

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

WEBER FOR CONGRESS

ADDRESS (number and street) ▼

1701 Bending Stream

Check if different than previously reported. (ACC)

Friendswood

TX

77546

2. **FEC IDENTIFICATION NUMBER** ▼

C C00502229

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

TX

14

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Robert Nolen

Signature of Treasurer Robert Nolen

[Electronically Filed]

Date

/  /

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)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**WEBER FOR CONGRESS**

Report Covering the Period: From:  /  /  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))....	75275.00	181225.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	75275.00	181225.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	57768.06	14739.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	41.86	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	57726.20	14739.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	351933.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	146500.00	

**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**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**WEBER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

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).....	37975.00	172475.00
(ii) Unitemized.....	300.00	0.00
(iii) TOTAL of contributions from individuals ▶	38275.00	172475.00
(b) Political Party Committees.....	1000.00	0.00
(c) Other Political Committees (such as PACs).....	36000.00	6250.00
(d) The Candidate.....	0.00	2500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	75275.00	181225.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	41.86	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	75316.86	181225.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	57768.06	14739.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. 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
20. REFUNDS OF CONTRIBUTIONS TO:		
(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	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	57768.06	14739.51

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	334384.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	75316.86
25. SUBTOTAL (add Line 23 and Line 24).....	409701.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57768.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	351933.00

**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 5 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. A.L. Ballard**

Mailing Address 1021 Main St Ste 2310

City State Zip Code  
Houston TX 77002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ballard Exploration Oil & Gas

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 23 / 2016

**Transaction ID : SA11AI.12956**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David A. Barish**

Mailing Address 519 Three Corners Dr

City State Zip Code  
Houston TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Chair King CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 20 / 2016

**Transaction ID : SA11AI.12957**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ariel Bass**

Mailing Address 5415 Valerie St

City State Zip Code  
Bellaire TX 77401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bass Tool Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2016

**Transaction ID : SA11AI.12959**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

**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 6 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Hon. Michel Bechtel**

Mailing Address 2522 S C St

City La Porte State TX Zip Code 77571

FEC ID number of contributing federal political committee. **C**

Name of Employer Bechtel Exploration Occupation Petroleum Geologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11AI.12961**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mrx. Susan Bender**

Mailing Address 1 Greenway Plz Ste 200

City Houston State TX Zip Code 77046

FEC ID number of contributing federal political committee. **C**

Name of Employer homemaker Occupation homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11AI.12963**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Kathy P. Britton**

Mailing Address 3706 Del Monte Dr

City Houston State TX Zip Code 77019

FEC ID number of contributing federal political committee. **C**

Name of Employer Perry Homes Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11AI.12965**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Tolbert Chisum**

Mailing Address 1650 Covington Ct

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Modern Group Trustee

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : SA11AI.12966**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Daniel D. Clinton**

Mailing Address 12410 Boheme Dr

City State Zip Code  
Houston TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Civil Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2016

**Transaction ID : SA11AI.13043**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Copano Communications LLC**

Mailing Address PO Box 980376

City State Zip Code  
Houston TX 77098

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.12967**

Amount of Each Receipt this Period  
 125.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

475.00

**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 8 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Shirley Dannenbaum**

Mailing Address 3100 W Alabama St

City Houston State TX Zip Code 77098

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.12969**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles T. Doyle**

Mailing Address 1526 19th Ave N

City Texas City State TX Zip Code 77590

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas First Bank Occupation Banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : SA11AI.12970**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Roger A. Elswick**

Mailing Address 17 Fairway Estates Dr

City Houston State TX Zip Code 77068

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Auto Group Occupation Auto Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : SA11AI.12972**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

4200.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles H. Flournoy**

Mailing Address 2313 Persa St

City State Zip Code  
Houston TX 77019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
John L. Wortham and Son Insurance Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2016

**Transaction ID : SA11AI.12973**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles C. Foster**

Mailing Address 600 Travis St Ste 2000

City State Zip Code  
Houston TX 77002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Foster Global Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2016

**Transaction ID : SA11AI.12975**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Larry Taylor**

Mailing Address PO Box 7208

City State Zip Code  
Friendswood TX 77549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : SA11AI.12977**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

3950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Ray Fuljenz**

Mailing Address 8255 White Rd

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Universal Coin & Bullion President/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016

**Transaction ID : SA11AI.12978**

Amount of Each Receipt this Period  
 1250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Gagne**

Mailing Address PO Box 12099

City State Zip Code  
Beaumont TX 77726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Richard A. Gagne and Associates Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2016

**Transaction ID : SA11AI.12979**

Amount of Each Receipt this Period  
 1200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Barry M. Goodman**

Mailing Address 3200 Travis St Ste 200

City State Zip Code  
Houston TX 77006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Goodman Corporation Founder & President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2016

**Transaction ID : SA11AI.12980**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

3950.00

**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 11 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David Grenader**

Mailing Address 4708 Caroline St

City State Zip Code  
Houston TX 77004

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Real Estate Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.12981**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Hon. Carl R. Griffith Jr.**

Mailing Address 26985 Ih 10

City State Zip Code  
Winnie TX 77665

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Carl R. Griffith & Associates President/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.12982**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Hoover Slovacek LLP**

Mailing Address PO Box 4547

City State Zip Code  
Houston TX 77210

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.12984**

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Houston Pilots Association**

Mailing Address 203 Deerwood Glen Dr

City State Zip Code  
Deer Park TX 77536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : SA11AI.12985**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Lora Jean Kilroy**

Mailing Address 3696 Willowick Rd

City State Zip Code  
Houston TX 77019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : SA11AI.12986**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph J. Larriviere Jr.**

Mailing Address 4410 W 12Th St

City State Zip Code  
Houston TX 77055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LFFCO Restarantuar

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

**Transaction ID : SA11AI.12987**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Mitzy McCorvey**

Mailing Address 10 Hickory Shadows Dr

City Houston State TX Zip Code 77055

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11Al.12988**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Joan Mileski**

Mailing Address 18 S Shore Dr

City Galveston State TX Zip Code 77551

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas A&M University Galveston Occupation professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

**Transaction ID : SA11Al.12989**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John H. Moon Sr.**

Mailing Address PO Box 3487

City Pasadena State TX Zip Code 77501

FEC ID number of contributing federal political committee. **C**

Name of Employer Moon Credit Corp Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

**Transaction ID : SA11Al.12990**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mark L. Newman**

Mailing Address 4406 Acacia St

City State Zip Code  
Bellaire TX 77401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Winston & Strawn Computers

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11AI.12992**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**The Honora Herman Paul Pressler III**

Mailing Address 5118 Holly Terrace Dr

City State Zip Code  
Houston TX 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.12994**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Carroll R. Ray**

Mailing Address 5630 Briar Dr

City State Zip Code  
Houston TX 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Andrews & Kurth LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.12996**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Regina J. Rogers**

Mailing Address 121 N Post Oak Ln Apt 2401

City Houston State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : SA11AI.12997**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Hon. Lewis S. Rosen**

Mailing Address 1515 Driftwood Ln

City Galveston State TX Zip Code 77551

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Galveston Occupation Mayor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

**Transaction ID : SA11AI.12998**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Manon Shields**

Mailing Address 3350 McCue Rd # 1254

City Houston State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016

**Transaction ID : SA11AI.13000**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

4200.00

**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 16 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Hobart Q. Sibley**

Mailing Address 2873 Ragusa Ln

City State Zip Code  
League City TX 77573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baygas, Inc Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2016

**Transaction ID : SA11AI.13022**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jeremy Silva**

Mailing Address 109 Longridge Dr

City State Zip Code  
La Marque TX 77568

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMOCO FCU CFU

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2016

**Transaction ID : SA11AI.13002**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick J. Studdert**

Mailing Address PO Box 5006

City State Zip Code  
Houston TX 77262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Buffalo Marine Service, Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2016

**Transaction ID : SA11AI.13003**

Amount of Each Receipt this Period  
2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

2600.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Peter Vroman**

Mailing Address 3112 Lawrence Ave

City: Nederland State: TX Zip Code: 77627

FEC ID number of contributing federal political committee: C

Name of Employer self: Occupation: Chemist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 28 / 2016

**Transaction ID : SA11AI.13005**

Amount of Each Receipt this Period: 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Frederic C. Warner Jr.**

Mailing Address 2803 Ferndale St

City: Houston State: TX Zip Code: 77098

FEC ID number of contributing federal political committee: C

Name of Employer: Memorial Hermann Healthcare System Occupation: Public Policy & Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2016

**Transaction ID : SA11AI.13007**

Amount of Each Receipt this Period: 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David M. Weathers**

Mailing Address 13330 Settegast Rd

City: Galveston State: TX Zip Code: 77554

FEC ID number of contributing federal political committee: C

Name of Employer: American Maritime Officers Occupation: Marine Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 850.00

Date of Receipt: 06 / 30 / 2016

**Transaction ID : SA11AI.13008**

Amount of Each Receipt this Period: 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard W. Weekley**

Mailing Address 1111 N Post Oak Rd

City State Zip Code  
Houston TX 77055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weekley Properties Developer/Real Estate Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2016

**Transaction ID : SA11AI.13009**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Brenda Wilburn**

Mailing Address 13670 Country Side St

City State Zip Code  
Santa Fe TX 77517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : SA11AI.13011**

Amount of Each Receipt this Period  
 300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph Wilburn**

Mailing Address 13670 Country Side St

City State Zip Code  
Santa Fe TX 77517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : SA11AI.13013**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

**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 19 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Russell Ybarra**

Mailing Address 4149 Byron St

City Houston State TX Zip Code 77005

FEC ID number of contributing federal political committee. **C**

Name of Employer Gringo's Mexican Kitchen Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : SA11AI.13014**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

37975.00

**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 20 OF 55
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TURKISH AMERICAN HERITAGE POLITICAL ACTION COMMITTEE - TURKISHPAC**

Mailing Address **613 RANCHO BAUER**

City **HOUSTON** State **TX** Zip Code **77079**

FEC ID number of contributing federal political committee. **C C00454140**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 27 / 2016**

**Transaction ID : SA11B.13047**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C** \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

Memo Item

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C** \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**

**1000.00**

**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 21 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A. Action Committe for Rural Electification**

Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2016

**Transaction ID : SA11C.13023**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Air Products Political Alliance**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 441

City State Zip Code  
Trexletown PA 18087

FEC ID number of contributing federal political committee. **C** C00127258

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 20 / 2016

**Transaction ID : SA11C.13024**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C. American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 800 10th St NW Ste 400

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2016

**Transaction ID : SA11C.13025**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**American Petroleum Institute PAC**

Mailing Address 1220 L St NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00483677**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2016

**Transaction ID : SA11C.13026**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Arcadis US, Inc.**

Mailing Address 630 Plaza Dr Ste 100

City Highlands Ranch State CO Zip Code 80129

FEC ID number of contributing federal political committee. **C C00388983**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C.13027**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BNSF RAILPAC**

Mailing Address 1001 Congress Ste 101

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2016

**Transaction ID : SA11C.13028**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

8500.00

**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 23 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A. CenterPoint Energy, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
CenterPoint Energy, Inc. Political Action Committee

Mailing Address 1005 Congress Ave Ste 650

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00333534

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C.13029**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. Cheniere Energy, Inc. PAC**

Full Name (Last, First, Middle Initial)  
Cheniere Energy, Inc. PAC

Mailing Address 1445 Pennsylvania Ave NW Ste 550

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00430157

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : SA11C.13030**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Emerson Electric CO. Responsible Government Fund**

Full Name (Last, First, Middle Initial)  
Emerson Electric CO. Responsible Government Fund

Mailing Address 8000 W Florissant Ave

City Saint Louis State MO Zip Code 63136

FEC ID number of contributing federal political committee. **C** C00080515

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.13031**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

**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 24 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Enterprise Products Partners, L.P. Political Action Committee**

Mailing Address 1100 Louisiana St

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00496752

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2016

**Transaction ID : SA11C.13032**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**EVOC Regulatory Services, Inc. PAC**

Mailing Address 1001 Fannin St Ste 800

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00513671

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C.13033**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HALLIBURTON COMPANY PAC**

Mailing Address 801 17th St NW Ste 1050

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11C.13034**

Amount of Each Receipt this Period  
2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

7000.00



**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 25 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**International Union of Operating Engineers - Local Union 450**

Mailing Address 8441 Gulf Fwy Ste 302

City Houston State TX Zip Code 77017

FEC ID number of contributing federal political committee. **C** C00114850

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C.13035**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**K&L Gates LLP Political Action Committee**

Mailing Address 1717 Main St Ste 2800

City Dallas State TX Zip Code 75201

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : SA11C.13036**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kirby Corporation Political Action Committee**

Mailing Address 55 Waugh Dr Ste 1000

City Houston State TX Zip Code 77007

FEC ID number of contributing federal political committee. **C** C00250027

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 11500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C.13037**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

7000.00

**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 26 OF 55
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Phillips 66 PAC**

Mailing Address 260- M Pob 315 Johnstone

City Bartlesville State OK Zip Code 74004

FEC ID number of contributing federal political committee. **C** C00513549

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C.13039**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**The Dow Chemical Company Employees PAC (DOW PAC)**

Mailing Address 2030 Dow Ctr

City Midland State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : SA11C.13040**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**The Dow Chemical Company Employees PAC (DOW PAC)**

Mailing Address 2030 Dow Ctr

City Midland State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2016

**Transaction ID : SA11C.13041**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**West Gulf Maritime Assc. PAC**

Mailing Address 1717 East Loop N Ste 200

City Houston State TX Zip Code 77029

FEC ID number of contributing federal political committee. **C** C00297671

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11C.13042**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

36000.00

**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 28 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AIPAC</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 8 Greenway Plaza, Ste 1590		Amount of Each Disbursement this Period -1800.00
City Houston	State TX Zip Code 77046	
Purpose of Disbursement annual membership, 2016 - acct: A00775687.		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.13136</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 50 Massachusetts Ave, NW		Amount of Each Disbursement this Period 162.80
City Washington	State DC Zip Code 20002	
Purpose of Disbursement tickets for NYC fundraising event		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.13187</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Big Brothers &amp; Sisters - Galveston</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address 1413 Tremont St		Amount of Each Disbursement this Period 350.00
City Galveston	State TX Zip Code 77550	
Purpose of Disbursement Annual bowl for kids event Aug 7th & 9th		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.13154</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	-1287.20
<b>TOTAL</b> This Period (last page this line number only).....	

**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 29 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 300 First St., SE			Amount of Each Disbursement this Period 156.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement recurring payment		Candidate Name	Transaction ID : <b>SB17.13068</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016	
Mailing Address 300 First St., SE			Amount of Each Disbursement this Period 295.43	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Spagnola & Faircloth		Candidate Name	Transaction ID : <b>SB17.13115</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016	
Mailing Address 300 First St., SE			Amount of Each Disbursement this Period 328.58	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement recurring payment		Candidate Name	Transaction ID : <b>SB17.13134</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	780.01
<b>TOTAL</b> This Period (last page this line number only).....	

**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 30 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 386.43
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement recurring payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.13159
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Card (was Quicken til Nov 2015)</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2016
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 152.91
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement paying credit card	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.13058
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chase Card (was Quicken til Nov 2015)</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2016
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 67.60
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement paying credit card	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.13142
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	606.94
<b>TOTAL</b> This Period (last page this line number only).....	

**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 31 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Chase Card (was Quicken til Nov 2015)</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 239.04
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement paying credit card	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.13160</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 2001 New Hampshire Ave		Amount of Each Disbursement this Period 450.00
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement 3 year membership	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.13200</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 2001 New Hampshire Ave		Amount of Each Disbursement this Period 15.00
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement 3 tickets First Lady's Luncheon	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	<b>Transaction ID : SB17.13203</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	239.04
<b>TOTAL</b> This Period (last page this line number only).....	

**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 32 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Congressional Club</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address 2001 New Hampshire Ave			Amount of Each Disbursement this Period 375.00
City Washington	State DC	Zip Code 20009	
Purpose of Disbursement 3 tickets First Lady's Luncheon		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>	
State: District:		Transaction ID : SB17.13202	

Full Name (Last, First, Middle Initial) <b>B. Congressional Liquor</b>			Date of Disbursement MM / DD / YYYY 05 / 05 / 2016
Mailing Address 404 1st St SE			Amount of Each Disbursement this Period 109.38
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food and Drink		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>	
State: District:		Transaction ID : SB17.13196	

Full Name (Last, First, Middle Initial) <b>c. Congressional Liquor</b>			Date of Disbursement MM / DD / YYYY 05 / 26 / 2016
Mailing Address 404 1st St SE			Amount of Each Disbursement this Period 102.78
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food and Drink		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>	
State: District:		Transaction ID : SB17.13197	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 33 OF 55			
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DC Harvest</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 517 H St NE		Amount of Each Disbursement this Period 717.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Staff birthday	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13076</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DeLullo &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 815 King Street Ste 308		Amount of Each Disbursement this Period 5764.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement invoice 1239	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13069</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DeLullo &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 815 King Street Ste 308		Amount of Each Disbursement this Period 1596.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement invoice 1247 May fee and parking	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13144</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8077.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 34 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DeLullo &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address 815 King Street Ste 308		Amount of Each Disbursement this Period 1500.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Inv 1258: May fee...rw	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13156</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DeLullo &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 815 King Street Ste 308		Amount of Each Disbursement this Period 1596.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Inv 1273 June fee...rw	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13184</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. HEB Pantry</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 701 W Parkwood Ave		Amount of Each Disbursement this Period 126.58
City Friendswood	State TX Zip Code 77546	
Purpose of Disbursement initial meeting of Political Wives of Galveston County	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13099</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3222.58
<b>TOTAL</b> This Period (last page this line number only).....	

**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 35 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hitchcock Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2016	
Mailing Address 8300 Highway 6 Suite A			Amount of Each Disbursement this Period 100.00	
City Hitchcock	State TX	Zip Code 77563	<input type="checkbox"/> Memo Item	
Purpose of Disbursement 2016 Annual membership & flag & bldg fund..rw			Transaction ID : <b>SB17.13103</b>	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Hitchcock Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 8300 Highway 6 Suite A			Amount of Each Disbursement this Period 40.00	
City Hitchcock	State TX	Zip Code 77563	<input type="checkbox"/> Memo Item	
Purpose of Disbursement 2016 Good OleDays raffle tickets			Transaction ID : <b>SB17.13185</b>	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Blake Hopper</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2016	
Mailing Address 505 Orleans St, Ste 103			Amount of Each Disbursement this Period 150.00	
City Beaumont	State TX	Zip Code 77701	<input type="checkbox"/> Memo Item	
Purpose of Disbursement reimbursement for Port Arthur Chamber dues \$150.00			Transaction ID : <b>SB17.13164</b>	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	290.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 36 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 4877.24
City Austin State TX Zip Code 78701	Purpose of Disbursement April fee, inv 2845	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13088</b>

Full Name (Last, First, Middle Initial) <b>B. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2016
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 4513.41
City Austin State TX Zip Code 78701	Purpose of Disbursement Inv 2887, April 15- May 15...rw	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13138</b>

Full Name (Last, First, Middle Initial) <b>c. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2016
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 8029.11
City Austin State TX Zip Code 78701	Purpose of Disbursement Inv 2929, May 15-June 15...rw	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13189</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17419.76
<b>TOTAL</b> This Period (last page this line number only).....	

**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 37 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Luna's</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 704 W Parkwood Ave		Amount of Each Disbursement this Period 104.00
City Friendswood	State TX	
Zip Code 77546	Purpose of Disbursement Dinner with Faircloths and Spangolas	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : <b>SB17.13098</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mailchimp.com</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 675 Ponce de Leon Ave NE Suite 5000		Amount of Each Disbursement this Period 75.00
City Atlanta	State GA	
Zip Code 30308	Purpose of Disbursement recurring payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : <b>SB17.13066</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mailchimp.com</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2016
Mailing Address 675 Ponce de Leon Ave NE Suite 5000		Amount of Each Disbursement this Period 75.00
City Atlanta	State GA	
Zip Code 30308	Purpose of Disbursement recurring payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : <b>SB17.13133</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	254.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 38 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mailchimp.com</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 675 Ponce de Leon Ave NE Suite 5000		Amount of Each Disbursement this Period 75.00
City Atlanta	State GA Zip Code 30308	
Purpose of Disbursement recurring payment		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.13170</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Najvar Law Firm</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 4151 Southwest Freeway Suite 625		Amount of Each Disbursement this Period 5000.00
City Houston	State TX Zip Code 77027	
Purpose of Disbursement Final Invoice. Contract terminated.		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.13100</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Network Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 12808 Gran Bay Parkway		Amount of Each Disbursement this Period 141.96
City Jacksonville	State FL Zip Code 32258	
Purpose of Disbursement 3 yr renewal RandyWeber.org		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.13175</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5216.96
<b>TOTAL</b> This Period (last page this line number only).....	

**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 39 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NRCC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 320 1st St, SE		Amount of Each Disbursement this Period 10000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement dues	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13179</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot Port Arthur</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 8465 Memorial Blvd Suite 300		Amount of Each Disbursement this Period 216.49
City Port Arthur	State TX	
Zip Code 77640	Purpose of Disbursement Quickbook MAC	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13087</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Omni Hotel Dallas</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address 555 South Lamar St		Amount of Each Disbursement this Period 434.08
City Dallas	State TX	
Zip Code 75202	Purpose of Disbursement Republican State Conv	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13122</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10650.57
<b>TOTAL</b> This Period (last page this line number only).....	

**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 40 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Peterson CPA Firm, P.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016	
Mailing Address 333 E. Parkwood Ave			Amount of Each Disbursement this Period 3300.00	
City Friendswood	State TX	Zip Code 77546	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Jan, Feb, March retainer			Transaction ID : <b>SB17.13062</b>	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Peterson CPA Firm, P.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2016	
Mailing Address 333 E. Parkwood Ave			Amount of Each Disbursement this Period 1100.00	
City Friendswood	State TX	Zip Code 77546	Memo Item <input type="checkbox"/>	
Purpose of Disbursement April Retainer..rw			Transaction ID : <b>SB17.13104</b>	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Peterson CPA Firm, P.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016	
Mailing Address 333 E. Parkwood Ave			Amount of Each Disbursement this Period 250.00	
City Friendswood	State TX	Zip Code 77546	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Financial disclosure statemet .bw			Transaction ID : <b>SB17.13148</b>	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4650.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**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 41 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Peterson CPA Firm, P.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 333 E. Parkwood Ave		Amount of Each Disbursement this Period 1100.00
City Friendswood State TX Zip Code 77546	Purpose of Disbursement May Retainer..bw	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13149</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 63.75
City San Francisco State CA Zip Code 94105	Purpose of Disbursement charge for credit donation for Goodman, Barry	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13049</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 21.25
City San Francisco State CA Zip Code 94105	Purpose of Disbursement charge for credit donation for Silva,Jeremy	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13055</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1185.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 42 OF 55			
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>			Date of Disbursement MM / DD / YYYY 04 / 11 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 42.50		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement charge for credit donation for Ybarra, Russell		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.13057</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>			Date of Disbursement MM / DD / YYYY 04 / 19 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 4.25		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement charge for credit donation for Tolbert, Chism		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.13070</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 21.25		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement charge for credit donation for Bender, Susan		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.13077</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	68.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 43 OF 55			
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 21.25		
City San Francisco		State CA	Zip Code 94105		<input type="checkbox"/> Memo Item
Purpose of Disbursement charge for credit donation for Newman, Elise			Category/Type		
Candidate Name			Transaction ID : <b>SB17.13078</b>		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 42.50		
City San Francisco		State CA	Zip Code 94105		<input type="checkbox"/> Memo Item
Purpose of Disbursement charge for credit donation for Barish, David			Category/Type		
Candidate Name			Transaction ID : <b>SB17.13079</b>		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 21.25		
City San Francisco		State CA	Zip Code 94105		<input type="checkbox"/> Memo Item
Purpose of Disbursement charge for credit donation for Bass, Ariel			Category/Type		
Candidate Name			Transaction ID : <b>SB17.13080</b>		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 44 OF 55			
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 21.25		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement charge for credit donation for Shields, Manan		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.13081</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 10.63		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement charge for credit donation for Charles Foster		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.13092</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016		
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 53.13		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement charge for credit donation for Michael Fuljenz		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.13141</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	85.01
<b>TOTAL</b> This Period (last page this line number only).....	

**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 45 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 42.50
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement charge for credit donation for Britton, Kathy	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.13147</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 21.25
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement charge for credit donation for Michel Betchel	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.13150</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 21.25
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement charge for credit donation for Mileski, Joan	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.13155</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

# 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 46 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.06
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement charge for credit donation for Rivera, Bryan	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13165</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 10.63
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement charge for credit donation for Peter Vroman	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13181</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 114.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement charge for credit donation for Shirley Dannenbaum	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13186</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	126.44
<b>TOTAL</b> This Period (last page this line number only).....	

**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 47 OF 55			
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SafeWay</b>			Date of Disbursement MM / DD / YYYY 05 / 04 / 2016		
Mailing Address 1100 4th St SW			Amount of Each Disbursement this Period 26.88		
City Washington	State DC	Zip Code 20024	Category/ Type 001		
Purpose of Disbursement Food and Drink					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.13198</b>		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Southwest airlines</b>			Date of Disbursement MM / DD / YYYY 05 / 13 / 2016		
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 5.00		
City Dallas,	State TX	Zip Code 75235	Category/ Type		
Purpose of Disbursement beverages					
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.13116</b>		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. Southwest airlines</b>			Date of Disbursement MM / DD / YYYY 05 / 13 / 2016		
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 10.00		
City Dallas,	State TX	Zip Code 75235	Category/ Type		
Purpose of Disbursement beverages					
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.13117</b>		
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 48 OF 55			
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Storage Choice</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 151.00
City League City	State TX Zip Code 77573	
Purpose of Disbursement recurring payment	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.13067</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Storage Choice</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 151.00
City League City	State TX Zip Code 77573	
Purpose of Disbursement recurring payment	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.13161</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 17077 Texas Ave		Amount of Each Disbursement this Period 142.75
City Webster	State TX Zip Code 77598	
Purpose of Disbursement stamps	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.13089</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	444.75
<b>TOTAL</b> This Period (last page this line number only).....	



**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 49 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Wall Street Journal</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 200 Liberty St		Amount of Each Disbursement this Period 30.79
City New York	State NY	
Zip Code 10281	Purpose of Disbursement recurring payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.13056</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wall Street Journal</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 200 Liberty St		Amount of Each Disbursement this Period 30.79
City New York	State NY	
Zip Code 10281	Purpose of Disbursement recurring payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.13114</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wall Street Journal</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 200 Liberty St		Amount of Each Disbursement this Period 30.79
City New York	State NY	
Zip Code 10281	Purpose of Disbursement recurring payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.13158</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	92.37
<b>TOTAL</b> This Period (last page this line number only).....	

**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 50 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Courtney Weaver</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2016
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Memo Item
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement Courtney Weaver	Transaction ID : <b>SB17.13082</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Courtney Weaver</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2016
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Memo Item
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement Courtney Weaver	Transaction ID : <b>SB17.13143</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Courtney Weaver</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Memo Item
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement Courtney Weaver	Transaction ID : <b>SB17.13176</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 51 OF 55	
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jessica Weber</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2016
Mailing Address 19870 Quail Circle		Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Memo Item
City Fairhope State AL Zip Code 36532	Purpose of Disbursement 3 tickets First Lady's Luncheon Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13052</b>

Full Name (Last, First, Middle Initial) <b>B. Jessica Weber</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2016
Mailing Address 19870 Quail Circle		Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Memo Item
City Fairhope State AL Zip Code 36532	Purpose of Disbursement 3 year membership Congressional Club Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13053</b>

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 2900 South Gordon St		Amount of Each Disbursement this Period 3.00 <input type="checkbox"/> Memo Item
City Alvin State TX Zip Code 77511	Purpose of Disbursement fee Online Dep Details & Images - Bob Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13054</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	828.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 52 OF 55			
	<input checked="" 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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016		
Mailing Address 2900 South Gordon St			Amount of Each Disbursement this Period 3.00		
City Alvin	State TX	Zip Code 77511	<input type="checkbox"/> Memo Item		
Purpose of Disbursement fee Online Dep Details & Images - Bob			Transaction ID : <b>SB17.13152</b>		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement					
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement					
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.00
<b>TOTAL</b> This Period (last page this line number only).....	53737.23

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.4842**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **RANDY WEBER** *PERSONAL FUNDS*  Memo Item  
 Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 1327  
 City State ZIP Code  
 FRIENDSWOOD TX 77549

Original Amount of Loan 100000.00	Cumulative Payment To Date 11000.00	Balance Outstanding at Close of This Period 89000.00
--------------------------------------	--	---

**TERMS**  
 Date Incurred: M 12 / D 30 / Y 2011  
 Date Due: M / D / Y None  
 Interest Rate: 0.00 % (apr)  
 Secured:  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)..... ▶ 89000.00  
**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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.5921**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>PERSONAL FUNDS</b> <input type="checkbox"/> Memo Item <b>RANDY WEBER</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>
Mailing Address PO BOX 1327	

City	State	ZIP Code
FRIENDSWOOD	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	67500.00	32500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 25 / Y 2012	M M / D D / Y None	0.00 % (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)	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:

<b>SUBTOTALS</b> This Period This Page (optional).....	32500.00
<b>TOTALS</b> 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.**

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7910**  
**WEBER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>PERSONAL FUNDS</b> <input type="checkbox"/> Memo Item <b>RANDY WEBER</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1327	

City	State	ZIP Code
FRIENDSWOOD	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
11 / 03 / 2012	None	0.00 % (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)	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	146500.00

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