

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 016 AUG -1 AM 9:09 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 KATHY AFZALI FOR CONGRESS

ADDRESS (number and street) PO Box 412 Braddock Heights MD 21714 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C00511360 3. IS THIS REPORT X NEW (N) OR AMENDED (A) STATE DISTRICT MD 06

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X 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: 01 01 2016 through 03 30 2016

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: JOHN T. CORNELIUS Signature of Treasurer: [Signature] Date: 07 22 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only table with 7 columns and 1 row. FEC FORM 3 (Revised 02/2003)

FEGAN023

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

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))	0	0
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0	0
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0	0
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0	0
8. Cash on Hand at Close of Reporting Period (from Line 27)	4.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	15,700.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name:

Report Covering the Period: From:

01 01 2016

To:

03 30 2016

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).....		
(ii) Unitemized.....		
(iii) TOTAL of contributions from individuals ▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		

CONFIDENTIAL - INFORMATION

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DETAILED SUMMARY PAGE
of Disbursements

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Page 4

NON-PROFIT CORPORATION

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....					
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....					
19. LOAN REPAYMENTS:					
(a) Of Loans Made or Guaranteed by the Candidate.....					
(b) Of All Other Loans.....					
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....					
20. REFUNDS OF CONTRIBUTIONS TO:					
(a) Individuals/Persons Other Than Political Committees.....					
(b) Political Party Committees.....					
(c) Other Political Committees (such as PACs).....					
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....					
21. OTHER DISBURSEMENTS.....					
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶					

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....		4.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....		0
25. SUBTOTAL (add Line 23 and Line 24).....		4.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....		0
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....		4.00

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NON-PROFIT CORPORATION

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
Kathy Afzali for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election:
Kathryn Louise Afzali Primary

Mailing Address General
PO Box 412 Other (specify) ▼

City State ZIP Code
Braddock Heights MD 21714

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10,000.00 *—* *10,000.00*

TERMS Date Incurred Date Due Interest Rate Secured:
01 30 2012 *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) *10,000.00*

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.

20150301 10:00:00 AM

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
Kathy Afzali for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election:
Kathryn Louise Afzali Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 412

City State ZIP Code
Braddock Heights MD 21714

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>2,000.00</i>	<i>0</i>	<i>2,000.00</i>

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
<i>03</i>	<i>27</i>	<i>2012</i>	<i>0</i> % (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) *2,000.00*

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.

NON-PROFIT ORGANIZATION

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 13a

NAME OF COMMITTEE (In Full)
Kathy Afzalifor Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>Kathryn Louise Afzali</i>	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾
Mailing Address <i>PO Box 412</i>		

City: *Bradlock Heights* State: *MO* ZIP Code: *64114*

Original Amount of Loan <i>3,700.00</i>	Cumulative Payment To Date	Balance Outstanding at Close of This Period <i>3,700.00</i>
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TERMS	Date Incurred <i>05 09 2012</i>	Date Due	Interest Rate <i>0 % (apr)</i>	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	<i>3,700.00</i>
TOTALS This Period (last page in this line only).....▶	<i>15,700.00</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

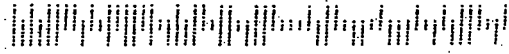
NOTED ON 01-01-2012



NOV 10 09:01 AM 2016

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

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt <i>AUG 1 2016</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Bess
 PREPARER
 (3/2015)

AUG 1 2016
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