

**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

**WEBER FOR CONGRESS**

ADDRESS (number and street) PO Box 1327

Check if different than previously reported. (ACC) Friendswood TX 77549

2. **FEC IDENTIFICATION NUMBER** ▼ C00502229

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

CITY ▲ Friendswood STATE ▲ TX ZIP CODE ▲ STATE ▼ DISTRICT TX 14

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 M M / D D / Y Y Y Y in the State of  

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

04 / 01 / 2014 through 06 / 30 / 2014

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 Robert Nolen

Signature of Treasurer Robert Nolen *[Electronically Filed]* Date M M / D D / Y Y Y Y

09 / 10 / 2014

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  
**WEBER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="75865.00"/>	<input type="text" value="619383.62"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="5600.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="75865.00"/>	<input type="text" value="613783.62"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="44401.92"/>	<input type="text" value="330591.47"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="313.97"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="44401.92"/>	<input type="text" value="330277.50"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="338986.24"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="226500.00"/>	

**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

**WEBER FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	61475.00	379106.65
(ii) Unitemized.....	4890.00	19577.14
(iii) TOTAL of contributions from individuals .....	66365.00	398683.79
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9500.00	220299.83
(d) The Candidate.....	0.00	400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	75865.00	619383.62
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	<b>0.00</b>	<b>0.00</b>
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	<b>0.00</b>	<b>313.97</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	<b>0.00</b>	<b>0.00</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	<b>75865.00</b>	<b>619697.59</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 55

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	44401.92	330591.47
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	5600.00
(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	5600.00
21. OTHER DISBURSEMENTS .....	2805.00	29545.06
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	47206.92	365736.53

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	310328.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	75865.00
25. SUBTOTAL (add Line 23 and Line 24).....	386193.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47206.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	338986.24

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

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

FOR LINE NUMBER: PAGE 5 OF 55  
(check only one)

<input checked="checked" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. A. Morris Albright**

Mailing Address 812 Southwind

City Port Arthur	State TX	Zip Code 77640
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.10319**

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Hon. Eddie Arnold**

Mailing Address 4655 Ashdown St

City Beaumont	State TX	Zip Code 77706
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Jefferson County	Occupation County Commissioner, Pct. 1
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.10320**

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Justin Audilet**

Mailing Address 432 Longmeadow St

City Beaumont	State TX	Zip Code 77707
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FEC ID number of contributing federal political committee. **C**

Name of Employer Maida Law Firm	Occupation Attorney
------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.10322**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 OF 55	
	(check only one)			
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mike Baker**

Mailing Address 1400 San Jacinto Bldg., 595 Orlean

City State Zip Code  
Beaumont TX 77701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Strong Pipkin Bissell & Ledyard, LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11Al.10324**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Baker Jr.**

Mailing Address 1111 Red Corral Ranch Rd

City State Zip Code  
Wimberley TX 78676

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Tom Baker Consulting, LLC Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2014

**Transaction ID : SA11Al.10325**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Paul Beard**

Mailing Address PO Box 1564

City State Zip Code  
Port Arthur TX 77641

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sabine Universal Products Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11Al.10326**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 7 OF 55
	<input checked="checked" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Don Borden</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2014
Mailing Address 2330 Stone Bridge Dr.		<b>Transaction ID : SA11A1.10373</b>
City Montrose	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Master Remodelers LLC	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Tim Byrom</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2014
Mailing Address 16 Oakleigh Blvd		<b>Transaction ID : SA11A1.10328</b>
City Beaumont	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Brint Construction	Occupation owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Doornbos Family</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2014
Mailing Address PO Box 696		<b>Transaction ID : SA11A1.10331</b>
City Nederland	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 55  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. C. Doornbos Family</b>			Date of Receipt MM / DD / YYYY 04 / 16 / 2014		
Mailing Address PO Box 696			<b>Transaction ID : SA11Al.10440</b>		
City Nederland	State TX	Zip Code 77627	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00			
Name of Employer Occupation		Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Mr. David W. E. Cabell</b>			Date of Receipt MM / DD / YYYY 04 / 28 / 2014		
Mailing Address PO Box 7173 Tobe Hahn Station			<b>Transaction ID : SA11Al.10332</b>		
City Beaumont	State TX	Zip Code 77726	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 450.00			
Name of Employer NMC Neese State Occupation Professor		Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Dr. Trip Chaudhury</b>			Date of Receipt MM / DD / YYYY 05 / 15 / 2014		
Mailing Address 4865 Christina Ln			<b>Transaction ID : SA11Al.10334</b>		
City Beaumont	State TX	Zip Code 77706	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 300.00			
Name of Employer American Medical Services Occupation Oncologist		Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Tolbert Chisum**

Mailing Address 1650 Covington Ct

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Modern Group Trustee

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.10335**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Coastal Paradise Investments, LLC**

Mailing Address PO Box 2275

City State Zip Code  
Crystal Beach TX 77650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11AI.10337**

Amount of Each Receipt this Period  
**5200.00**

LLC attribution below

**C.** Full Name (Last, First, Middle Initial)  
**Terri Varner**

Mailing Address 91 Trinity Oaks Circle

City State Zip Code  
The Woodlands TX 77381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coastal Paradise Invest. LLC Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11AI.10337.0**

Amount of Each Receipt this Period  
**2600.00**

Partnership attribution  
**[MEMO ITEM]**

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

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

**5450.00**

**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 10 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Bill Varner**

Mailing Address 91 Trinity Oaks Circle

City State Zip Code  
The Woodlands TX 77381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coastal Paradise Invest. LLC Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11AI.10337.1**

Amount of Each Receipt this Period  
2600.00

Partnership attribution

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Casey Crenshaw**

Mailing Address 104 W Caldwood Dr

City State Zip Code  
Beaumont TX 77707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Modern Group, Ltd. Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.10341**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Will Crenshaw**

Mailing Address PO Box 790

City State Zip Code  
Beaumont TX 77704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Modern Group, Ltd. President & Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.10342**

Amount of Each Receipt this Period  
2600.00

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

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

2850.00

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

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

FOR LINE NUMBER: PAGE 11 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William Dorsett**

Mailing Address 1103 Oakland Dr

City State Zip Code  
Friendswood TX 77546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 24 2014

**Transaction ID : SA11AI.10344**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles T. Doyle**

Mailing Address 1526 19th Ave N

City State Zip Code  
Texas City TX 77590

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Texas First Bank Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 02 2014

**Transaction ID : SA11AI.10345**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James S. Fennell Jr.**

Mailing Address 6960 Killarney Dr

City State Zip Code  
Beaumont TX 77706-4116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 07 2014

**Transaction ID : SA11AI.10346**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 12 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Sandra Fertitta**

Mailing Address 6760 Lexington Dr

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Texas Coffee Company Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.10348**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Karen Fuljenz**

Mailing Address 8255 White Rd

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.10350**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John George**

Mailing Address 6245 Madison Rdg

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GO Burgers Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.10351**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 13 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ken Goldberg**

Mailing Address 4 Robledo Dr

City State Zip Code  
Dallas TX 75230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gold Medal Recyclers VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : SA11AI.10353**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffery D. Hildebrand**

Mailing Address PO Box 1308

City State Zip Code  
Houston TX 77251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hillcorp Energy Company Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11AI.10355**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Joseph W. Holland**

Mailing Address 4865 Littlewood Dr

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southeast TX Gastroenterology Associat Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.10357**

Amount of Each Receipt this Period  
250.00

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

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

3850.00

**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 14 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William R. James**

Mailing Address 211 W Capitol St # 201

City Jackson State MS Zip Code 39201

FEC ID number of contributing federal political committee. **C**

Name of Employer Puet Oil Co LLC Occupation Oil and Gas Exploration and Production

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.10359**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Kinsel-Kinsel Partnership, LTD.**

Mailing Address PO Box 2470

City Beaumont State TX Zip Code 77704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.10361**

Amount of Each Receipt this Period  
500.00

Attribution information requested

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Msonthi Levine**

Mailing Address 3560 Delaware St Ste 1104

City Beaumont State TX Zip Code 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Sef Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.10363**

Amount of Each Receipt this Period  
1000.00

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 15 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Randy Lombardo**

Mailing Address 7 Oakleigh Blvd

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advanced Cardiovascular Specialists Cardiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.10365**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Milam Mabry**

Mailing Address 4432 Crestway Dr

City State Zip Code  
Austin TX 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mabry Public Affairs President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.10366**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Don Mafrige**

Mailing Address 4800 Seawall Blvd

City State Zip Code  
Galveston TX 77551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.10367**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 16 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Rick Maldonado**

Mailing Address 1301 McKinney St

City State Zip Code  
Houston TX 77010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.10369**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Donald J. Maloney**

Mailing Address 2405 Ashley St

City State Zip Code  
Beaumont TX 77702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J.P. Maloney, LLC Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.10371**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John B. Mathis**

Mailing Address 2005 Lanyard Pointe Cir

City State Zip Code  
League City TX 77573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Texas City Terminal Railway Co. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.10375**

Amount of Each Receipt this Period  
500.00

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

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

1800.00



**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 17 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Walter Goldston Mayfield**

Mailing Address Po Box 570365

City Houston State TX Zip Code 77257-0365

FEC ID number of contributing federal political committee. **C**

Name of Employer Goldston Oil Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.10376**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Steve McReynolds**

Mailing Address 305 King Arthur Dr

City Port Neches State TX Zip Code 77651

FEC ID number of contributing federal political committee. **C**

Name of Employer Groves Equipment Rental Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.10377**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Eric Meadows**

Mailing Address 106 W Caldwood Dr

City Beaumont State TX Zip Code 77707

FEC ID number of contributing federal political committee. **C**

Name of Employer Phelan Investments Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.10379**

Amount of Each Receipt this Period  
 250.00

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

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

3100.00

**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 18 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mike Meroney**

Mailing Address 1402 Nueces St, Ste B

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Meroney Public Affairs Occupation Public Affairs Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : SA11AI.10380**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Curtis W. Mewbourne**

Mailing Address PO Box 7698

City Tyler State TX Zip Code 75711

FEC ID number of contributing federal political committee. **C**

Name of Employer Mewbourne Oil Co. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2014**

**Transaction ID : SA11AI.10382**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**James Montagne**

Mailing Address 1610 Hyde Ct

City Beaumont State TX Zip Code 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer River City Hospice Occupation partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11AI.10384**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 19 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ted Moor Jr.**

Mailing Address 505 Orleans St Ste 502

City Beaumont	State TX	Zip Code 77701
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Ranchers & Farmers Insurance	Occupation Insurance
--	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.10385**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Malcolm S. Morris**

Mailing Address PO Box 2029

City Houston	State TX	Zip Code 77252
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Stewart Title Information Svcs. Corp.	Occupation Chairman
---	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : SA11AI.10386**

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John L. Nau III**

Mailing Address 3690 Inwood Dr

City Houston	State TX	Zip Code 77019
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Silver Eagle Distributors	Occupation President
---	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : SA11AI.10387**

Amount of Each Receipt this Period  
2600.00

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

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

3225.00

**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 20 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. William O'Mara**

Mailing Address 5160 Littlechase St

City Beaumont	State TX	Zip Code 77706
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.10389**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Hubert Oxford III**

Mailing Address 490 Young St

City Beaumont	State TX	Zip Code 77706
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.10391**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Parmer**

Mailing Address 895 21st St

City Beaumont	State TX	Zip Code 77706
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Hospitals	Occupation CEO
---------------------------------------	-------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.10392**

Amount of Each Receipt this Period  
100.00

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

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

2100.00

**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 21 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Donald Pollock**

Mailing Address 3718 18th St N

City	State	Zip Code
Texas City	TX	77590

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.10393**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Randall Reese**

Mailing Address 29 Bellchase Gardens Dr

City	State	Zip Code
Beaumont	TX	77706

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.10394**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Taylor Reid**

Mailing Address 402 Shadywood Rd

City	State	Zip Code
Houston	TX	77057

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Oasis Petroleum	COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.10396**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

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

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

\_\_\_\_\_ 3200.00

\_\_\_\_\_

**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 22 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Clive Runnells**

Mailing Address PO Box 22738

City Houston State TX Zip Code 77227

FEC ID number of contributing federal political committee. **C**

Name of Employer Clive Runnells Enterprises Occupation Investor/ Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : SA11AI.10397**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William F. Scott**

Mailing Address 140 Grand Chase Dr

City Nederland State TX Zip Code 77627

FEC ID number of contributing federal political committee. **C**

Name of Employer Trans-Global Solutions Inc. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.10398**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jim Shapiro**

Mailing Address 108 Woodview Ct

City West Lake Hills State TX Zip Code 78746

FEC ID number of contributing federal political committee. **C**

Name of Employer Austin Metal & Iron Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.10399**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 23 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Chester L. Sherman Jr.**

Mailing Address 585 Belvedere

City Beaumont	State TX	Zip Code 77706
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ritter Lumber Co.	Occupation Lumberman
---------------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.10400**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James Mark Smith**

Mailing Address 8155 Evangeline

City Beaumont	State TX	Zip Code 77706
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer J. Mark Smith and Associates	Occupation Owner
--	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : SA11AI.10401**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Todd Stone**

Mailing Address 4200 Research Forest Dr Ste 500

City The Woodlands	State TX	Zip Code 77381
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Arena Energy	Occupation Partner
----------------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.10403**

Amount of Each Receipt this Period  
2600.00

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

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

3800.00

**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 24 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. R. Leldon Sweet**

Mailing Address 3345 Plaza 10 Dr Ste E

City Beaumont	State TX	Zip Code 77707
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation cardiologist
--------------------------	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.10405**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Donald Tarpey**

Mailing Address PO Box 951

City Texas City	State TX	Zip Code 77592
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tarpey Inc.	Occupation Owner
---------------------------------	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.10407**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Johnny Triesch**

Mailing Address 5785 E Houston St

City San Antonio	State TX	Zip Code 78220
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Longhorn Recycling	Occupation Owner
--	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.10408**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00



**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 25 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas A. Triesch**

Mailing Address 10343 Huntress Ln

City San Antonio State TX Zip Code 78255

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Northwest Recycling Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : SA11AI.10409**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Margaret Ann Tuma**

Mailing Address 3932 18th St N

City Texas City State TX Zip Code 77590

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : SA11AI.10410**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jack Vexler**

Mailing Address 201 Charles Rd

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Monterrey Iron and Metal Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : SA11AI.10411**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1650.00**

**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 26 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. J.C. Walter III**

Mailing Address 1100 Louisiana St Ste 200

City Houston	State TX	Zip Code 77002
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Walter Oil and Gas	Occupation President
--	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.10413**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Brent Walters**

Mailing Address 17470 Tallamar Dr

City Beaumont	State TX	Zip Code 77713
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate	Occupation Insurance Agent
------------------------------	-------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.10415**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Clint Walters**

Mailing Address 12860 Tanoak Dr

City Beaumont	State TX	Zip Code 77713
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MOFCU	Occupation VP
---------------------------	------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.10417**

Amount of Each Receipt this Period  
500.00

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

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

4100.00

**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 27 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Chad Wilbanks**

Mailing Address 3805 Kenora Ct

City Austin State TX Zip Code 78738

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11AI.10418**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Naomi M. Winchell**

Mailing Address 7095 Westgate Dr

City Beaumont State TX Zip Code 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Hospital Corp. Occupation Healthcare Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.10419**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mel Wright**

Mailing Address 5555 Gladys Ave

City Beaumont State TX Zip Code 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Wright Scrap & Recycling Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.10421**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 28 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Shirley Wright**

Mailing Address 1935 Shady Ln

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wright's Scrap & Recycling Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.10423**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Frank Zummo**

Mailing Address 1605 Convington Ct

City State Zip Code  
Beaumont TX 77706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Zummo Meat Co. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.10425**

Amount of Each Receipt this Period  
250.00

**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)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

61475.00

**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 29 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Aircraft Owners and Pilots Association (AOPA) PAC**

Mailing Address 421 Aviation Way

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C C70004585**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : SA11C.10513**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Denbury Resources Inc. PAC**

Mailing Address 5320 Legacy Dr

City State Zip Code  
Plano TX 75024

FEC ID number of contributing federal political committee. **C C00440651**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11C.10514**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**ENPAC Texas**

Mailing Address PO Box 2951

City State Zip Code  
Beaumont TX 77704

FEC ID number of contributing federal political committee. **C C00363879**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11C.10515**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

**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 30 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**IBAT FEDPAC**

Mailing Address 1700 Rio Grande St Ste 100

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00332841

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11C.10516**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**IBAT FEDPAC**

Mailing Address 1700 Rio Grande St Ste 100

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00332841

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : SA11C.10517**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**KochPAC**

Mailing Address 600 14th St NW Ste 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11C.10518**

Amount of Each Receipt this Period  
 2500.00

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

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

4000.00

# 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 31 OF 55	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NAIFA-TEXAS PAC**

Mailing Address 515 Congress Ave Ste 1650

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : SA11C.10519**

Amount of Each Receipt this Period  
 1000.00

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

9500.00

**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)		PAGE 32 OF 55	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Beaumont Enterprise</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address PO Box 3071			Amount of Each Disbursement this Period 28.75	
City Beaumont	State TX	Zip Code 77704	Transaction ID : SB17.10527	
Purpose of Disbursement Newspaper Subscription		Category/ Type		
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>B. Beaumont Enterprise</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address PO Box 3071			Amount of Each Disbursement this Period 28.00	
City Beaumont	State TX	Zip Code 77704	Transaction ID : SB17.10528	
Purpose of Disbursement newspaper subscription		Category/ Type		
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>C. Beaumont Enterprise</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address PO Box 3071			Amount of Each Disbursement this Period 28.00	
City Beaumont	State TX	Zip Code 77704	Transaction ID : SB17.10529	
Purpose of Disbursement newspaper subscription		Category/ Type		
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.75
<b>TOTAL</b> 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 33 OF 55	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 235.52 <b>Transaction ID : SB17.10534</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Food and beverage-fundraising expense		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 179.58 <b>Transaction ID : SB17.10535</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Food and beverage-fundraising expense		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>C. CCRW PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 2301 Meadows Blvd		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.10536</b>
City League City	State TX Zip Code 77573	
Purpose of Disbursement Contribution for luncheon		Category/ Type
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	430.10
<b>TOTAL</b> 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 34 OF 55	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1751 W. FM 646		Amount of Each Disbursement this Period 171.02
City League City	State TX Zip Code 77573	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : SB17.10537
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1751 W. FM 646		Amount of Each Disbursement this Period 62.03
City League City	State TX Zip Code 77573	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : SB17.10538
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Galveston Daily News</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 8522 Teichman Rd		Amount of Each Disbursement this Period 15.00
City Galveston	State TX Zip Code 77553	
Purpose of Disbursement newspaper subscription	Candidate Name	Transaction ID : SB17.10554
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	248.05
<b>TOTAL</b> 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 35 OF 55	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Klein Investigations and Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 826 Nederland Ave		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.10565</b>
City Nederland	State TX	
Zip Code 77627	Purpose of Disbursement Political research	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 7596.36 <b>Transaction ID : SB17.10572</b>
City Austin	State TX	
Zip Code 78701	Purpose of Disbursement Fundraising consulting-3/15-4/15/14	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>c. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 8429.25 <b>Transaction ID : SB17.10573</b>
City Austin	State TX	
Zip Code 78701	Purpose of Disbursement Fundraising consulting-4/15-5/15/14	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19025.61
<b>TOTAL</b> 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 36 OF 55	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 4733.68 <b>Transaction ID : SB17.10574</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Fundraising consulting-5/15-6/15/14	
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:		

Full Name (Last, First, Middle Initial) <b>B. Mail Chimp</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 63.75 <b>Transaction ID : SB17.10577</b>
City Atlanta State GA Zip Code 30318	Purpose of Disbursement Campaign Mailings	
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:		

Full Name (Last, First, Middle Initial) <b>c. Mail Chimp</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 63.75 <b>Transaction ID : SB17.10578</b>
City Atlanta State GA Zip Code 30318	Purpose of Disbursement Campaign Mailings	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4861.18
<b>TOTAL</b> 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 37 OF 55	
	<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

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mail Chimp</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 63.75
City Atlanta	State GA Zip Code 30318	
Purpose of Disbursement Campaign Mailings	Category/Type	<b>Transaction ID : SB17.10579</b>
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. Millan &amp; Co, PC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 823 Congress Ave, Ste 707 Suite 1330		Amount of Each Disbursement this Period 192.00
City Austin	State TX Zip Code 78701	
Purpose of Disbursement accountant services	Category/Type	<b>Transaction ID : SB17.10586</b>
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>c. Miller Spence Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 7557		Amount of Each Disbursement this Period 4000.00
City Arlington	State VA Zip Code 22207	
Purpose of Disbursement May/ June retainer	Category/Type	<b>Transaction ID : SB17.10588</b>
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4255.75
<b>TOTAL</b> 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 38 OF 55			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Miller Spencer Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address Po Box 7557		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.10589</b>
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement April Retainer	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. Najvar Law Firm</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address One Greenway Plaza Suite 100		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.10590</b>
City Houston	State TX	
Zip Code 77046	Purpose of Disbursement Legal and compliance - April	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>c. Najvar Law Firm</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address One Greenway Plaza Suite 100		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.10591</b>
City Houston	State TX	
Zip Code 77046	Purpose of Disbursement Legal and compliance - May	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6800.00
<b>TOTAL</b> 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 39 OF 55			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Najvar Law Firm</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address One Greenway Plaza Suite 100		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.10592</b>
City Houston	State TX Zip Code 77046	
Purpose of Disbursement Legal and compliance - June		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 1300 Houston St		Amount of Each Disbursement this Period 345.85 <b>Transaction ID : SB17.10596</b>
City Fort Worth	State TX Zip Code 76102	
Purpose of Disbursement Lodging RPT convention		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 43.00 <b>Transaction ID : SB17.10600</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transaction fee		Category/ Type
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2788.85
<b>TOTAL</b> 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 40 OF 55			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 5.38 <b>Transaction ID : SB17.10601</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 21.50 <b>Transaction ID : SB17.10602</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.30 <b>Transaction ID : SB17.10603</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31.18
<b>TOTAL</b> 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 41 OF 55			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 10.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	<b>Transaction ID : SB17.10604</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.30
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	<b>Transaction ID : SB17.10605</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.30
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	<b>Transaction ID : SB17.10606</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19.35
<b>TOTAL</b> 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 42 OF 55			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.30 <b>Transaction ID : SB17.10607</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.30 <b>Transaction ID : SB17.10608</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.30 <b>Transaction ID : SB17.10609</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12.90
<b>TOTAL</b> 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 43 OF 55	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.30 <b>Transaction ID : SB17.10610</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transaction fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 43.00 <b>Transaction ID : SB17.10611</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement transaction fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Priceline Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 459.00 <b>Transaction ID : SB17.10613</b>
City Norwalk	State CT Zip Code 06854	
Purpose of Disbursement Lodging-fundraising expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	506.30
<b>TOTAL</b> 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 44 OF 55	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Radisson Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 111 E Cesar Chavez St		Amount of Each Disbursement this Period 633.03 <b>Transaction ID : SB17.10615</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Lodging-fundraising expense	
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:		

Full Name (Last, First, Middle Initial) <b>B. Storage Choice</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 137.00 <b>Transaction ID : SB17.10617</b>
City League City State TX Zip Code 77573	Purpose of Disbursement campaign storage unit	
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:		

Full Name (Last, First, Middle Initial) <b>c. Storage Choice</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 137.00 <b>Transaction ID : SB17.10618</b>
City League City State TX Zip Code 77573	Purpose of Disbursement campaign storage unit	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	907.03
<b>TOTAL</b> 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 45 OF 55			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Storage Choice</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		15		2014
M M	/	D D	/	Y Y Y Y									
06		15		2014									
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>League City</td> <td>TX</td> <td>77573</td> </tr> </table>		City	State	Zip Code	League City	TX	77573	<table border="1"> <tr> <td>137.00</td> </tr> </table>		137.00			
City	State	Zip Code											
League City	TX	77573											
137.00													
Purpose of Disbursement campaign storage unit		Transaction ID : SB17.10619											
Candidate Name		Category/Type											
Office Sought:	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:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. US House of Representatives</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		09		2014
M M	/	D D	/	Y Y Y Y									
04		09		2014									
Mailing Address House Office Building		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20515</td> </tr> </table>		City	State	Zip Code	Washington	DC	20515	<table border="1"> <tr> <td>22.80</td> </tr> </table>		22.80			
City	State	Zip Code											
Washington	DC	20515											
22.80													
Purpose of Disbursement auction flag to donate		Transaction ID : SB17.10623											
Candidate Name		Category/Type											
Office Sought:	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:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. US House of Representatives</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		09		2014
M M	/	D D	/	Y Y Y Y									
05		09		2014									
Mailing Address House Office Building		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20515</td> </tr> </table>		City	State	Zip Code	Washington	DC	20515	<table border="1"> <tr> <td>19.25</td> </tr> </table>		19.25			
City	State	Zip Code											
Washington	DC	20515											
19.25													
Purpose of Disbursement auction flag to donate		Transaction ID : SB17.10624											
Candidate Name		Category/Type											
Office Sought:	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:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	179.05
<b>TOTAL</b> 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 46 OF 55			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address House Office Building		Amount of Each Disbursement this Period 35.60 <b>Transaction ID : SB17.10625</b>
City Washington	State DC Zip Code 20515	
Purpose of Disbursement auction flag to donate		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. Courtney Weaver</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.10629</b>
City Arlington	State VA Zip Code 22204	
Purpose of Disbursement contract labor		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>c. Courtney Weaver</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.10634</b>
City Arlington	State VA Zip Code 22204	
Purpose of Disbursement subcontract labor		Category/ Type
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	435.60
<b>TOTAL</b> 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 47 OF 55	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Courtney Weaver</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.10635</b>
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement subcontract labor: social media	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. Courtney Weaver</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.10640</b>
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement subcontract labor: social media	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>c. Randy Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 706 Victory Terrace Lane		Amount of Each Disbursement this Period 261.80 <b>Transaction ID : SB17.10642</b>
City Friendswood	State TX	
Zip Code 77546	Purpose of Disbursement Mileage reimbursement for San Antonio fundraising trip	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	661.80
<b>TOTAL</b> 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 48 OF 55			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brooke Weddle</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.10632		
Purpose of Disbursement subcontract labor		Category/ Type			
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>B. Brooke Weddle</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.10633		
Purpose of Disbursement subcontract labor		Category/ Type			
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>c. Brooke Weddle</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.10636		
Purpose of Disbursement subcontract labor		Category/ Type			
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<b>TOTAL</b> 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 49 OF 55	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brooke Weddle</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1818 Oak Lake Cir		Amount of Each Disbursement this Period 61.67 <b>Transaction ID : SB17.10637</b>
City Pearlland State TX Zip Code 77581	Purpose of Disbursement reimbursement for Texas State Society Auction basket	
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:		

Full Name (Last, First, Middle Initial) <b>B. Brooke Weddle</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 1818 Oak Lake Cir		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.10641</b>
City Pearlland State TX Zip Code 77581	Purpose of Disbursement subcontract labor	
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:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 2900 South Gordon St		Amount of Each Disbursement this Period 20.50 <b>Transaction ID : SB17.10626</b>
City Alvin State TX Zip Code 77511	Purpose of Disbursement bank transaction fee	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	482.17
<b>TOTAL</b> This Period (last page this line number only).....	42929.67

**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 50 OF 55			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AIPAC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 251 H St NW		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB21.10643</b>
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement contribution	Category/Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. Alvin Community College Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 3110 Mustang Rd		Amount of Each Disbursement this Period 90.00 <b>Transaction ID : SB21.10644</b>
City Alvin	State TX	
Zip Code 77511	Purpose of Disbursement author's luncheon	Category/Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>c. Alvin Community College Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 3110 Mustang Rd		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB21.10645</b>
City Alvin	State TX	
Zip Code 77511	Purpose of Disbursement solar lighting grant donation	Category/Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1690.00
<b>TOTAL</b> 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 51 OF 55			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Beaumont Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address PO Box 3150			Amount of Each Disbursement this Period 325.00 <b>Transaction ID : SB21.10647</b>
City Beaumont	State TX	Zip Code 77704	
Purpose of Disbursement annual membership		Category/ Type	
Candidate Name			
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: _____		

Full Name (Last, First, Middle Initial) <b>B. Greater Port Arthur Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 4749 Twin City Hwy, Ste 300 Ste 300			Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB21.10652</b>
City Port Arthur	State TX	Zip Code 77642	
Purpose of Disbursement membership luncheon		Category/ Type	
Candidate Name			
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: _____		

Full Name (Last, First, Middle Initial) <b>C. Southeast Texas Gospel Music</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 1337 5th St			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.10656</b>
City Port Arthur	State TX	Zip Code 77640	
Purpose of Disbursement July Sponsorship		Category/ Type	
Candidate Name			
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	2540.00

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

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.4842**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDY WEBER</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1327		

City	State	ZIP Code
Friendswood	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	11000.00	89000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M 12 / D 30 / Y 2011	M / D / Y None	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	89000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.5920**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDY WEBER</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>
Mailing Address PO Box 1327		

City	State	ZIP Code
Friendswood	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	12500.00	12500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 01 / 2012	None	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:

<b>SUBTOTALS</b> This Period This Page (optional).....	12500.00
<b>TOTALS</b> This Period (last page in this line only).....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.5921**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDY WEBER</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>
Mailing Address PO Box 1327		

City	State	ZIP Code
Friendswood	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 06 / 25 / 2012	M M / D D / Y Y Y Y None	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.7910**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDY WEBER</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1327		

City	State	ZIP Code
Friendswood	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 03 / Y 2012 Y Y	M M / D D / Y None Y Y	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	226500.00

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