

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

CHRIS EDWARDS FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 13105

Check if different than previously reported. (ACC)

LAS VEGAS

NV

89112

2. **FEC IDENTIFICATION NUMBER** ▼

C C00511667

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NV

01

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 Tiffany Waddell

Signature of Treasurer Tiffany Waddell

[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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CHRIS EDWARDS 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))....	1370.00	4601.00
(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)).....	1370.00	4601.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12582.07	55165.27
(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)).....	12582.07	55165.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	91435.73	
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).....	142000.00	

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

CHRIS EDWARDS 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).....	790.00	2078.00
(ii) Unitemized.....	580.00	2523.00
(iii) TOTAL of contributions from individuals ▶	1370.00	4601.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1370.00	4601.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	142000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	142000.00
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)..... ▶	1370.00	146601.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12582.07	55165.27
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) ►	12582.07	55165.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	102647.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1370.00
25. SUBTOTAL (add Line 23 and Line 24).....	104017.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12582.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	91435.73

**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 15
	<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)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anonymous Anonymous		Date of Receipt MM / DD / YYYY 06 / 01 / 2012
Mailing Address		Transaction ID : SA11AI.4386
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 240.00
Name of Employer Unknown	Occupation Unknown	Pass the Hat Contributions
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 461.00	

Full Name (Last, First, Middle Initial) B. Robert Donald		Date of Receipt MM / DD / YYYY 06 / 01 / 2012
Mailing Address 6550 Peachtree Lane		Transaction ID : SA11AI.4372
City	State Zip Code	
Las Vegas	NV 89103	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee.	C	Contribution
Name of Employer Info requested	Occupation Info requested	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. William Wasserburger		Date of Receipt MM / DD / YYYY 06 / 01 / 2012
Mailing Address 416 Clifton Heights Dr		Transaction ID : SA11AI.4363
City	State Zip Code	
Las Vegas	NV 89145	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.	C	Contribution
Name of Employer LLI Group	Occupation Manager	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	790.00
TOTAL This Period (last page this line number only).....	790.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4386

Pass the Hat donations at event. No cash donation exceeded \$50.00.

Form/Schedule:

Transaction ID:

**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 7 OF 15	
	<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)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capital Effects LLC		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address PO Box 2719		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4339
City Washington	State DC	
Zip Code 20013	Purpose of Disbursement FEC Compliance Consulting	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NV District: 01	

Full Name (Last, First, Middle Initial) B. Daffron Marketing		Date of Disbursement MM / DD / YYYY 06 / 01 / 2012
Mailing Address PO Box 778056		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4338
City Henderson	State NV	
Zip Code 89077	Purpose of Disbursement Social Media Consulting	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NV District: 01	

Full Name (Last, First, Middle Initial) c. Dane & Associates		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012
Mailing Address 4145 Pequeno Ave		Amount of Each Disbursement this Period 876.88 Transaction ID : SB17.4344
City Las Vegas	State NV	
Zip Code 89120	Purpose of Disbursement Robocalls	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NV District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2126.88
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 8 OF 15			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dane & Associates		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address 4145 Pequeno Ave		Amount of Each Disbursement this Period 1369.60 Transaction ID : SB17.4354
City Las Vegas	State NV	
Zip Code 89120	Purpose of Disbursement GOTV Robocalls	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NV District: 01	

Full Name (Last, First, Middle Initial) B. Paul Kelly		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 4145 Pequeno Ave		Amount of Each Disbursement this Period 1017.39 Transaction ID : SB17.4345
City Las Vegas	State NV	
Zip Code 89120	Purpose of Disbursement Campaign Managemnet Consulting	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NV District: 01	

Full Name (Last, First, Middle Initial) c. Paul Kelly		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 4145 Pequeno Ave		Amount of Each Disbursement this Period 1000.08 Transaction ID : SB17.4355
City Las Vegas	State NV	
Zip Code 89120	Purpose of Disbursement Capaign Management Consulting	Category/ Type
Candidate Name CHRIS EDWARDS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NV District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3387.07
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 15	
	<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)
CHRIS EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Las Vegas Chinese Daily News		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 4215 Spring Mount Rd		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4356
City Las Vegas State NV Zip Code 89102	Purpose of Disbursement Advertising	
Candidate Name CHRIS EDWARDS FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

Full Name (Last, First, Middle Initial) B. Red Point Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 3218 Velvet Rose St		Amount of Each Disbursement this Period 6273.00 Transaction ID : SB17.4346
City Las Vegas State NV Zip Code 89135	Purpose of Disbursement Campaign Strategy Consulting	
Candidate Name CHRIS EDWARDS FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 01		

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		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:		

SUBTOTAL of Disbursements This Page (optional).....	6373.00
TOTAL This Period (last page this line number only).....	11886.95

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4207

CHRIS EDWARDS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

CHRISTOPHER EDWARDS

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 13105

City State ZIP Code
LAS VEGAS NV 89112

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100.00 0.00 100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

03

2012

On Demand

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)..... 100.00

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) **CHRIS EDWARDS FOR CONGRESS** Transaction ID : **SC/10.4209**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Christopher Edwards
 Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address PO BOX 13105
 City LAS VEGAS State NV ZIP Code 89112

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

TERMS
 Date Incurred: M 01 / D 12 / Y 2012
 Date Due: M / D / Y On Demand
 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)..... ▶ 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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4211

CHRIS EDWARDS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

CHRISTOPHER EDWARDS

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 13105

City

State

ZIP Code

LAS VEGAS

NV

89112

Original Amount of Loan

900.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

900.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

27

2012

On Demand

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)..... ▶

900.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **CHRIS EDWARDS FOR CONGRESS** Transaction ID : **SC/10.4210**

LOAN SOURCE Full Name (Last, First, Middle Initial) CHRISTOPHER EDWARDS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 13105		

City	State	ZIP Code
LAS VEGAS	NV	89112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 08 / 2012	On Demand	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).....	▶	10000.00
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) **CHRIS EDWARDS FOR CONGRESS** Transaction ID : **SC/10.4212**

LOAN SOURCE Full Name (Last, First, Middle Initial) **CHRISTOPHER EDWARDS** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 13105

City State ZIP Code
 LAS VEGAS NV 89112

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 03 / D 05 / Y 2012	Date Due M M / D D / Y Y Y Y On Demand	Interest Rate 0.00 % (apr)	Secured: <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)..... ▶ 5000.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **CHRIS EDWARDS FOR CONGRESS** Transaction ID : **SC/10.4213**

LOAN SOURCE Full Name (Last, First, Middle Initial) CHRISTOPHER EDWARDS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 13105		

City	State	ZIP Code
LAS VEGAS	NV	89112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125000.00	0.00	125000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 29 / 2012	On Demand	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).....	▶	125000.00
TOTALS This Period (last page in this line only).....	▶	142000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		