PAGE 1 / 8

FEC FORM 3		AND I	DISBL		CEIPTS			- Office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR	PRINT 🔻		ample: If typin er the lines.	g, type	12FE4M5	
		BRESS						
		6213 CH	ARLOTTE A	VE SUITE 112				
ADDRESS (number ar	iferent usly VCC)		 LE 			<u> </u>	TN STATE ▲	37209 ∠ IP CODE ▲
2. FEC IDENTIFIC		UMBER V	3.	is this Report	× NEW (N)	OR	AMENDE (A)	ED STATE ▼ DISTRICT
July 15 Octobe	eports: 5 Quarterly Quarterly F r 15 Quarte	Report (Q1)	23)	Election on	Election Report Primary (12P) Convention (T-Election Rep	12C)	General (12 Special (12	
Termina	ation Report	: (TER)		Election on	General (30G)	Runoff (30F	R) Special (30S) in the State of
5. Covering Period				Y Y Y 2017	through	M N 12		Y Y Y Y 2017
I certify that I have e Type or Print Name		Arnold,	<i>nd to the b</i> Thomas, C.,		owledge and l	belief it is t	true, correct and	complete.
Signature of Treasure		old, Thomas, (C., ,		[Electronically]	Filed]	Date	/ D D / Y Y Y Y 23 / 2018
NOTE: Submission of Office	false, erron	eous, or inco	omplete info	rmation may s	subject the pers	son signing	this Report to the	penalties of 52 U.S.C. §30109.
Use Only								FEC FORM 3 (Revised 05/2016)

6.

7.

8.

9.

SUMMARY PAGE

of Receipts and Disbursements PAGE 2/8 FEC Form 3 (Revised 05/2016) Write or Type Committee Name LOU ANN FOR CONGRESS D М D D D ž017 10 2017 . 12 31 01 Report Covering the Period: From: To: COLUMN A COLUMN B This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 117791.03 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 2500.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 115291.03 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 344850.36 (from Line 17) (b) Total Offsets to Operating 1687.65 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 343162.71 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 128.32 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 228000.00 Schedule C and/or Schedule D)

For further information contact:

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

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

Γ	FEC Form 3 (Revised 05/2016)	TAILED SUMMARY PAGE of Receipts	PAGE 3/8
	rite or Type Committee Name		
L	OU ANN FOR CONGRESS		
R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2017 To	: 12 / D D / Y Y Y Y 12 31 / 2017
	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)	0.00	0.00
	(ii) Unitemized	0.00	117791.03
	(iii) TOTAL of contributions	0.00	117791.03
	from individuals		
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) The Candidate	0.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than loans)		
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	117791.03
12.	TRANSFERS FROM OTHER	0.00	0.00
	AUTHORIZED COMMITTEES	0.00	7 7 7
13.	LOANS: (a) Made or Guaranteed by the		
	Candidate	0.00	228000.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	, , , , , , , , , , , , , , , , , , , ,
14.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	1687.65
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)	, 0.00	347478.68

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of Disbursements FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 344850.36 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 by the Candidate..... 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 Than Political Committees 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 (add Lines 20(a), (b), and (c))..... 0.00 21. OTHER DISBURSEMENTS

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	128.32
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)	128.32
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	128.32

0.00

DETAILED SUMMARY PAGE

PAGE 4/8

0.00

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2500.00

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347350.36

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Image# 201801239090516362	

				PAGE 5 OF 8
CHEDULE C (FEC Form 3) DANS		Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a	
AME OF COMMITTEE (In Full) OU ANN FOR CONGRESS			Transac	tion ID : SC/10.4109
LOAN SOURCE Full Name (Last, First, M ZELENIK, LOU ANN, , ,	liddle Initial)		🗌 Memo Item	Election: 2012 X Primary General
Mailing Address 2620 SEQUOYA TRACE				Other (specify) ▼
City MURFREESBORO	State TN	ZIP Code 37127	e	Y Personal Funds of the Candidate
Original Amount of Loan 15000.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Period 15000.00
TERMS Date Incurred		Date Due	Interest Rate (If none, enter	
M05 ^M / D31 ^D / Y Ž01Ž Y	M M / D D	[/] ^Y 01/Č		
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)	ł		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 1 1
UBTOTALS This Period This Page (optional)		······	15000.00
OTALS This Period (last page in this line or				vard to appropriate line of Summary.

				r	
CHEDULE C DANS	(FEC Form 3)			Use separate schedule for each category of tl Detailed Summary Pag	he (check only one) × 13a
AME OF COMMITTE	· ,			Transac	ction ID : SC/10.4111
LOAN SOURCE ZELENIK, LC	Full Name (Last, First, Mic DU ANN, , ,	ddle Initial)		🗌 Memo Item	Election: 2012 X Primary General
Mailing Address 2620 SEQUOYA TH	RACE				Other (specify)
City MURFREESBORO		State TN	ZIP Code 37127	e	Personal Funds of the Candidate
Original Amount	of Loan 200000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio 200000.00
TERMS Da	ate Incurred	M M / D D	Date Due	Interest Rate (If none, enter)1/2020 ^Y 0.	n 0) 00 0/ () N () N () N ()
	s or Guarantors (if any) t st, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Addres	SS			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g
2. Full Name (Las	t, First, Middle Initial)			Name of Employer	
Mailing Addres	S			Occupation Amount	
City	State	ZIP Code		Guaranteed	7 7 7 7 7 7
3. Full Name (Las	t, First, Middle Initial)			Name of Employer	
Mailing Addres	S			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Las	t, First, Middle Initial)	l		Name of Employer	
Mailing Addres	S			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
	eriod This Page (optional). (last page in this line only				, 20000.00
Carry outstanding b	alance only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.

				PAGE 7 OF 8
CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	(S) FOR LINE NUMBER:
AME OF COMMITTEE (In Full) OU ANN FOR CONGRESS			Transac	tion ID : SC/10.4112
LOAN SOURCE Full Name (Last, First, M ZELENIK, LOU ANN, , ,	liddle Initial)		Memo Item	Election: 2012 X Primary General
Mailing Address 2620 SEQUOYA TRACE				Other (specify)
City MURFREESBORO	State TN	ZIP Code 37127	e	X Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	lyment To D	Date Bala	nce Outstanding at Close of This Perio
8000.00	9		0.00	8000.00
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter	
M08M / D01D / Y Ž01Ž Y	M M / D D	/ ^Y 12/	31/2Ŏ22 [¥] 0.0	
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:	y y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	g
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1
SUBTOTALS This Period This Page (optional			H	8000.00
COTALS This Period (last page in this line or Carry outstanding balance only to LINE 3, So				vard to appropriate line of Summarv.

-9					PAGE 8 OF 8
CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of t Detailed Summary Pag	e(s) he (check only one)
AME OF COMMITTEE (In F OU ANN FOR CON	,			Transac	ction ID : SC/10.4113
LOAN SOURCE Full National Full National Sector Sect	•	ddle Initial)		Memo Item	Election: 2012 X Primary General
Mailing Address 2620 SEQUOYA TRACE					Other (specify)
City MURFREESBORO		State TN	ZIP Code 37127	e	X Personal Funds of the Candidat
Original Amount of Loan	5000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio
TERMS Date Incur	red ^Y Ž01Ž ^Y	М М / D D	Date Due	Interest Rate (If none, enter 31/2023 ^Y 0.	n 0)
List All Endorsers or Gu 1. Full Name (Last, First		o Loan Source		Name of Employer	
Mailing Address	,,			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g g
4. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
	I		1		
UBTOTALS This Period Th	is Page (optional).			····· ►	5000.00