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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
Keith Spanarelli for United States Senate

ADDRESS (number and street) P.O. Box 740
Check if different than previously reported. (ACC) Middletown DE 19709

2. FEC IDENTIFICATION NUMBER C 00521721
3. IS THIS REPORT X NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE DISTRICT
DE 00

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
X 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 08 23 2012 through 09 30 2012

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 Kathleen Spanarelli
Signature of Treasurer Kathleen Spanarelli Date 10-13-12

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
FEC FORM 3 (Revised 02/2003)

12020833545

FESANG18

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Keith Spanarelli for United States Senate

Report Covering the Period: From:

M M / D D / Y Y Y Y
08 / 23 / 2012

To:

M M / D D / Y Y Y Y
09 / 30 / 2012

	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))....	640.00	4150.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	640.00	4150.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6282.52	41793.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6282.52	41793.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1287.08	
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).....	38930.00	

For further information contact:

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

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

12020833546

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 19

Write or Type Committee Name

Keith Spanarelli for United States Senate

Report Covering the Period: From: 08 / 23 / 2012 To: 09 / 30 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	250.00	3250.00
(ii) Unitemized	390.00	900.00
(iii) TOTAL of contributions from individuals	640.00	4150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	640.00	4150.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	3900.00	38930.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	3900.00	38930.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.32	0.34
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	4540.32	43080.34

12020833547

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6282.52	41793.26
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	6282.52	41793.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3029.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4540.32
25. SUBTOTAL (add Line 23 and Line 24).....	7569.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6282.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1287.08

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**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 5 OF 19

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

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)
Keith Spanarelli for United States Senate

Full Name (Last, First, Middle Initial) William Spanarelli		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2012
A. Mailing Address 105 Kurt Dr.		Transaction ID : C19620909
City Dover	State DE	Zip Code 19901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
B. Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
C. Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

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**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 6 OF 19

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

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NAME OF COMMITTEE (In Full)
Keith Spanarelli for United States Senate

Full Name (Last, First, Middle Initial) Keith Spanarelli		Date of Receipt M M / D D / Y Y Y Y 08 24 / 2012
A. Mailing Address P.O. Box 740		Transaction ID : C19515674
City Middletown	State DE	
FEC ID number of contributing federal political committee. C S2DE00072		Amount of Each Receipt this Period 3000.00
Name of Employer Keith Spanarelli for Senate	Occupation Candidate	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 38930.00	

Full Name (Last, First, Middle Initial) Keith Spanarelli		Date of Receipt M M / D D / Y Y Y Y 09 05 / 2012
B. Mailing Address P.O. Box 740		Transaction ID : C19620822
City Middletown	State DE	
FEC ID number of contributing federal political committee. C S2DE00072		Amount of Each Receipt this Period 900.00
Name of Employer Keith Spanarelli for Senate	Occupation Candidate	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 38930.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
C. Mailing Address		Transaction ID : C19620822
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	3900.00
TOTAL This Period (last page this line number only).....	3900.00

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**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)

<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)
Keith Spanarelli for United States Senate

Full Name (Last, First, Middle Initial) A. Ashley Comegys		Date of Disbursement M M / D D / Y Y Y Y 09 07 2012	
Mailing Address 435 South Street		Amount of Each Disbursement this Period	
City Townsend	State DE	Zip Code 19734	450.00
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : D532127
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Ashley Comegys		Date of Disbursement M M / D D / Y Y Y Y 09 07 2012	
Mailing Address 435 South Street		Amount of Each Disbursement this Period	
City Townsend	State DE	Zip Code 19734	720.00
Purpose of Disbursement Payroll		Category/ Type	Transaction ID : D532128
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 09 04 2012	
Mailing Address P.O Box 407066		Amount of Each Disbursement this Period	
City Fort Lauderdale	State FL	Zip Code 33340	2.00
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	Transaction ID : D532115
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... 1172.00

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

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**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 8 OF 19

<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)
Keith Spanarelli for United States Senate

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address P.O Box 407066		Amount of Each Disbursement this Period 7.00 Transaction ID : D532116
City Fort Lauderdale	State FL	
Zip Code 33340	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address P.O Box 407066		Amount of Each Disbursement this Period 22.01 Transaction ID : D532117
City Fort Lauderdale	State FL	
Zip Code 33340	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address P.O Box 407066		Amount of Each Disbursement this Period 105.25 Transaction ID : D532125
City Fort Lauderdale	State FL	
Zip Code 33340	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional) 134.26

TOTAL This Period (last page this line number only)

1202083332

**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)

<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)
Keith Spanarelli for United States Senate

Full Name (Last, First, Middle Initial) A. Annelissa Johnson		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2012	
Mailing Address 8 Reed Circle		Amount of Each Disbursement this Period 800.00 Transaction ID : D532129	
City Rising Sun	State MD		Zip Code 21911
Purpose of Disbursement Payroll	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. Annelissa Johnson		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2012	
Mailing Address 8 Reed Circle		Amount of Each Disbursement this Period 1200.00 Transaction ID : D532130	
City Rising Sun	State MD		Zip Code 21911
Purpose of Disbursement Payroll	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) C. Annelissa Johnson		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012	
Mailing Address 8 Reed Circle		Amount of Each Disbursement this Period 1200.00 Transaction ID : D525912	
City Rising Sun	State MD		Zip Code 21911
Purpose of Disbursement Payroll	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

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

3200.00

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

12020833553

**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)

<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)
Keith Spanarelli for United States Senate

Full Name (Last, First, Middle Initial) A. Tractor Supply		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address 1111 East Pulaski Highway		Amount of Each Disbursement this Period 940.74 Transaction ID : D525916
City Elkton	State MD	
Purpose of Disbursement Camp Visibility		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 298 E Main St		Amount of Each Disbursement this Period 190.00 Transaction ID : D532126
City Middletown	State DE	
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" 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	
Purpose of Disbursement		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).....	1130.74
TOTAL This Period (last page this line number only).....	5637.00

12020833554

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Keith Spanarelli for United States Senate** Transaction ID : L1007

LOAN SOURCE Full Name (Last, First, Middle Initial) **Keith Spanarelli PERS FUNDS** [PERSONAL FUNDS]

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 P.O. Box 740

City State ZIP Code
 Middletown DE 19709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
90.00	0.00	90.00

TERMS

Date Incurred: M 05 / D 04 / Y 2012 Date Due: M M / D D / Y Y Y Y Interest Rate: 0.00 % (apr) Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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).....	90.00
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.	

12020233555

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)
Keith Spanarelli for United States Senate

Transaction ID : L1008

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

[PERSONAL FUNDS]

Election: 2012

Keith Spanarelli PERS FUNDS

Primary

General

Other (specify) ▼

Mailing Address
P.O. Box 740

City State ZIP Code
Middletown DE 19709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9400.00	0.00	9400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 th 16 th 2012		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)..... ▶ 9400.00

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.

1202083336

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Keith Spanarelli for United States Senate** Transaction ID : L1009

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Keith Spanarelli PERS FUNDS Primary
Mailing Address General
P.O. Box 740 Other (specify) ▼

City State ZIP Code
Middletown DE 19709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3040.00	0.00	3040.00

TERMS Date Incurred Date Due Interest Rate Secured:
05^M / 16^D / 2012^Y M M / D D / Y Y Y 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).....▶	3040.00
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.	

1202083353

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Keith Spanarelli for United States Senate** Transaction ID : L1010

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Keith Spanarelli PERS FUNDS Primary
 Mailing Address General
 P.O. Box 740 Other (specify) ▼

City State ZIP Code
 Middletown DE 19709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 "06" / "21" / Y 2012 Y M M / D D / Y Y Y 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).....	4000.00
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.	

1207083558

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Keith Spanarelli for United States Senate** Transaction ID : **L1011**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Keith Spanarelli PERS FUNDS Primary
 Mailing Address General
 P.O. Box 740 Other (specify) ▼

City State ZIP Code
 Middletown DE 19709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M⁰⁶ / D²¹ / Y 2012 M M / D D / Y Y Y 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).....	▶	1000.00
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.

1202083353

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Keith Spanarelli for United States Senate** Transaction ID : L1020

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Keith Spanarelli PERS FUNDS Primary
 Mailing Address General
 P.O. Box 740 Other (specify) ▼

City State ZIP Code
 Middletown DE 19709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9000.00	0.00	9000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M⁰⁷ / D²⁰ / Y 2012 M M / D D / Y Y Y 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).....	9000.00
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.

12020833560

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Keith Spanarelli for United States Senate** Transaction ID : L1021

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Keith Spanarelli PERS FUNDS Primary
Mailing Address P.O. Box 740 General
 Other (specify) ▼

City State ZIP Code
Middletown DE 19709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8500.00	0.00	8500.00

TERMS Date Incurred Date Due Interest Rate Secured:
M 08 / D 14 / Y 2012 Y M M / D D / Y Y Y 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).....▶	8500.00
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.	

12020833561

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Keith Spanarelli for United States Senate** Transaction ID : L1022

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Keith Spanarelli PERS FUNDS Primary
 Mailing Address General
 P.O. Box 740 Other (specify) ▼

City State ZIP Code
 Middletown DE 19709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 "08" / "24" / Y 2012 Y M M / D D / Y Y Y 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)..... ▶	3000.00
TOTALS This Period (last page in this line only)..... ▶	3000.00

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

12020833562

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 19 OF 19

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

NAME OF COMMITTEE (In Full) **Keith Spanarelli for United States Senate** Transaction ID : L1028

LOAN SOURCE Full Name (Last, First, Middle Initial) **Keith Spanarelli PERS FUNDS** [PERSONAL FUNDS]

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 740

City State ZIP Code
Middletown DE 19709

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
900.00	0.00	900.00

TERMS

Date Incurred: 09^M 05^D 2012^Y Date Due: None Interest Rate: 0.00 % (apr) Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)..... ▶	900.00
TOTALS This Period (last page in this line only)..... ▶	38930.00

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

1202083363



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TRACKING NUMBER
06-004263

RT 706 3
FZ 3878
10.15



For FedEx Express® Shipments 0

FedEx NEW Package
Express US Airbill
FedEx Tracking Number 8011 2649 3878

1 From 16-13-2012
Date

Sender's Name Keith Spawall
Phone 302 420-2000

Company With Spawall for US Senate

Address PO Box 740
City Middleburg State DE ZIP 19709-0740

2 Your Internal Billing Reference

3 To Recipient's Name Secretary of the Senate
Phone

Company Office of Public Records

Address 232 Hart Senate Office Building
City Washington State DC ZIP 20510

Address Use the line for the HOLD location address or for completion of your shipping address.
City Washington State DC ZIP 20510



ORIGIN 10: ZMIA

UNITED STATES US

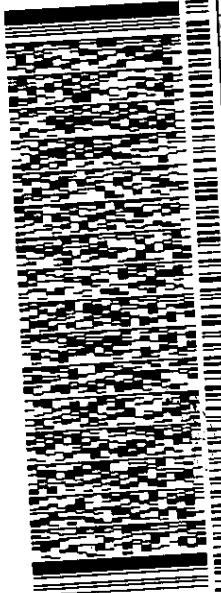
TO SECRETARY OF THE SENATE
OFFICE OF PUBLIC RECORDS
232 HART SENATE OFFICE BLDG
WASHINGTON DC 20510

REF: WASHINGTON DC 20510

DEPT: (555) 555-5555

2012 OCT 15

SHIP DATE: 13OCT12
ACTWT: 0.3 LB
CND: 7081221
DIMS: 0X0X0 IN
BILL SENDER

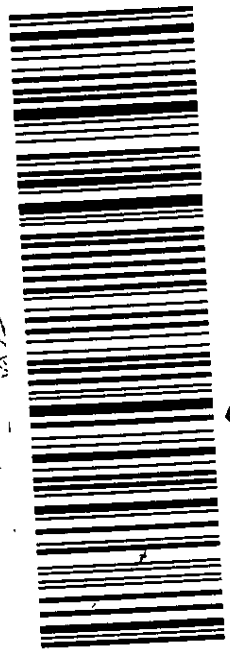


MON - 15 OCT A2
STANDARD OVERNIGHT

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20510
DC-US
DCA



544

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>10-13-12</u>	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

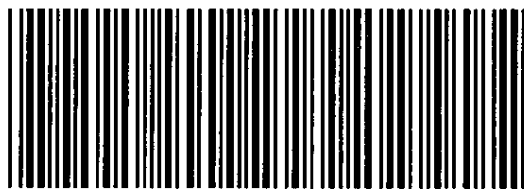
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Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-17-12

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