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FEC FORM 3			RECEIPTS SEMENTS Committee			Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR F	PRINT V	Example: If typin over the lines.	g, type	12FE4M5	
					1 1 1 1 1	
ADDRESS (number ar	ferent		ΓΕ 112 			37209 - - - -
	CATION NUMBER	CITY		S	STATE	ZIP CODE
C C0051954		3. IS THI REPO	~	OR	AMEND (A)	ED STATE ▼ DISTRICT
(a) Quarterly R April 15 July 15	PORT (Choose One) eports: 5 Quarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q r 31 Year-End Report (YB	3) Electio	PRE-Election Report Primary (12P Convention (on on) 12C)	General (12 Special (12 Y Y Y Y Y	
Termina	tion Report (TER)	Electic	General (300) D D /	Runoff (30	R) Special (30S) in the State of
5. Covering Period	M M / D 29		Y through	M M 12	/ D D / 31	Y Y Y Y 2016
I certify that I have e Type or Print Name	xamined this Report ar Arnold, T of Treasurer	nd to the best of Thomas, C., ,	my knowledge and	belief it is tro	ue, correct and	complete.
Signature of Treasure	Arnold, Thomas, C	· , ,	[Electronically	Filed] D	Date	/ D D / Y Y Y Y 29 / 2017
	false, erroneous, or inco	mplete information	may subject the per	son signing t	his Report to th	e penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

		FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 8
		or Type Committee Name J ANN FOR CONGRESS		
F	Repor	t Covering the Period: From:	4.4	To: 12 / D D / Y Y Y Y Y 31 / 2016
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	t Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	117791.03
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	2500.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	115291.03
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	344850.36
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	1687.65
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	343162.71
8.		sh on Hand at Close of porting Period (from Line 27)	128.32	
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	228000.00	

For further information contact:

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

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

FEC Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 8
Write or Type Committee Name		
LOU ANN FOR CONGRESS		
Report Covering the Period: From:	M / D D / Y Y Y Y 1 29 / 2016 To:	M M / D D / Y Y Y Y 12 31 / 2016
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		447704.00
from individuals	0.00	117791.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	, , , , , , , , , , , , , , , , , , , ,
(such as PACs)	7 7 7	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 AUTHORIZED COMMITTEES	0.00	0.00
AUTHORIZED COMMITTEES	7 7 7	7 7 7 *
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	228000.00
Candidate		
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	228000.00
14. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	0.00	1687.65
	7 7 7	7 7 7 7 7 7 7
15. OTHER RECEIPTS	0.00	0.00
(Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)		0.47470.00
(Carry Total to Line 24, page 4)	0.00	347478.68

Image# 201701299041537385

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 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 2500.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 2500.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 347350.36

(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

DETAILED SUMMARY PAGE

of Disbursements

PAGE 4/8

SCHEDULE C (FEC Form 3)				PAGE 5 OF 8
LOANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) X 13a
NAME OF COMMITTEE (In Full) LOU ANN FOR CONGRESS			Transac	tion ID : SC/10.4109
LOAN SOURCE Full Name (Last, First, Mic ZELENIK, LOU ANN, , ,	ddle Initial)		Memo Item	Election: 2012 X Primary General
Mailing Address 2620 SEQUOYA TRACE				Other (specify) v
City MURFREESBORO	State TN	ZIP Code 37127	9	X Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perioc 15000.00
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter	
M05 ^M / D31 ^D / Y Ž01Ž Y	M M / D D	′ ^v 01/ð	01/2020 [×] 0.0	
List All Endorsers or Guarantors (if any) t	o Loan Source			
1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	·		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
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 x 1
SUBTOTALS This Period This Page (optional).				15000.00
TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Sch				/ard to appropriate line of Summary

					PAGE 6 OF 8
CHEDULE C (F OANS	EC Form 3)			Use separate schedule for each category of th Detailed Summary Pag	e(s) FOR LINE NUMBER:
IAME OF COMMITTEE	. ,			Transac	tion ID : SC/10.4111
ZELENIK, LOU	II Name (Last, First, Mic ANN, , ,	Idle Initial)		🗌 Memo Item	Election: 2012 X Primary General
Mailing Address 2620 SEQUOYA TRA	CE				Other (specify) V
City MURFREESBORO		State TN	ZIP Code 37127	9	Y Personal Funds of the Candidate
Original Amount of	Loan 200000.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perioc 200000.00
^M 06 ^M / ^D 29 ^D	Incurred	M M / D D	Date Due	Interest Rate (If none, enter)1/2020 ^Y 0.	00 x () x x x
List All Endorsers of 1. Full Name (Last,	or Guarantors (if any) t First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, I	First, Middle Initial)			Name of Employer	
Mailing Address				Occupation Amount	
City	State	ZIP Code		Guaranteed	y y y y y
3. Full Name (Last, I	First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, I	First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
	od This Page (optional) ast page in this line only				200000.00
Carry outstanding bala	nce only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forv	vard to appropriate line of Summary.

				PAGE 7 OF 8
CHEDULE C (FEC Form 3) OANS		Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) OU ANN FOR CONGRESS			Transac	tion ID : SC/10.4112
LOAN SOURCE Full Name (Last, First, Mid ZELENIK, LOU ANN, , ,	ddle Initial)		🗌 Memo Item	Election: 2012 X Primary General
Mailing Address 2620 SEQUOYA TRACE				Other (specify) V
City MURFREESBORO	State TN	ZIP Code 37127	e	X Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pag	yment 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	
M08 ^M / D01 ^D / Y Ž01Ž Y	M M / D D	[/] ^Y 12/3	š1/2Ŏ22 ^Υ 0.0	
List All Endorsers or Guarantors (if any) t	o Loan Source		Name of Employer	
1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation Amount	
City State	ZIP Code		Guaranteed	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)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 y 1
SUBTOTALS This Period This Page (optional).				8000.00
TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Scl				and to appropriate line of Summary

	,				
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) × 13a	
ME OF COMMITTEE (In OU ANN FOR COM	,			Transact	tion ID : SC/10.4113
LOAN SOURCE Full Na ZELENIK, LOU AI	•	Idle Initial)		Memo Item	Election: 2012 X Primary General
Mailing Address 2620 SEQUOYA TRACE					Other (specify)
City MURFREESBORO		State TN	ZIP Code 37127	3	X Personal Funds of the Candidat
Original Amount of Loa	n 5000.00	Cumulative Pa	yment To D	Date Balar 0.00	nce Outstanding at Close of This Peric 5000.00
TERMS Date Incu M08 ^M / 21 ^D /	urred Y Ž01Ž Y	M M / D D	Date Due	Interest Rate (If none, enter \$1/2023 ^Y 0.0	
List All Endorsers or G 1. Full Name (Last, First	· · · ·	o Loan Source		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	(Amount Guaranteed Outstanding:	g
2. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 y 1
3. Full Name (Last, First	, Middle Initial)		I	Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code	(Guaranteed Outstanding:	y y x
City 4. Full Name (Last, First		ZIP Code			-y
-		ZIP Code		Outstanding:	yy
4. Full Name (Last, First		ZIP Code		Outstanding:	y y
4. Full Name (Last, First Mailing Address	t, Middle Initial)	ZIP Code		Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	5000.00