

SUMMARY PAGE

of Receipts and Disbursements

2 / 7

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

WASINGER FOR CONGRESS

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	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)).....	0.00	814900.34
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	11845.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	803055.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	94.16	812224.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	871.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	94.16	811353.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	0.00	

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
WASINGER FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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	461243.97
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(ii) Unitemized.....

	0.00	313806.37
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(iii) TOTAL of contributions

	0.00	775050.34
--	------	-----------

from individuals..... ▶

	0.00	0.00
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(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

	0.00	37850.00
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(d) The Candidate.....

	0.00	2000.00
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(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

	0.00	814900.34
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12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

	0.00	0.00
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13. LOANS

(a) Made or Guaranteed by the Candidate.....

	0.00	4350.00
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(b) All Other Loans.....

	0.00	0.00
--	------	------

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

	0.00	4350.00
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14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

	0.00	871.29
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15. OTHER RECEIPTS (Dividends, Interest, etc.).....

	0.00	6052.09
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16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

	0.00	826173.72
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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	94.16	812224.59
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	6845.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	11845.00
21. OTHER DISBURSEMENTS.....	0.00	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	94.16	824169.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	94.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	94.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	94.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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)
WASINGER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Marilyn C Wasinger

Transaction ID: SB17.6580
Date of Disbursement

Mailing Address 2412 Pershing Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	1

City Hays State KS Zip Code 67601

Amount of Each Disbursement this Period

87.34

Purpose of Disbursement
Accounting Fees - Final Report
Candidate Name

001
Category/ Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

87.34

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

87.34

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 / 7
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
WASINGER FOR CONGRESS

Transaction ID: SC/10.4563

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT KIRK WASINGER - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 309 OAK	
City COTTONWOOD FALLS State KS ZIP Code 66845	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	4350.00	-2350.00

TERMS

Date Incurred MM DD YY YY 09 11 20 10	Date Due demand	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	-2350.00
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)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
WASINGER FOR CONGRESS

Transaction ID: SC/10.4924

LOAN SOURCE Full Name (Last, First, Middle Initial)
ROBERT KIRK WASINGER - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 309 OAK

City COTTONWOOD FALLS State KS ZIP Code 66845

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2350.00	0.00	2350.00

TERMS

Date Incurred: MM DD YY Date Due: demand Interest Rate: 0.0000 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="2350.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value="0.00"/>

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