



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Single Subject Amendment*

Report Covering the Period:

From:

01 / 01 / 2016

To:

03 / 31 / 2016

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1,  | 2016                    | 240.14                            |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 240.14                  |                                   |
| (c) Total Receipts (from Line 19).....   | 36.42                   | 36.42                             |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | 276.56                  | 276.56                            |
| 7. Total Disbursements (from Line 31).....   | 126.83                  | 126.83                            |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | 149.73                  | 149.73                            |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  |                         |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 36.42                   |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

*Single Subject amendment*

Report Covering the Period: From:

MM ' DD ' YYYY  
01 ' 01 ' 2016

To:

MM ' DD ' YYYY  
03 ' 31 ' 2016

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

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- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

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12. Transfers From Affiliated/Other Party Committees.....

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13. All Loans Received.....

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| 3642 |
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| 3642 |
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14. Loan Repayments Received.....

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15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

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16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

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17. Other Federal Receipts (Dividends, Interest, etc.).....

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18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

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19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

|      |
|------|
| 3642 |
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|------|
| 3642 |
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20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

|      |
|------|
| 3642 |
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|------|
| 3642 |
|------|

2025 RELEASE UNDER E.O. 14176

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

|  |         |         |
|--|---------|---------|
| 21. Operating Expenditures:  |         |         |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |         |         |
| (i) Federal Share .....  |         |         |
| (ii) Non-Federal Share.....  |         |         |
| (b) Other Federal Operating Expenditures .....   | 1,268.3 | 1,268.3 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 1,268.3 | 1,268.3 |
| 22. Transfers to Affiliated/Other Party Committees.....  |         |         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         |         |         |
| 24. Independent Expenditures (use Schedule E) .....  |         |         |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                |         |         |
| 26. Loan Repayments Made.....  |         |         |
| 27. Loans Made.....  |         |         |
| 28. Refunds of Contributions To:   |         |         |
| (a) Individuals/Persons Other Than Political Committees .....                                  |         |         |
| (b) Political Party Committees .....   |         |         |
| (c) Other Political Committees (such as PACs).....   |         |         |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            |         |         |
| 29. Other Disbursements .....  |         |         |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |         |         |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |         |         |
| (i) Federal Share .....  |         |         |
| (ii) "Levin" Share.....  |         |         |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           |         |         |
| (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b))....          |         |         |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 1,268.3 | 1,268.3 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1,268.3 | 1,268.3 |

20030208 10:00 AM

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        |                               |                                   |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    |                               |                                   |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 126.83                        | 126.83                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                |                               |                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 126.83                        | 126.83                            |

NON-FEDERAL CAMPAIGN FINANCING

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

|  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| FOR LINE NUMBER:                       |                              | PAGE                         | OF                          |
| (check only one)                       |                              |                              |                             |
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input checked="" type="checkbox"/> 13 | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|  |                              |                              | <input type="checkbox"/> 17 |

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)  
*Single Subject Amendment*

**A.** Full Name (Last, First, Middle Initial)  
*Webb W. S.*

Mailing Address  
*295 Rosehill Dr E*

City *Tallahassee* State *FL* Zip Code *32312*

FEC ID number of contributing federal political committee.  C

Name of Employer \_\_\_\_\_ Occupation *Retired*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*3642*

Date of Receipt  
*02 / 22 / 2016*

Amount of Each Receipt this Period  
*3642*

Memo Item

**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) ▼

Aggregate Year-to-Date ▼  
\_\_\_\_\_

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

Memo Item

**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) ▼

Aggregate Year-to-Date ▼  
\_\_\_\_\_

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

Memo Item

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

**TOTAL** This Period (last page this line number only)..... *3642*

20160301 10:00 AM

**SCHEDULE C (FEC Form 3X)**

**LOANS**

|   |                        |    |
|---|------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE                   | OF |
|   | FOR LINE 13 OF FORM 3X |    |

NAME OF COMMITTEE (In Full)  
*Single Subject amendment*

|  |                                    |   |
|--|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial)<br><i>Webb, W.S.</i> | <input type="checkbox"/> Memo Item | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br><i>295 Rosehill Dr E</i>                              |                                    |   |
| City<br><i>Tallahassee</i>   | State<br><i>FL</i>                 | ZIP Code<br><i>32312</i>  |

|   |                            |   |
|---|----------------------------|---|
| Original Amount of Loan<br><i>3,642</i> | Cumulative Payment To Date | Balance Outstanding at Close of This Period<br><i>3,642</i> |
|---|----------------------------|---|

**TERMS**

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Date Incurred<br><i>02 / 22 / 2016</i> | Date Due<br><i>— / — / —</i> | Interest Rate<br><i>0</i> % (apr) | Secured:<br><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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |

|  |              |
|--|--------------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | <i>3,642</i> |
| <b>TOTALS</b> This Period (last page in this line only)..... | <i>3,642</i> |

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 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)  
*Single Subject amendment*

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election:  
*Webb, W.S.*  Primary  
 General  
 Other (specify) ▼  
*Expenses*

Mailing Address  
*295 Rosehill Dr E*

City *Tallahassee* State *FL* ZIP Code *32312*

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

TERMS Date Incurred Date Due Interest Rate Secured:  
 /  /   /  /   % (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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. 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)

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 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)  
*Single Subject Amendment*

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election:  
*Webb, W.S.*  Primary  
 General  
 Other (specify) ▼

Mailing Address  
*295 Rosehill Dr E*  
 City *Tallahassee* State *FL* ZIP Code *32312*

|  |                            |  |
|--|----------------------------|--|
| Original Amount of Loan<br><i>420.00</i> | Cumulative Payment To Date | Balance Outstanding at Close of This Period<br><i>420.00</i> |
|--|----------------------------|--|

TERMS Date Incurred Date Due Interest Rate Secured:  
*03 / 25 / 2015* *—* *—* *0* % (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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. 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)

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.

20150301 10:00 AM

**SCHEDULE C (FEC Form 3X)**

**LOANS**

|   |                        |
|---|------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE OF                |
|   | FOR LINE 13 OF FORM 3X |

NAME OF COMMITTEE (In Full)  
*Single Subject Amendment*

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election:  
*Webb, W.S.*  Primary  
 General  
 Other (specify) ▼

Mailing Address  
*295 Rosehill Dr E*  
 City *Tallahassee* State *FL* ZIP Code *32312*

|  |                            |  |
|--|----------------------------|--|
| Original Amount of Loan<br><i>200.00</i> | Cumulative Payment To Date | Balance Outstanding at Close of This Period<br><i>200.00</i> |
|--|----------------------------|--|

TERMS Date Incurred Date Due Interest Rate Secured:  

|                                     |                                |                  |   |
|-------------------------------------|--------------------------------|------------------|---|
| <i>12</i> / <i>12</i> / <i>2014</i> | <i>—</i> / <i>—</i> / <i>—</i> | <i>0</i> % (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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. 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)

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.

2014-01-01 10:00:00 AM

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)  
*Single Subject Amendment*

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election:  
*Webb, W.S.*  Primary  
 General  
 Other (specify) ▼

Mailing Address  
*295 Rosehill Dr E*  
 City *Tallahassee* State *FL* ZIP Code *32312*

|  |                            |  |
|--|----------------------------|--|
| Original Amount of Loan<br><i>892.97</i> | Cumulative Payment To Date | Balance Outstanding at Close of This Period<br><i>892.97</i> |
|--|----------------------------|--|

TERMS  
 Date Incurred *07/01/2014* Date Due *—* Interest Rate *0* % (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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. 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)

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.

20140808 10:40:10 AM

**SCHEDULE C (FEC Form 3X)**

**LOANS**

|   |                        |    |
|---|------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE                   | OF |
|   | FOR LINE 13 OF FORM 3X |    |

NAME OF COMMITTEE (In Full)  
*Single Subject Amendment*

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election:  
*Webb, W.S.*  Primary  
 General  
 Other (specify) ▼

Mailing Address  
*295 Rosehill Dr E*  
 City *Tallahassee* State *FL* ZIP Code *32312*

|  |                            |  |
|--|----------------------------|--|
| Original Amount of Loan<br><i>210500</i> | Cumulative Payment To Date | Balance Outstanding at Close of This Period<br><i>210500</i> |
|--|----------------------------|--|

TERMS Date Incurred Date Due Interest Rate Secured:  
*04* / *01* / *2014* / — / — / — / *0* % (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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. 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)

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.

2015-04-15 11:00 AM

**SCHEDULE C (FEC Form 3X)**

**LOANS**

|   |                        |    |
|---|------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE                   | OF |
|   | FOR LINE 13 OF FORM 3X |    |

NAME OF COMMITTEE (In Full)  
*Single Subject Amendment*

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election:  
*Webb W.S.*  Primary  
 General  
 Other (specify) ▼

Mailing Address  
*295 Rosehill Dr E*

City *Tallahassee* State *FL* ZIP Code *32312*

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| <i>460000</i>           |                            | <i>460000</i>                               |

**TERMS**

|                       |          |                  |   |
|-----------------------|----------|------------------|---|
| Date Incurred         | Date Due | Interest Rate    | Secured:  |
| <i>03 / 07 / 2014</i> | <i>-</i> | <i>0</i> % (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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. 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).....▶

**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.

2014-10-10 10:00 AM



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

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5/16/16 5/25/16

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Overnight Delivery Service (Specify): Shipping Date  
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Received from House Records & Registration Office Date of Receipt

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