

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

PARRISH FOR CONGRESS COMMITTEE

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))....	7550.00	10775.00
(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)).....	7550.00	10775.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14187.06	17412.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	14187.06	17412.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	34362.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	41000.00	

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

PARRISH FOR CONGRESS COMMITTEE

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).....	7550.00	7550.00
(ii) Unitemized.....	0.00	100.00
(iii) TOTAL of contributions from individuals ▶	7550.00	7650.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	3125.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7550.00	10775.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	41000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	41000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	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)..... ▶	7550.00	51775.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14187.06	17412.06
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	14187.06	17412.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	41000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7550.00
25. SUBTOTAL (add Line 23 and Line 24).....	48550.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14187.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34362.94

**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 11
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PARRISH FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Matt Adams

Mailing Address PO Box 1315

City State Zip Code
Brownfield TX 79316

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

Name of Employer Self Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 09 / 2016

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Joe Alspaugh

Mailing Address 9302 CR 3860

City State Zip Code
Slaton TX 79364

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

Name of Employer Self Occupation Farmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Kenny Beck

Mailing Address PO Box 687

City State Zip Code
Denver City TX 79323

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

Name of Employer Pate Trucking Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 09 / 2016

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
 1000.00

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

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

1550.00

**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 11
	<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)
PARRISH FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Victor Lazano

Mailing Address Box 1142

City State Zip Code
Denver City TX 79323

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

Name of Employer Occupation
5L Contractors Manager

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
02 / 09 / 2016

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Brian Snodgrass

Mailing Address PO Box 1210

City State Zip Code
Seminole TX 79360

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

Name of Employer Occupation
South Plains Implement 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 Y Y
01 / 04 / 2016

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
James Tupman

Mailing Address 607 SW 14th

City State Zip Code
Seminole TX 79360

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

Name of Employer Occupation
Petrolift Systems Manager

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
01 / 28 / 2016

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
2000.00

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

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

5000.00

**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 7 OF 11			
	<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)
PARRISH FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gary Walker

Mailing Address 4515 Old Jacksboro Hwy

City State Zip Code
Wichita Falls TX 76302

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

Name of Employer Occupation
SOAR LLC Pilot

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11Al.4122

Amount of Each Receipt this Period
 1000.00

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

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

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

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

1000.00

7550.00

**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 8 OF 11			
	<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)
PARRISH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. BOA		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address PO Box 15291		Amount of Each Disbursement this Period 787.06
City Wilmington	State DE	
Zip Code 19850	Purpose of Disbursement Sign Posts	Transaction ID : SB17.4139
Candidate Name PARRISH FOR CONGRESS COMMITTEE	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX	District: 19	

Full Name (Last, First, Middle Initial) B. Sign Design Graphics		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 6625 W 19th #110		Amount of Each Disbursement this Period 4000.00
City Lubbock	State TX	
Zip Code 79407	Purpose of Disbursement Signs	Transaction ID : SB17.4130
Candidate Name PARRISH FOR CONGRESS COMMITTEE	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX	District: 19	

Full Name (Last, First, Middle Initial) c. Sign Design Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 6625 W 19th #110		Amount of Each Disbursement this Period 4000.00
City Lubbock	State TX	
Zip Code 79407	Purpose of Disbursement Signs	Transaction ID : SB17.4132
Candidate Name PARRISH FOR CONGRESS COMMITTEE	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX	District: 19	

SUBTOTAL of Disbursements This Page (optional).....	8787.06
TOTAL 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 9 OF 11
	<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)
PARRISH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Sign Design Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address 6625 W 19th #110		Amount of Each Disbursement this Period 4000.00
City Lubbock State TX Zip Code 79407	Purpose of Disbursement Signs	
Candidate Name PARRISH FOR CONGRESS COMMITTEE		Transaction ID : SB17.4133
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 19	Category/Type	

Full Name (Last, First, Middle Initial) B. Sign Design Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address 6625 W 19th #110		Amount of Each Disbursement this Period 1350.00
City Lubbock State TX Zip Code 79407	Purpose of Disbursement Signs	
Candidate Name PARRISH FOR CONGRESS COMMITTEE		Transaction ID : SB17.4134
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 19	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Transaction ID
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	

SUBTOTAL of Disbursements This Page (optional).....	5350.00
TOTAL This Period (last page this line number only).....	14137.06

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PARRISH FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4099**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2016
DON PARRISH Primary
 Mailing Address PO BOX 815 General
 Other (specify) ▼

City State ZIP Code
 PLAINS TX 79355

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 12 / D 03 / Y 2015 M M / D D / Y NONE 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1000.00
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) **PARRISH FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4111**

LOAN SOURCE Full Name (Last, First, Middle Initial) DON PARRISH	[PERSONAL FUNDS]	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 815		

City	State	ZIP Code
PLAINS	TX	79355

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 29 / Y 2015 Y	M M / D D / Y NONE Y	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: []

SUBTOTALS This Period This Page (optional).....	▶	40000.00
TOTALS This Period (last page in this line only).....	▶	41000.00

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