PAGE 1 / 17

FF0 |

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3 | For An Authorized Committee | Office Use Only |
|---|--|---|
| NAME OF COMMITTEE (in full) | E OR PRINT ▼ Example: If typing, typ over the lines. | e 12FE4M5 |
| M. Mark Mitchell for US Co | ngress | |
| | | |
| | | |
| ADDRESS (number and street) | 20 Craig Street | |
| ▼ | | |
| Check if different than previously | rt Worth | TX 76112 |
| reported. (ACC) | | |
| 2. FEC IDENTIFICATION NUMBE | CITY ▲ | STATE ▲ ZIP CODE ▲ |
| | | STATE ▼ DISTRICT |
| C C00552950 | 3. IS THIS NEW REPORT (N) OR | AMENDED TX 33 (A) |
| | | |
| 4. TYPE OF REPORT (Choose (| One) | |
| (a) Quarterly Reports: | (b) 12-Day PRE -Election Report for | the: |
| | Primary (12P) | General (12G) Runoff (12R) |
| April 15 Quarterly Report | (Q1) Convention (12C) | Special (12S) |
| July 15 Quarterly Report | | Spoolal (123) |
| October 15 Quarterly Rep | | B / Y Y Y Y Y in the TX State of |
| | Elocion on | State of |
| January 31 Year-End Rep | oort (YE) (c) 30-Day POST -Election Report fo | or the: |
| | General (30G) | Runoff (30R) Special (30S) |
| Termination Report (TER) | M " M / D " | D / Y Y Y Y in the |
| _ | Election on | State of |
| | | |
| | | |
| 5. Covering Period 10 | 01 / Y Y Y Y Y Y Y Through | 10 19 2016 |
| | | |
| | port and to the best of my knowledge and belief | it is true, correct and complete. |
| Type or Print Name of Treasurer | oung, Hannah, , , | |
| Young, Har | nnah | M M / D D / Y Y Y |
| Signature of Treasurer | [Electronically Filed] | Date 10 26 2016 |
| NOTE: Submission of false, erroneous, o | or incomplete information may subject the person sig | gning this Report to the penalties of 52 U.S.C. §3010 |
| Office | | |
| Use Only | | FEC FORM 3 (Revised 05/2016) |

SUMMARY PAGE

of Receipts and Disbursements

2016

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01

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name M. Mark Mitchell for US Congress

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 225.05 6868.54 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 225.05 6868.54 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 14121.24 17358.36 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 14121.24 17358.36 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 2591.42 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 19906.24 Schedule C and/or Schedule D).....

For further information contact:

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

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

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2016

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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

M. Mark Mitchell for US Congress

10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 5125.00 (i) Itemized (use Schedule A)..... 1675.05 225.05 (ii) Unitemized (iii) TOTAL of contributions 225.05 6800.05 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) 0.00 68.49 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 225.05 6868.54 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 10000.00 12731.24 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 10000.00 12731.24 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 10225.05 19599.78 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date | | |
|--|---|-------------------------------|------------------------------------|--|--|
| 17. | OPERATING EXPENDITURES | 14121.24 | 17358.36 | | |
| | TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 | | |
| | LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate | 0.00 | 0.00 | | |
| | (b) Of All Other Loans | 0.00 | 0.00 | | |
| | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 0.00 | | |
| | REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other | | | | |
| | Than Political Committees | 0.00 | 0.00 | | |
| | (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 | | |
| | (such as PACs) | 0.00 | 0.00 | | |
| | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0.00 | 0.00 | | |
| 21. | OTHER DISBURSEMENTS | 0.00 | 0.00 | | |
| | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 14121.24 | 17358.36 | | |
| | III. CASH SUI | MMARY | | | |
| 23. | CASH ON HAND AT BEGINNING OF REPOR | TING PERIOD | 6487.61 | | |
| 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) | | | 10225.05 | | |
| 25. | SUBTOTAL (add Line 23 and Line 24) | | 16712.66 | | |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (fron | n Line 22) | 14121.24 | | |
| | 7. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | | | | |

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S

| SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 5 OF 17 (check only one) |
|---|------------------------|---|--|
| | | for each category of the Detailed Summary Page | 11a 11b 11c 11d 11d 12 x 13a 13b 14 15 |
| Any information copied from such Reports and S or for commercial purposes, other than using the | | | |
| NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congres | ss | | |
| Full Name (Last, First, Middle Initial) Mitchell, Monte, Mark, , | | | |
| Mailing Address 7220 Craig Street | Date of Receipt | | |
| City | State | Zip Code | 10 14 2016 Transaction ID : SA13A.4233 |
| Fort Worth | TX | 76112 | — Transaction is . GATGA.4200 |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period |
| Name of Employer Self | Occupation Physician 8 | | 10000.00 |
| Receipt For: 2016 | | ycle-to-Date | Memo Item |
| Primary General Other (specify) ▼ | | 12819.73 | Loan for Advertising |
| Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| Mailing Address | M M / D D / Y Y Y Y | | |
| City | State | Zip Code | |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period |
| Name of Employer | Occupation | | |
| Receipt For: Primary General Other (specify) ▼ | Election C | ycle-to-Date | Memo Item |
| Full Name (Last, First, Middle Initial) | | , | |
| • | | | Date of Receipt |
| Mailing Address | | | M = M / D = D / Y = Y = Y |
| City | State | Zip Code | |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period |
| Name of Employer | Occupation | | |
| Receipt For: Primary General Other (specify) ▼ | Election C | ycle-to-Date | Memo Item |
| SUBTOTAL of Receipts This Page (optional) | | | 10000.00 |

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

10000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE FOR LINE NUMBER: Use separate schedule(s) (check only one) **x** 17 18

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17

for each category of the 19a 19b Detailed Summary Page 20a 20b 20c 21 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) M. Mark Mitchell for US Congress Full Name (Last, First, Middle Initial) Date of Disbursement Facebook 10 2016 Mailing Address 1601 Willow Road 13 City State Zip Code **FEC Identification Number** CA Menlo Park 94025 Purpose of Disbursement Advertising Expenses 004 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 Office Sought: House 750.73 Senate Primary ✗ General Transaction ID: SB17.4231 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Gotprint Date of Disbursement Mailing Address 1001 Nolen Drive 07 2016 10 City State Zip Code **FEC Identification Number** TX 76051 Grapevine Purpose of Disbursement Advertising expenses 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 2570.57 Office Sought: House Disbursement For: 2016 Senate Primary ✗ General Transaction ID: SB17.4230 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) C. Metroplex Mail Company Date of Disbursement Mailing Address 1352 Exchange Drive 10 18 2016 City State Zip Code **FEC Identification Number** Richardson TX 75081 Purpose of Disbursement Advertising Expenses 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 7699.95 Office Sought: House Disbursement For: 2016 ✗ General Senate Primary Transaction ID: SB17.4232 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 11021.25 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 7 17 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 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) M. Mark Mitchell for US Congress Full Name (Last, First, Middle Initial) Date of Disbursement A. Stars and Stripes, Inc. 2016 10 Mailing Address 7560 W. 100th Pl. City State Zip Code **FEC Identification Number** IL Bridgeview 60455 Purpose of Disbursement Printing for yard signs 004 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2016 2700.00 Office Sought: House Senate Primary ✗ General Transaction ID: SB17.4227 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Stars and Stripes, Inc. Date of Disbursement Mailing Address 7560 W. 100th Pl. 2016 City State Zip Code **FEC Identification Number** Ш 60455 Bridgeview Purpose of Disbursement Advertising expense 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 399.99 Office Sought: House Disbursement For: 2016 ✗ General Senate Primary Transaction ID: SB17.4229 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 3099.99 TOTAL This Period (last page this line number only)..... 14121.24

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

PAGE 8
FOR LINE NUMBER: (check only one)

13a

| | | | | ,9 | 13b |
|---|--|------------|----------------------------|------------------------------------|------------|
| NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congress | | | Tran | insaction ID : SC/10.4144 | |
| LOAN SOURCE Full Name (Last, First, Mid | ddle Initial) | | | Itom Election: 2016 | |
| • | adio iritialy | | ☐ Memo I | Primary | |
| Mitchell, Monte, Mark, , | | | | General | |
| Mailing Address 7220 Craig Street | | | | Other (specify) ▼ | |
| | | I | | | |
| City | State | ZIP Code | • | Damanal Funda of the C | \; |
| Fort Worth | TX | 76112 | | Personal Funds of the C | andidate |
| Original Amount of Loan | Cumulative Pay | ment To D | ate | Balance Outstanding at Close of Th | nis Period |
| 3175.00 | 2 | | 0.00 | 3175 | .00 |
| TERMS Date Incurred | D | ate Due | Interest (If none, | | 1 |
| M11M / D30D / Y Ž01Š Y | M M / D D | / Y } | íone ^Y | 0.00 % (apr) Yes | x No |
| List All Endorsers or Guarantors (if any) t | o Loan Source | | | | |
| Full Name (Last, First, Middle Initial) | | | Name of Employer | | |
| Mailing Address | | - 1 | Occupation | | |
| | | | Amount | | _ |
| City State | City State ZIP Code | | | | |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | |
| Mailing Address | Mailing Address | | | | |
| | | 7 | Amount | | _ |
| City | ZIP Code | | Guaranteed Outstanding: | 7 7 7 | |
| 3. Full Name (Last, First, Middle Initial) | 3. Full Name (Last, First, Middle Initial) | | | | |
| Mailing Address | | 1 | Occupation | | |
| | | | Amount | | _ |
| City | ZIP Code | | Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | 4. Full Name (Last, First, Middle Initial) | | | | |
| Mailing Address | | | Occupation | | |
| | | | Amount | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 7 | |
| SUBTOTALS This Period This Page (optional) | | | | | |
| TOTALS This Period (last page in this line only | /) | | ······ | | |
| Carry outstanding balance only to LINE 3. Sci | adula D. for this | line If no | Schodule D. com | forward to appropriate line of Su | mmanı |

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

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

17

13b Transaction ID: SC/10.4148 NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Mitchell, Monte, Mark, , General Mailing Address 7220 Craig Street Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate TX 76112 Fort Worth Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D06D M 02M ž016 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 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.

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

PAGE 10 OF FOR LINE NUMBER: **X** 13a (check only one)

17

13b Transaction ID: SC/10.4159 NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Mitchell, Monte, Mark, , General Mailing Address 7220 Craig Street Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate TX 76112 Fort Worth Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D24^D M 02M ž016 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 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.

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

PAGE 11 OF FOR LINE NUMBER: **X** 13a (check only one)

17

13b Transaction ID: SC/10.4160 NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Mitchell, Monte, Mark, , General X Mailing Address 7220 Craig Street Other (specify) City State ZIP Code X Personal Funds of the Candidate TX 76112 Fort Worth Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 350.00 0.00 350.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D19^D M 05M ž016 ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 350.00 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.

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

PAGE 12 OF

FOR LINE NUMBER: (check only one)

13a

| | | | | | | 130 |
|---|--|-------------|-------------------|------------|-------------------------------------|-------------------------------------|
| | ME OF COMMITTEE (In Full) 1. Mark Mitchell for US Cor | aress | | | Transaction | ID : SC/10.4161 |
| | | | | | | |
| | LOAN SOURCE Full Name (Last, Mitchell, Monte, Mark, , | First, Mid | Idle Initial) | | _ wente ten | ction: 2016 Primary |
| | Mailing Address 7220 Craig Street | | | | x | General Other (specify) ▼ |
| | City | | State | ZIP Co | | Description of the Operation |
| | Fort Worth | | TX | 76112 | X | Personal Funds of the Candidate |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Balance | Outstanding at Close of This Period |
| | 50 | 0.00 | | | 0.00 | 50.00 |
| | TERMS Date Incurred | | D | ate Due | Interest Rate (If none, enter 0) | Secured: |
| | M06 ^M / D23 ^D / Y Ž016 | Y | M M / D D | / Y | ňoně Y 0.00 | % (apr) Yes No |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | |
| | 1. Full Name (Last, First, Middle I | nitial) | | | Name of Employer | |
| | Mailing Address | | | | Occupation | |
| | | | | | Amount | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 |
| | 2. Full Name (Last, First, Middle In | itial) | | | 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 | |
| | | | | | Amount | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 |
| | 4. Full Name (Last, First, Middle Initial) | | | | Name of Employer | |
| | Mailing Address | | | | Occupation | |
| | | | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 |
| | | | | | | |
| S | SUBTOTALS This Period This Page (optional) 50.00 | | | | | |
| т | TOTALS This Period (last page in this line only) | | | | | |
| _ | Carry outstanding balance only to LI | NE 3, Sch | edule D, for this | s line. If | no Schedule D, carry forward | to appropriate line of Summary. |
| | | | | | - | |

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

FOR LINE NUMBER: (check only one)

PAGE 13

13a

OF

| | | 100 | | | |
|--|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congress | | Transaction ID : SC/10.4217 | | | |
| LOAN SOURCE Full Name (Last, First, Min Mitchell, Monte, Mark, , | ☐ Memo Item | | | | |
| Mailing Address 7220 Craig Street | | Other (specify) ▼ | | | |
| City | State | ZIP Code Representation of the Candidate | | | |
| Fort Worth | TX | 76112 | | | |
| Original Amount of Loan | Cumulative Pag | | | | |
| 316.40 | 9 | 0.00 316.40 | | | |
| TERMS Date Incurred | С | late Due Interest Rate Secured: (If none, enter 0) | | | |
| M07M / D25D / Y Ž01Ğ Y | M M / D D | √ Unknown Y % (apr) Yes 🗶 No | | | |
| List All Endorsers or Guarantors (if any) t | o 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 | | | |
| | T | Amount Guaranteed | | | |
| City | ZIP Code | Outstanding: | | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| City State | ZIP Code | Amount Guaranteed | | | |
| Oity | Zii Oode | Outstanding: | | | |
| SUBTOTALS This Period This Page (optional) | | 316.40 | | | |
| TOTALS This Period (last nage in this line only | TOTALS This Period (last page in this line only) | | | | |
| TOTALO TINO FERIOU (IASE PAYE III UNS IIIIE OTI | у, | | | | |
| Carry outstanding balance only to LINE 3, Sc | hedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

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

PAGE 14 OF FOR LINE NUMBER: (check only one)

13a

| | | 135 | | | |
|---|---|---|--|--|--|
| NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congress | | Transaction ID : SC/10.4218 | | | |
| LOAN SOURCE Full Name (Last First Mi | LOAN SOURCE Full Name (Last First Middle Initial) | | | | |
| Mitchell, Monte, Mark, , | asio iiniai) | ☐ Memo Item ☐ Primary ☐ ★ General | | | |
| Mailing Address 7220 Craig Street | | Other (specify) ▼ | | | |
| City | State | ZIP Code Personal Funds of the Candidate | | | |
| Fort Worth | TX | 76112 | | | |
| Original Amount of Loan | Cumulative Pay | yment To Date Balance Outstanding at Close of This Period | | | |
| 512.16 | | 0.00 512.16 | | | |
| TERMS Date Incurred | С | Date Due Interest Rate Secured: (If none, enter 0) | | | |
| M08 ^M / D08 ^D / Y Ž016 Y | M M / D D | / Vunknown Y | | | |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | |
| | | | | | |
| SUBTOTALS This Period This Page (optional) | SUBTOTALS This Period This Page (optional) 512.16 | | | | |
| TOTALS This Period (last page in this line onl | y) | | | | |
| Carry outstanding balance only to LINE 3, Sc | hedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

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

PAGE 15 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.4219 NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Mitchell, Monte, Mark, , General X Mailing Address 7220 Craig Street Other (specify) City State ZIP Code X Personal Funds of the Candidate TX 76112 Fort Worth Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1473.71 0.00 1473.71 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D02D M09M ž016 Y Unknown x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1473.71 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.

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

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| NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congress | | Transaction ID : SC/10.4220 | | | |
| LOAN SOURCE Full Name (Last, First, Mi Mitchell, Monte, Mark, , | ☐ Memo Item | | | | |
| Mailing Address 7220 Craig Street | | Other (specify) | | | |
| City | State | ZIP Code Zerronal Funds of the Candidate | | | |
| Fort Worth | TX | 76112 | | | |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period | | | |
| 28.97 | | 0.00 28.97 | | | |
| TERMS Date Incurred | Γ | Date Due Interest Rate Secured: (If none, enter 0) | | | |
| M09M / D24D / Y Ž016 Y | M M / D D | / Yunknown Y | | | |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| City State | ZIP Code | Amount Guaranteed | | | |
| | | Outstanding: Name of Employer | | | |
| 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 | | | |
| | | Amount Guaranteed | | | |
| City | ZIP Code | Outstanding: | | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| City State | ZIP Code | Amount Guaranteed | | | |
| City | ZIF Gode | Outstanding: | | | |
| SUBTOTALS This Period This Page (optional) | | 28.97 | | | |
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| Carry outstanding balance only to LINE 3, Sc | hedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

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

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Transaction ID: SC/10.4233 NAME OF COMMITTEE (In Full) M. Mark Mitchell for US Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Mitchell, Monte, Mark, , General X Mailing Address 7220 Craig Street Other (specify) City State ZIP Code Personal Funds of the Candidate TX 76112 Fort Worth Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D14^D M 10M ž016 Nŏ date x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) 19906.24 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.