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Image# 201606209018461521

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	or Other Than An	Authorized Cor	nmittee		
1. NAME OF T	YPE OR PRINT ▼	Evample:	If typing, type		Office Use Only
COMMITTEE (in full)	TI E OR THINK! V	over the I		12FE4M5	
CAMPAIGN FOR PRIM	ARY ACCOUNT	TABILITY INC		1 1 1 1	
ADDRESS (number and street)	3900 ESSEX LANE SI	UITE 250			
Check if different than previously reported. (ACC)	HOUSTON			TX	77027
2. FEC IDENTIFICATION NUM	/IBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00502849		3. IS THIS REPORT	NEW (N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	May 20 (M5) Jun 20 (M6) X Jul 20 (M7)	Sep Oct 2	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Report for t	on	ention (12C)	General (
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Elect Report for t		ral (30G)	Runoff (3	Special (30S)
5. Covering Period 06	01 7 2		ough 06	/ 30 /	State of 2016
certify that I have examined this	•	est of my knowledge	e and belief it is tru	ue, correct and	complete.
olynature of freasurer	Jonathan Martin un Martin			Date 06	/ D D / Y Y Y Y Y Y 2016
NOTE: Submission of false, erroneo	us, or incomplete infor	mation may subject t	he person signing the	his Report to th	
Use Only					FEC FORM 3X Rev. 12/2004

	FEC Form 3X (Rev. 02/2003)		Page 2
	ite or Type Committee Name	NITABILITYING	
_	AMPAIGN FOR PRIMARY ACCOU	NTABILITY INC	
Re	port Covering the Period: From: 06	01 / 2016 To:	06 30 / 2016
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		374635.41
	(b) Cash on Hand at Beginning of Reporting Period	374635.41	
	(c) Total Receipts (from Line 19)	0.00	0.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	374635.41	374635.41
7.	Total Disbursements (from Line 31)	0.00	0.00
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	374635.41	374635.41
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	390000.00	
	This committee has qualified as a multicandi	date committee. (see FEC FORM 1M)	

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 3X (Rev. 06/2004)

Write or Type Committee Name

CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	0.00	0.00	
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add		0.00	
Lines 11(a)(i) and (ii)	0.00	0.00	
	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry	0.00	0.00	
Totals to Line 33, page 5)	0.00	0.00	
. Transfers From Affiliated/Other	0.00	0.00	
Party Committees	0.00	0.00	
All Loons Descived	0.00	0.00	
. All Loans Received	0.00	7	
		0.00	
Loan Repayments Received	0.00	0.00	
. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)	0.00	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made			
to Federal Candidates and Other	0.00	0.00	
Political Committees	0.00	0.00	
Other Federal Receipts	0.00	0.00	
(Dividends, Interest, etc.)	0.00	0.00	
(a) Non-Federal Account			
` '	0.00	0.00	
(IIOIII Odileddie 110)	0.00	0.00	
"\\ . 	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(a) Total Transfers (add 10/-) 10/h))	0.00	200	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(b) Levin Funds		(from Schedule H5)	
Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00	
. , , , , , , = -\\\			
. Total Federal Receipts			
	0.00	0.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbu	ırsements	COLUMN A Total This Period	COLUMN B
1. Operating Expenditures:		Iotai IIIIS Periou	Calendar Year-to-Date
(a) Allocated Federal Activity (from			
	hare	0.00	0.00
		0.00	0.00
` '	ral Share	0.00	0.00
(b) Other Federal	Operating	0.00	0.00
(c) Total Operating			
	(a)(ii), and (b))▶	0.00	0.00
. Transfers to Affiliat	ed/Other Party		
Committees Contributions to		0.00	0.00
Federal Candidates	s/Committees Committees	0.00	0.00
Independent Exper		3.00	
		0.00	0.00
Coordinated Party	Expenditures		
(use Schedule F)) '	0.00	0.00
		0.00	200
Loan Hepayments	Made	0.00	0.00
Loans Made		0.00	0.00
Refunds of Contrib	utions To:	7	
(a) Individuals/Per Than Political	Committees	0.00	0.00
	Committees	0.00	0.00
(c) Other Political		0.00	0.00
(Such as FAC	3)		7
(d) Total Contribut	ion Refunds		
(add Lines 28	(a), (b), and (c))▶	0.00	0.00
Other Disbursemer	nts	0.00	0.00
Federal Election Ad	ctivity (2 U.S.C. §431(20))		
	eral Election Activity		
(from Schedule			
(i) Federal Sha	are	0.00	0.00
		0.00	0.00
` '	are	0.00	0.00
	on Activity Paid Entirely eral Funds	0.00	0.00
	Election Activity (add	7	
	, 30(a)(ii) and 30(b))▶	0.00	0.00
. , , ,			
	s (add Lines 21(c), 22,		
23, 24, 25, 26, 27,	28(d), 29 and 30(c))	0.00	0.00
Total Foderal District	uraamanta	,	
Total Federal Disbu	rsements)(ii) and Line 30(a)(ii)		
		0.00	0.00
		0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 6 OF 8
FOR LINE 13 OF FORM 3X

LOAN SOURCE Full Name (Last, First Leo Linbeck III	st, Middle Initial)	☐ Memo It	
Leo Lindeck III			Primary General
Mailing Address PO Box 22500			Other (specify)
City Houston	State TX Z	ZIP Code 77227	
Original Amount of Loan	Cumulative Paym	nent To Date	Balance Outstanding at Close of This Peri
130000.00		0.00	130000.00
TERMS	Dat	- Dua Intere	Coourad:
Date Incurred M 04 / 30 / Y 2012		te Due Intere	est Rate Secured: 6.00 % (apr) Yes X
List All Endorsers or Guarantors (if a	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	(الد	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial	1)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial	()	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial	()	Name of Employer	r
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	7
BTOTALS This Period This Page (opti	ional)	>	130000.00

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 7 OF 8

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY A	CCOUNTABILITY IN		ansaction ID : SC/10.5264
			I Floriton
LOAN SOURCE Full Name (Last, Firs Leo Linbeck III	t, Middle Initial)	Memo Item	Election: Primary General
Mailing Address PO Box 22500			Other (specify) ▼
City Houston	State TX ZIP C	Code 77227	
Original Amount of Loan	Cumulative Payment	To Date Ba	alance Outstanding at Close of This Period
160000.00		0.00	160000.00
TERMS Date Incurred	Date Du	e Interest Ra	ate Secured:
05 15 2012	M = M / D = D / N	VVVV	00 Yes X No
List All Endorsers or Guarantors (if a	- ·		
1. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City Sta	ite ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ite ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta		Amount Guaranteed Outstanding:	, , , , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ite ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,
SUBTOTALS This Period This Page (option	onal)		160000.00
TOTALS This Period (last page in this line			
Carry outstanding balance only to LINE 3	3. Schedule D. for this line.	If no Schedule D. carry fo	orward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 8 OF 8
FOR LINE 13 OF FORM 3X

OAN COURSE 5 " N			Floation
OAN SOURCE Full Name (Last, Leo Linbeck III	rirst, Middle Initial)	Memo Item	Election: Primary
Leo Linbeck iii			General
Mailing Address PO Box 22500			Other (specify)
9 9 9 PO BOX 22500			, , , , , , , , , , , , , , , , , , ,
City Houston	State TX Z	IP Code 77227	
Original Amount of Loan	Cumulative Payme	ent To Date	Balance Outstanding at Close of This Pe
100000.	00	0.00	100000.00
TERMS			
Date Incurred		Due Interest F	
05 22 2012	Y M = M / D = D /	12/31/12	% (apr) Yes X
ist All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Ir	itial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Amount Guaranteed	
J.,	0000	Outstanding:	, , , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
B. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
. Full Name (Last, First, Middle Ini	tiai)	Name of Employer	
Mailing Address		Occupation	
City	Ctoto ZID Codo	Amount	
City	State ZIP Code	Guaranteed Outstanding:	
BTOTALS This Period This Page (o	pptional)	>	100000.00