

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

PHIL NORRIS FOR CONGRESS

ADDRESS (number and street)

PO BOX 36956

Check if different than previously reported. (ACC)

BIRMINGHAM

AL

35236

2. **FEC IDENTIFICATION NUMBER**

C C00508382

CITY

STATE

ZIP CODE

STATE DISTRICT

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

AL

07

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 Phillip Dwight Norris

Signature of Treasurer Phillip Dwight Norris

[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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
PHIL NORRIS 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))....	250.00	410.00
(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)).....	250.00	410.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2052.45	2201.16
(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)).....	2052.45	2201.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	106.84	
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).....	5556.05	

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

FEC Form 3 (Revised 07/05)

- 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

PHIL NORRIS FOR CONGRESS

Report Covering the Period: From: 02 / 23 / 2012 To: 03 / 31 / 2012

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 03 / 13 / 2012 (date of general election)	COLUMN C Total for 03 / 14 / 2012 (date after general election) through 03 / 31 / 2012 (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
250.00	250.00	0.00
(ii) Unitemized		
0.00	160.00	0.00
(iii) Total of contributions from individuals		
250.00	410.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 20

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	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
250.00	410.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
1558.00	1758.00	100.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
1558.00	1758.00	100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	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)		
1808.00	2168.00	100.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 20

Write or Type Committee Name

PHIL NORRIS FOR CONGRESS
 Report Covering the Period: From: / / To: / /
II. DISBURSEMENTS

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)
17. OPERATING EXPENDITURES		
<input type="text" value="2052.45"/>	<input type="text" value="2201.16"/>	<input type="text" value="160.00"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 20

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

21. OTHER DISBURSEMENTS

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

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

2052.45	2201.16	160.00
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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))

250.00	410.00	0.00
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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)

2052.45	2201.16	160.00
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	351.29
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	1808.00
25. SUBTOTAL (add Line 23 and Line 24).....	2159.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2052.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	106.84

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

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

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
PHIL NORRIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles A Brown

Mailing Address 9650 Charolis Drive

City Tuscaloosa State AL Zip Code 35405

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

Name of Employer Woodmen of the World Occupation Field Representative

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2012

Transaction ID : SA11Al.4119

Amount of Each Receipt this Period
 250.00

Individual Donation

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).....

250.00

250.00

**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 20
	<input type="checkbox"/> 11a 12 <input checked="" 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)
PHIL NORRIS FOR CONGRESS

Full Name (Last, First, Middle Initial) Phillip Dwight Norris		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2012	
Mailing Address 373 Heritage Drive		Transaction ID : SA13A.4114	
City Hoover State AL Zip Code 35216	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C H2AL07165	Loan from Candidate		
Name of Employer Cabrera Services	Occupation Radiological Engineer	Election Cycle-to-Date 900.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) Phillip Dwight Norris		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2012	
Mailing Address 373 Heritage Drive		Transaction ID : SA13A.4149	
City Hoover State AL Zip Code 35216	Amount of Each Receipt this Period 858.00		
FEC ID number of contributing federal political committee. C H2AL07165	Loan from Candidate		
Name of Employer Cabrera Services	Occupation Radiological Engineer	Election Cycle-to-Date 1758.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) Phillip Dwight Norris		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2012	
Mailing Address 373 Heritage Drive		Transaction ID : SA13A.4152	
City Hoover State AL Zip Code 35216	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C H2AL07165	Loan from Candidate		
Name of Employer Cabrera Services	Occupation Radiological Engineer	Election Cycle-to-Date 100.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	1558.00
TOTAL This Period (last page this line number only).....	1558.00

**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 9 OF 20			
	<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)
PHIL NORRIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alabama Republican Party		Date of Disbursement MM / DD / YYYY 02 / 27 / 2012
Mailing Address PO Box 55628		Amount of Each Disbursement this Period 384.66 Transaction ID : SB17.4122
City Birmingham	State AL Zip Code 35255	
Purpose of Disbursement Voter Vault Name List	Category/Type 003	
Candidate Name PHIL NORRIS FOR CONGRESS	Office Sought: <input checked="" 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: AL District: 07	

Full Name (Last, First, Middle Initial) B. Inc. Bush Signs		Date of Disbursement MM / DD / YYYY 03 / 09 / 2012
Mailing Address 300 May Street		Amount of Each Disbursement this Period 858.00 Transaction ID : SB17.4150
City Montgomery	State AL Zip Code 36104	
Purpose of Disbursement Campaign Signs	Category/Type 004	
Candidate Name PHIL NORRIS FOR CONGRESS	Office Sought: <input checked="" 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: AL District: 07	

Full Name (Last, First, Middle Initial) C. JT Lewis		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address PO Box 867604		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4115
City Tuscaloosa	State AL Zip Code 35286	
Purpose of Disbursement Salary for Campaign Manager	Category/Type 001	
Candidate Name PHIL NORRIS FOR CONGRESS	Office Sought: <input checked="" 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: AL District: 07	

SUBTOTAL of Disbursements This Page (optional).....	1392.66
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 10 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
PHIL NORRIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JT Lewis		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address PO Box 867604		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4145
City Tuscaloosa	State AL Zip Code 35286	
Purpose of Disbursement Campaign Manager Salary	Category/Type 001	
Candidate Name PHIL NORRIS FOR CONGRESS	Office Sought: <input checked="" 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: AL District: 07		

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	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.		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	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).....	300.00
TOTAL This Period (last page this line number only).....	1692.66

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PHIL NORRIS FOR CONGRESS** Transaction ID : **SC/10.4128**

LOAN SOURCE Full Name (Last, First, Middle Initial) Phillip Dwight Norris	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 373 Heritage Drive	

City	State	ZIP Code
Hoover	AL	35216

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3480.00	0.00	3480.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 21 / Y 2011	M / D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	3480.00
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

NAME OF COMMITTEE (In Full) **PHIL NORRIS FOR CONGRESS** Transaction ID : **SC/10.4130**

LOAN SOURCE Full Name (Last, First, Middle Initial) Phillip Dwight Norris	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 373 Heritage Drive	

City	State	ZIP Code
Hoover	AL	35216

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
38.05	0.00	38.05

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 23 / Y 2011	M / D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	38.05
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

NAME OF COMMITTEE (In Full) **PHIL NORRIS FOR CONGRESS** Transaction ID : **SC/10.4129**

LOAN SOURCE Full Name (Last, First, Middle Initial) Phillip Dwight Norris	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 373 Heritage Drive	

City	State	ZIP Code
Hoover	AL	35216

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 27 / Y 2011	M / D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	100.00
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

NAME OF COMMITTEE (In Full) **PHIL NORRIS FOR CONGRESS** Transaction ID : **SC/10.4131**

LOAN SOURCE Full Name (Last, First, Middle Initial) Phillip Dwight Norris	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 373 Heritage Drive	

City	State	ZIP Code
Hoover	AL	35216

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45.00	0.00	45.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 27 / Y 2011	M / D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	45.00
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/10.4132

PHIL NORRIS FOR CONGRESS

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

Phillip Dwight Norris

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
373 Heritage Drive

City State ZIP Code
Hoover AL 35216

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
35.00 0.00 35.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 29 / Y 2011 M M / D D / Y 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)..... 35.00

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**

NAME OF COMMITTEE (In Full) **PHIL NORRIS FOR CONGRESS** Transaction ID : **SC/10.4099**

LOAN SOURCE Full Name (Last, First, Middle Initial) Phillip Dwight Norris	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 373 Heritage Drive	

City	State	ZIP Code
Hoover	AL	35216

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 03 / Y 2012	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) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	150.00
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/10.4109

PHIL NORRIS FOR CONGRESS

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

Phillip Dwight Norris

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
373 Heritage Drive

City State ZIP Code
Hoover AL 35216

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150.00 0.00 150.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 02 / D 14 / Y 2012 M M / D D / Y 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)..... ▶ 150.00
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/10.4114

PHIL NORRIS FOR CONGRESS

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

Phillip Dwight Norris

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
373 Heritage Drive

City State ZIP Code
Hoover AL 35216

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
600.00 0.00 600.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y 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)..... ▶ 600.00
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/10.4149

PHIL NORRIS FOR CONGRESS

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

Phillip Dwight Norris

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
373 Heritage Drive

City State ZIP Code
Hoover AL 35216

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
858.00 0.00 858.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 09 / Y 2012 M M / D D / Y 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)..... 858.00
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

NAME OF COMMITTEE (In Full) **PHIL NORRIS FOR CONGRESS** Transaction ID : **SC/10.4152**

LOAN SOURCE Full Name (Last, First, Middle Initial) Phillip Dwight Norris	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 373 Heritage Drive	

City	State	ZIP Code
Hoover	AL	35216

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 16 / Y 2012 Y	M M / D D / Y none Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	100.00
TOTALS This Period (last page in this line only).....	▶	5556.05

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