

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** ▼

C C00502229

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Nolen

Signature of Treasurer Robert Nolen

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
WEBER FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	47505.00	831132.06
(b) Total Contribution Refunds (from Line 20(d))	0.00	6100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	47505.00	825032.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	92533.30	475301.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	517.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	92533.30	474783.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	281131.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

WEBER FOR CONGRESS

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="32450.00"/>	<input type="text" value="498991.16"/>	<input type="text" value="12900.00"/>
(ii) Unitemized		
<input type="text" value="1455.00"/>	<input type="text" value="23242.14"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="33905.00"/>	<input type="text" value="522233.30"/>	<input type="text" value="12900.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="13600.00"/>	<input type="text" value="308498.76"/>	<input type="text" value="1000.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 38

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	400.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
47505.00	831132.06	13900.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	517.97	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
47505.00	831650.03	13900.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

WEBER FOR CONGRESS

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

II. DISBURSEMENTS

Table with 3 columns: COLUMN A Total this Period, COLUMN B Election Cycle Total as of *, COLUMN C Total for *. Rows include: 17. OPERATING EXPENDITURES (92533.30, 475301.27, 9021.42), 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (0.00, 0.00, 0.00), 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate (0.00, 0.00, 0.00), (b) Of All Other Loans (0.00, 0.00, 0.00), (c) TOTAL LOAN REPAYMENTS (0.00, 0.00, 0.00), 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees (0.00, 6100.00, 0.00), (b) Political Party Committees (0.00, 0.00, 0.00).

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 38

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

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

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	6100.00	0.00
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21. OTHER DISBURSEMENTS

53367.04	54054.60	46500.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

145900.34	535455.87	55521.42
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

47505.00	825032.06	13900.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

92533.30	474783.30	9021.42
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	379527.03
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	47505.00
25. SUBTOTAL (add Line 23 and Line 24).....	427032.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145900.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	281131.69

**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 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Karam Ali		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address PO Box 472		Transaction ID : SA11AI.11195	
City Newton	State TX	Zip Code 75966	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Sunshine Management Group	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Mohammad Arshad		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 7215 Brazos Ave		Transaction ID : SA11AI.11197	
City Port Arthur	State TX	Zip Code 77642	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Pak Express Enterprises LLC	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Muhammad Aziz		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 7 Estates of Montclair		Transaction ID : SA11AI.11145	
City Beaumont	State TX	Zip Code 77706	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00	
Name of Employer Setma	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 8 OF 38
	<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. Riaz Bhatti

Mailing Address 3710 E Lucas Dr

City State Zip Code
Beaumont TX 77708

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

Name of Employer Occupation
Grocery Plus Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.11200

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Biomedical Waste Solutions LLC

Mailing Address PO Box 396

City State Zip Code
Nederland TX 77627

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.11156

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Mr. Wes Sonnier

Mailing Address PO Box 398

City State Zip Code
Nederland TX 77627

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

Name of Employer Occupation
Bio Medical Waste Solutions 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
10 / 22 / 2014

Transaction ID : SA11AI.11156.0

Amount of Each Receipt this Period
2600.00

LLC attribution
[MEMO ITEM]

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 9 OF 38
	<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. 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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 17 / 2014

Transaction ID : SA11AI.11201

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary Davis

Mailing Address PO Box 1694

City State Zip Code
Alvin TX 77512

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

Name of Employer Occupation
Old Chocolate Bayou FCU CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.11202

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Nevzat Demirbas

Mailing Address 2003 Barronett Bnd

City State Zip Code
Sugar Land TX 77478

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

Name of Employer Occupation
Adil Property Inc Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.11204

Amount of Each Receipt this Period
750.00

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 10 OF 38
	<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. Huseyin Dilmen

Mailing Address 5700 Braxton Dr Ste 200
Ste 200

City Houston State TX Zip Code 77036

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

Name of Employer Dilmen Transportation 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
 10 / 29 / 2014

Transaction ID : SA11AI.11173

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Enterprise Products Partners, L.P. Political Action Committee

Mailing Address 1100 Louisiana St

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00496752

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.11045

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Ray Fuljenz

Mailing Address 8255 White Rd

City Beaumont State TX Zip Code 77706

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

Name of Employer Universal Coin & Bullion Occupation President/Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.11360

Amount of Each Receipt this Period
2600.00

Redesignation below
[MEMO ITEM]

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 11 OF 38
	<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. Michael Ray Fuljenz

Mailing Address 8255 White Rd

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

Name of Employer Universal Coin & Bullion	Occupation President/Owner
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.11361

Amount of Each Receipt this Period
-2500.00

Redesignated to 2012 primary runoff debt

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Michael Ray Fuljenz

Mailing Address 8255 White Rd

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

Name of Employer Universal Coin & Bullion	Occupation President/Owner
--	-------------------------------

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
10300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.11362

Amount of Each Receipt this Period
2500.00

Redesignated to 2012 primary runoff

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Hon. Carl R. Griffith Jr.

Mailing Address 26985 Ih 10

City Winnie	State TX	Zip Code 77665
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carl R. Griffith & Associates	Occupation President/CEO
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.11147

Amount of Each Receipt this Period
1000.00

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 12 OF 38
	<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

Full Name (Last, First, Middle Initial) A. Mr. Ilker Gure		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 2431 Manorwood St		Transaction ID : SA11AI.11208	
City Sugar Land	State TX	Zip Code 77478	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Dove Science Academy	Occupation Dean of Students		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Philip Hoffman		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 2000 Bagby St Apt 13420		Transaction ID : SA11AI.11231	
City Houston	State TX	Zip Code 77002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Hoffman Iron and Steel	Occupation Chairman		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) C. Dr. Mohammed Amirul Islam		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 5280 Berwick Dr		Transaction ID : SA11AI.11210	
City Beaumont	State TX	Zip Code 77706	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer self	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	950.00
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: (check only one)	PAGE 13 OF 38
	<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. Muhammad Tahir Javed

Mailing Address 2296 Avalon

City State Zip Code
Beaumont TX 77707

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

Name of Employer Occupation
Starco Impex CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.11152

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark Kubala

Mailing Address 3236 Merlot Drive

City State Zip Code
Beaumont TX 77706

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

Name of Employer Occupation
Golden Triangle Neurology Neurologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.11213

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Orhan Kucukosman

Mailing Address 12742 Antonia St

City State Zip Code
Stafford TX 77477

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

Name of Employer Occupation
Texas Turkish American Chamber of Comm 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
10 / 29 / 2014

Transaction ID : SA11AI.11215

Amount of Each Receipt this Period
500.00

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

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

3250.00

**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 38
	<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)
Steven Mataro

Mailing Address 144L Spanish Grant

City Galveston State TX Zip Code 77554

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

Name of Employer DSW Homes Occupation Home Builder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : SA11AI.11216

Amount of Each Receipt this Period
 500.00

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 Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.11220

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Rashid Naeem

Mailing Address 8850 Anna Ln

City Beaumont State TX Zip Code 77707

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

Name of Employer Naeem Group Enterprises Inc Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.11222

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 15 OF 38
	<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)
Nyla Holdings Inc

Mailing Address 3001 Highway 73

City State Zip Code
Port Arthur TX 77640

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
10 / 22 / 2014

Transaction ID : SA11AI.11224

Amount of Each Receipt this Period
500.00

Refunded; see memo text below.

B. Full Name (Last, First, Middle Initial)
Mr. W.L. Pate Jr.

Mailing Address 2135 Brewton Cir

City State Zip Code
Beaumont TX 77706

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

Name of Employer Occupation
Pate Resources Group 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
10 / 20 / 2014

Transaction ID : SA11AI.11225

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Garrett M. Peel

Mailing Address 124 E. Caldwood Dr.

City State Zip Code
Beaumont TX 77707

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

Name of Employer Occupation
Beaumont Baptist Hospital Chief, Division of Oncological Surgery

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10400.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11AI.11366

Amount of Each Receipt this Period
10400.00

Redesignation to debt requested

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

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

11150.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11224

This contribution was erroneously accepted and is being refunded in full. A copy of the refund check is being sent to the FEC under separate cover.

Form/Schedule: SA11AI

Transaction ID: SA11AI.11366

The contributors, Garrett and Mandie Peel, clearly intend this contribution to go toward debt reduction based on memo on the check. However, the committee is requesting the appropriate documentation required by FEC rules.

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

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

FOR LINE NUMBER: PAGE 17 OF 38
(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. Richard R. Rogers

Mailing Address 16251 Dallas Pkwy

City Addison State TX Zip Code 75001

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

Name of Employer Mary Kay Cosmetics Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.11363

Amount of Each Receipt this Period
2500.00

Redesignated below
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Richard R. Rogers

Mailing Address 16251 Dallas Pkwy

City Addison State TX Zip Code 75001

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

Name of Employer Mary Kay Cosmetics Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.11364

Amount of Each Receipt this Period
-2500.00

Redesignated to 2012 primary debt
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Richard R. Rogers

Mailing Address 16251 Dallas Pkwy

City Addison State TX Zip Code 75001

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

Name of Employer Mary Kay Cosmetics Occupation Chairman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.11365

Amount of Each Receipt this Period
2500.00

Redesignated to 2012 primary debt
[MEMO ITEM]

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

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

0.00

**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 38
	<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)
Osman Swati

Mailing Address 8146 9th Ave

City Port Arthur State TX Zip Code 77642

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

Name of Employer Swati Enterprises Occupation Managing Director

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
 10 / 22 / 2014

Transaction ID : SA11AI.11154

Amount of Each Receipt this Period
2000.00

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).....

2000.00

32450.00

**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 19 OF 38
	<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)
AESC PAC

Mailing Address 14531 Fm 529 Rd Ste 250

City Houston State TX Zip Code 77095

FEC ID number of contributing federal political committee. **C** C00484154

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
 10 / 29 / 2014

Transaction ID : SA11C.11254

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES INC. POLITICAL ACTION COMMITTEE

Mailing Address 1101 17TH STREET N.W.
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00107300

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
 10 / 29 / 2014

Transaction ID : SA11C.11167

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address 134 Brittany Dr

City San Antonio State TX Zip Code 78212

FEC ID number of contributing federal political committee. **C** C00488338

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
 11 / 04 / 2014

Transaction ID : SA11C.11256

Amount of Each Receipt this Period
 1500.00

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 20 OF 38
	<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. Beef PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 5501 I-40 W
 City Amarillo State TX Zip Code 79106
 FEC ID number of contributing federal political committee. **C** C00015552
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : SA11C.11257
 Amount of Each Receipt this Period
 1000.00

B. Build PAC of the National Association of Home Builders
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 15th St NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00000901
 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
 10 / 22 / 2014
Transaction ID : SA11C.11151
 Amount of Each Receipt this Period
 1000.00

C. CONOCOPHILLIPS SPIRIT PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 N. PLAZA OFFICE BUILDING
 City BARTLESVILLE State OK Zip Code 74004
 FEC ID number of contributing federal political committee. **C** C00112896
 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
 10 / 31 / 2014
Transaction ID : SA11C.11178
 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 21 OF 38
	<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)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11C.11183

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
environmental defense action fund

Mailing Address 1875 Connecticut Ave NW Ste 600

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C C90014895**

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
 11 / 03 / 2014

Transaction ID : SA11C.11263

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF PLUMBING-HEATING-COOLING CONTRACTORS PAC AKA PHCC-PAC

Mailing Address 180 S WASHINGTON, SUITE 100

City FALLS CHURCH State VA Zip Code 22046

FEC ID number of contributing federal political committee. **C C00157875**

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
 10 / 30 / 2014

Transaction ID : SA11C.11264

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 22 OF 38
	<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)
NATIONAL PRO-LIFE ALLIANCE PAC

Mailing Address 5211 PORT ROYAL ROAD
SUITE 500

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00358051

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
10 / 23 / 2014

Transaction ID : SA11C.11265

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL PRO-LIFE ALLIANCE PAC

Mailing Address 5211 PORT ROYAL ROAD
SUITE 500

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00358051

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
10 / 24 / 2014

Transaction ID : SA11C.11266

Amount of Each Receipt this Period
0.00

C. Full Name (Last, First, Middle Initial)
Oldcastle Materials Inc. PAC

Mailing Address 101 Constitution Ave NW Ste 600w

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00369058

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11C.11172

Amount of Each Receipt this Period
1000.00

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

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

1500.00

**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 38
	<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)
PHILLIPS 66 PAC

Mailing Address **670 ADAMS BUILDING**
411 SOUTH KEELER AVENUE

City **BARTLESVILLE** State **OK** Zip Code **74003**

FEC ID number of contributing federal political committee. **C C00513549**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11C.11269

Amount of Each Receipt this Period

2500.00

Amount of Each Receipt this Period

3500.00

B. Full Name (Last, First, Middle Initial)
THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address **100 N.E. ADAMS**

City **PEORIA** State **IL** Zip Code **61629**

FEC ID number of contributing federal political committee. **C C00148031**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11C.11166

Amount of Each Receipt this Period

1000.00

Amount of Each Receipt this Period

1000.00

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Amount of Each Receipt this Period

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

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

3500.00

13500.00

**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 24 OF 38			
	<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) A. Dan Buckley Jr.		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2014
Mailing Address 2303 Mimosa		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.11333
City League City	State TX	
Zip Code 77573	Purpose of Disbursement contract services for sign installation	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. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 25.90 Transaction ID : SB17.11278
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement 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) c. Galveston Daily News		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 8522 Teichman Rd		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.11287
City Galveston	State TX	
Zip Code 77553	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:	

SUBTOTAL of Disbursements This Page (optional).....	290.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 38			
	<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) A. Houston Chronicle		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period 20.00
City Houston	State TX	
Purpose of Disbursement Newspaper Subscription	Category/ Type	Transaction ID : SB17.11279
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. Lilly & Company		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 7523.59
City Austin	State TX	
Purpose of Disbursement Fundraising consulting-9/15-10/15/14	Category/ Type	Transaction ID : SB17.11295
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) c. Lilly & Company		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 5390.41
City Austin	State TX	
Purpose of Disbursement Fundraising consulting-9/15-10/15/14	Category/ Type	Transaction ID : SB17.11344
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:		

SUBTOTAL of Disbursements This Page (optional).....	12934.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 38			
	<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) A. Mail Chimp		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 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	Candidate Name	Transaction ID : SB17.11284
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. Brooke Mayfield		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1818 Oak Lake Circle		Amount of Each Disbursement this Period 400.00
City Pearland	State TX Zip Code 77581	
Purpose of Disbursement campaign services	Candidate Name	Transaction ID : SB17.11303
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Najvar Law Firm		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2014
Mailing Address 4151 Southwest Freeway Suite 625		Amount of Each Disbursement this Period 2400.00
City Houston	State TX Zip Code 77027	
Purpose of Disbursement Legal and compliance - November	Candidate Name	Transaction ID : SB17.11346
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2863.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 38			
	<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) A. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.11275
City San Fran State CA Zip Code 94105	Purpose of Disbursement online transaction fees	
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. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 2702 Love Field Dr		Amount of Each Disbursement this Period 209.60 Transaction ID : SB17.11315
City Dallas State TX Zip Code 75235	Purpose of Disbursement airfare for speaking engagement in Dallas for the Insulators Association of America	
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) c. Storage Choice		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 137.00 Transaction ID : SB17.11271
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:		

SUBTOTAL of Disbursements This Page (optional).....	375.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 38	
	<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) A. Stephanie Tanner		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 19200 Space Center Blvd #411		Amount of Each Disbursement this Period 353.89 Transaction ID : SB17.11297
City Houston State TX Zip Code 77058	Purpose of Disbursement campaign services	
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. The Home Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 18251 Gulf Freeway		Amount of Each Disbursement this Period 312.91 Transaction ID : SB17.11283
City Webster State TX Zip Code 77598	Purpose of Disbursement T-posts and cable ties for campaign signs	
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) C. The Political Firm		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 5555 Hilton Ave, Suite 201		Amount of Each Disbursement this Period 41309.09 Transaction ID : SB17.11292
City Baton Rouge State LA Zip Code 70808	Purpose of Disbursement campaign advertising-direct mail	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	41975.89
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 38	
	<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) A. The Political Firm		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 5555 Hilton Ave, Suite 201		Amount of Each Disbursement this Period 32719.57 Transaction ID : SB17.11304
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Direct Mailer #3	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. US House of Representatives		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 58.40 Transaction ID : SB17.11270
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Purchased flags to donate as auction items	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) c. Courtney Weaver		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.11302
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement campaign services - 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:	

SUBTOTAL of Disbursements This Page (optional).....	32977.97
TOTAL This Period (last page this line number only).....	91418.11

**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 30 OF 38			
	<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) A. Alvin Community College Foundation			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3110 Mustang Rd			Amount of Each Disbursement this Period 50.00 Transaction ID : SB21.11272
City Alvin	State TX	Zip Code 77511	
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. BILL SHUSTER FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO BOX 27			Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.11326
City HOLLIDAYSBURG	State PA	Zip Code 16648	
Purpose of Disbursement campaign contribution		Category/ Type	
Candidate Name			
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09		

Full Name (Last, First, Middle Initial) C. BILL SHUSTER FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO BOX 27			Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.11327
City HOLLIDAYSBURG	State PA	Zip Code 16648	
Purpose of Disbursement campaign contribution		Category/ Type	
Candidate Name			
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 09		

SUBTOTAL of Disbursements This Page (optional).....	2550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 38
	<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) A. Brazoria County Library Foundation		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 111 E. Locust Building A-29, Ste 250		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.11294
City Angelton State TX Zip Code 77515	Purpose of Disbursement Fundraiser contribution	
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. Capitol Commission		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address Po Box 63118		Amount of Each Disbursement this Period 600.00 Transaction ID : SB21.11307
City Charlotte State NC Zip Code 28263	Purpose of Disbursement Fundraiser sponsorship	
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) c. Center for Pregnancy		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 217C East Parkwood		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.11299
City Friendswood State TX Zip Code 77546	Purpose of Disbursement sponsorship for annual golf marathon	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 38	
	<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) A. Hope Women's Resource Clinic		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 12984		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.11305
City Beaumont State TX Zip Code 77726	Purpose of Disbursement contribution for the 2014 Gala	
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. HURD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address PO BOX 656		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.11340
City HELOTES State TX Zip Code 78023	Purpose of Disbursement campaign contribution	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: TX District: 23		

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 40000.00 Transaction ID : SB21.11329
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	43000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 38			
	<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) A. RATCLIFFE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 2931 RIDGE ROAD SUITE 101 PMB #217		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.11342
City ROCKWALL	State TX	
Zip Code 75032	Purpose of Disbursement campaign contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: TX District: 04	

Full Name (Last, First, Middle Initial) B. Rick Williams Campaign		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1233 Nederland Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB21.11291
City Nederland	State TX	
Zip Code 77627	Purpose of Disbursement campaign contribution - nonfederal candidate	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) c. Tolerance Lodge #1165		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 8350 Phelan Suite A		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.11281
City Beaumont	State TX	
Zip Code 77706	Purpose of Disbursement Auction Item for "Give it up for Chuck" Fundraising event	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:	

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 38	
	<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) A. Tolerance Lodge #1165 (Kalkbrenner Fund)		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 8350 Phelan Suite A		Amount of Each Disbursement this Period 500.00
City Beaumont	State TX	
Zip Code 77706	Purpose of Disbursement contribution for Chuck Kalkbrenner fundraiser	Transaction ID : SB21.11286
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	53200.00

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) RANDY WEBER	[PERSONAL FUNDS]	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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 30 / Y 2011	M M / D 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:

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

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

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

City FRIENDSWOOD	State TX	ZIP Code 77549
---------------------	-------------	-------------------

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

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M / M / Y Y Y Y	M / M / Y Y Y Y	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: _____

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5921

WEBER FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

RANDY WEBER

Primary

General

Other (specify) ▼

Runoff

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

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

25

2012

None

None

None

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 100000.00

TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7910

WEBER FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

RANDY WEBER

Primary

General

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

M M /

D D /

Y None Y

0.00 % (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	25000.00
TOTALS 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.