

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2012 JUL 16 AM 6:17 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines. FEC MAIL CENTER

ANGELA MICHAEL FOR CONGRESS

ADDRESS (number and street)

812 13th Street

Check if different than previously reported. (ACC)

HIGHLAND IL 62249

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE STATE DISTRICT

C00511814

3. IS THIS REPORT X NEW OR AMENDED

IL 15

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X 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) X General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 ' 06 ' 2012 in the State of IL

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

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period

03 ' 06 ' 2012 through 06 ' 30 ' 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

Stanley Oba

Signature of Treasurer

Stanley Oba

Date

07 ' 13 ' 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)

12030843318

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

ANGELA MICHAEL FOR CONGRESS

Report Covering the Period: From: *03' 06' 2012* To: *06' 30' 2012*

12030843319

	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))....	, , 000	, , .
(b) Total Contribution Refunds (from Line 20(d))	, , 0.00	, , .
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, , 0.00	, , .
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, , 0.00	, , .
(b) Total Offsets to Operating Expenditures (from Line 14)	, , 0.00	, , .
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, , 0.00	, , .
8. Cash on Hand at Close of Reporting Period (from Line 27)	, , .	
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)	, , 0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

ANGELA MICHAEL FOR CONGRESS

Report Covering the Period:

From:

03 ' 06 ' 2012

To:

06 ' 30 ' 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).....
 - (ii) Unitemized.....
 - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00
0.00
0.00
0.00
0.00
0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00
0.00
0.00

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

0.00

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

0.00

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

0.00

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DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	000	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	000	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	000	
(b) Of All Other Loans	000	
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	000	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	000	
(b) Political Party Committees.....	000	
(c) Other Political Committees (such as PACs)	000	
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	000	
21. OTHER DISBURSEMENTS	000	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	000	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	467.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	467.58

**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	OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 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)
ANGELA MICHAEL FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
A. Mailing Address		Amount of Each Receipt this Period \$ \$ \$
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ \$
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ \$ \$	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
B. Mailing Address		Amount of Each Receipt this Period \$ \$ \$
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ \$
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ \$ \$	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
C. Mailing Address		Amount of Each Receipt this Period \$ \$ \$
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ \$ \$
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ \$ \$	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ 0.00
TOTAL This Period (last page this line number only).....	\$ \$ 0.00

12030843322

**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

<input 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)

ANGELA MICHAEL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

M M / D D / Y Y Y Y

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)

B.

Date of Disbursement

M M / D D / Y Y Y Y

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

M M / D D / Y Y Y Y

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).....

, , 0.00

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

, , 0.00

12030843323

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

ANGELA MICHAEL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS

Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) 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)..... ▶ , , 0.00

TOTALS This Period (last page in this line only) ▶ , , 000

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

12030843324

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)

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

USPS Express Mail Postmarked
7/13/12 ✓

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


PREPARER
(3/2005)

7/16/12
DATE PREPARED

12030843325