction ID : **SC/10.9965**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sue Lowden (Line of Credit) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9004 Greenboro Lane	
City Las Vegas	State NV
ZIP Code 89134-0500	

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS

Date Incurred M 03 / D 17 / Y 2010	Date Due M M / D D / Y 11/14/10	Interest Rate % (apr)	Secured: <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) Paul Lowden III (Guarantor)	Name of Employer Archon Corp.
Mailing Address 9004 Greensboro Lane	Occupation President and CEO
City Las Vegas	State NV
ZIP Code 89134	Amount Guaranteed Outstanding: 700000.00 Transaction ID : SC/10.9965.0.SC2
2. Full Name (Last, First, Middle Initial) Lico (Endorser)	Name of Employer
Mailing Address 4336 Losee Road Ste. 5	Occupation
City North Las Vegas	State NV
ZIP Code 89030	Amount Guaranteed Outstanding: 700000.00 Transaction ID : SC/10.9965.1.SC2
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)...	100000.00
TOTALS This Period (last page in this line only) ..	700000.00

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

201607250200316313

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) SUE LOWDEN FOR U S SENATE	Transaction ID : SC/10.22746.SC1	FEC IDENTIFICATION NUMBER C00467761
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LENDING INSTITUTION (LENDER) Full Name NEVADA STATE BANK	Amount of Loan 2500000.00	Interest Rate (APR) 3.25 %
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Mailing Address PO BOX 990	Date Incurred or Established 11 / 15 / 2009	Date Due 11/14/10
City LAS VEGAS	State NV	Zip Code 89125
Back Ref SC/10.22746		

A. Has loan been restructured? No Yes If yes, date originally incurred **/ /**

B. If line of credit,
 Amount of this Draw: **500000.00** Total Outstanding Balance: **500000.00**

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? **0.00**

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? **0.00**

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: **/ /** Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.
 The bank had the right of set-off to borrower's other accounts with the bank.

G. COMMITTEE TREASURER Typed Name Signature	DATE / /
---	-------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE / /
Title	

201607250200316314

**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) SUE LOWDEN FOR U S SENATE	Transaction ID : SC/10.9259.SC1	FEC IDENTIFICATION NUMBER C00467761
---	---------------------------------	---

LENDING INSTITUTION (LENDER) Full Name NEVADA STATE BANK	Amount of Loan 2500000.00	Interest Rate (APR) 3.25 %
---	-------------------------------------	--------------------------------------

Mailing Address PO BOX 990	Date Incurred or Established 11 / 15 / 2009	Date Due 11/14/10	Back Ref SC/10.9259
City State Zip Code LAS VEGAS NV 89125			

A. Has loan been restructured? No Yes If yes, date originally incurred **MM / DD / YYYY**

B. If line of credit,
Amount of this Draw: **100000.00** Total Outstanding Balance: **600000.00**

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? **0.00**

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? **0.00**

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: **MM / DD / YYYY** Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.
The bank had the right of set-off to borrower's other accounts with the bank.

G. COMMITTEE TREASURER Typed Name Signature	DATE MM / DD / YYYY
---	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE MM / DD / YYYY
Title	

201607250200316315

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) SUE LOWDEN FOR U S SENATE		Transaction ID : SC/10.9965.SC1	FEC IDENTIFICATION NUMBER
			C C00467761
LENDING INSTITUTION (LENDER) Full Name NEVADA STATE BANK	Amount of Loan 2500000.00	Interest Rate (APR) 3.25 %	
Mailing Address PO BOX 990	Date Incurred or Established 11 / 15 / 2009	Date Due 11/14/10	
City LAS VEGAS	State NV	Zip Code 89125	Back Ref SC/10.9965
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw: 100000.00		Total Outstanding Balance: 700000.00	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? 0.00 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? 0.00	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. The bank had the right of set-off to borrower's other accounts with the bank .			
G. COMMITTEE TREASURER Typed Name Signature		DATE MM / DD / YYYY	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE MM / DD / YYYY	
		Title	

201607250200316316

Fed States Senate
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JILL VOGEL
HOLTZMAN VOGEL LAW PLLC
45 NORTH HILL DRIVE
SUITE 100
WARRENTON, VA 20186
UNITED STATES US

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WASHINGTON DC 20510
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NW: PO: DEPT:

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United States Senate

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Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>7-18-16</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

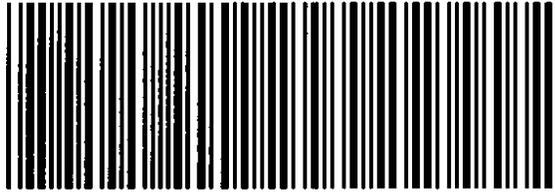
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Date of Receipt

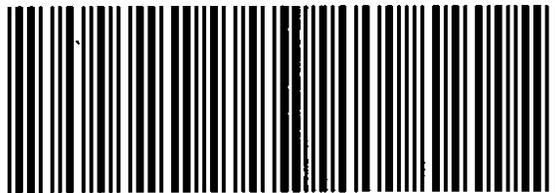
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7-25-16

201607250200316318



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SEN PATCH

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