FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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FEC FORM 3

(Revised 02/2003)

	101 All Add	içiizoa coiiii		j	Office	Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, type or the lines.		FE4M5		
ITIM WINTIL	L FOR C	0,10,6,12, E,	<u> </u>				
						1	
ADDRESS (number and street)	[2,4,1,4, M	0.R.N.1.N	6. DRIVE	<u>.</u> 	1111		
Check if different			11				
than previously reported. (ACC)	BAYTOW	<u> </u>		I II'	וא וא	5,2,0,-1	
2. FEC IDENTIFICATION I	NUMBER ▼	CITY A		STATE	<u> </u>	ZIP CODE	▲ DISTRICT
C005148	28	3. IS THIS REPORT	NEW OR		AMENDED (A)	TIX	3 le
4. TYPE OF REPORT (Co.) (a) Quarterly Reports: April 15 Quarterly	Report (Q1)) 12-Day PRE-	-Election Report for Primary (12P) Convention (12C)		General (12G) Special (12S)	Run	off (12R)
July 15 Quarterly October 15 Quarterly		Election on	[M - M] / [a - 1		*************************************	in the State of	
January 31 Year-	End Report (YE) (c)		T-Election Report fo	r the:		. 	
Termination Repo	rt (TER)	Election on	General (30G)		Runoff (30R)	in the State of	ecial (30S)
5. Covering Period	1 61 2	0,1,2	through ្រឹ	0.3	3.11 / 2.0		
I certify that I have examined Type or Print Name of Treasur	$CI_{-1}I$	e best of my kn	owledge and belief	it is true, c	orrect and com	plete.	
Signature of Treasurer	Sun C	Y	1	Date	ō.5	11 / 2	ő Í Ž

NOTE: Submission of false, encourse, 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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Page 2

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Write or Type Committee Name

TIM WINTILL FOR CONGRESS

Report Covering the Period:

		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))	7.9.0.0.3.2	7,9,0,0,3,2
	(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))	7,900,32	7,9,00,3.2
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	7.9.0.0.3.2	7.9.00.3.2
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	000
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	790032	7,9,00,3,2
8.	Cash on Hand at Close of Reporting Period (from Line 27)	50.00	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10	. Debts and Obligations Owed BY		

For further information contact:

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

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

the Committee (Itemize all on

Schedule C and/or Schedule D)

Write or Type Committee Name

TIM WINTILL FOR CONGRESS

Report Covering the Period:

From:

	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)	1,900,00	1,90,0,00
	(ii) Unitemized	190000	190000
	(b) Political Party Committees	0.00	0.00
	(d) The Candidate	790032	7,9,003,2
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.0.0	0.00
13.	LOANS: (a) Made or Guaranteed by the Candidate		
	(b) All Other Loans	0.00	0.0.0
14.	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		ा क व्यक्त वह प्रश्ने का व्यक्तिकारण के केंद्रानी
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)	7,9,0,0,32	7.9.0.0.32

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of Disbursements

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period 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 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 25. SUBTOTAL (add Line 23 and Line 24)..... 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....

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SCHEDULE A (FEC Form 3)

PAGE OF FOR LINE NUMBER: (check only one) Use separate schedule(s) for each category of the **1**11a 11b 11d 11c ITEMIZED RECEIPTS **Detailed Summary Page** 13a 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) CONGRESS Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 140D Zip Code State City lexas Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Name of Employer Receipt For: Election Cycle-to-Date Primary General 0,0,00 Other (specify) Middle Initial) Full Name (Last, First, Date of Receipt Wintill Mailing Address iver Court City Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. 3,0,0,0,0 Occupation Name of Employer Receipt For: Election Cycle-to-Date 13.0.0.00 Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Zip Code State FEC ID cumber of contributing Amount of Each Receipt this Period federal political committee. Occupation Name of Employer Receipt For: Election Cycle-to-Date | Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

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

SCHEDULE A (FEC Form 3)

OF 2 FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the V11a 11b 11c ITEMIZED RECEIPTS Detailed Summary Page 13a 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) DNGRESS Full Name (Last, First, Middle Initial) Jennina Date of Receipt Mailing Address Zip Code State FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date X Primary General 0,0,00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address Zip Code City State exas FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Occupation Name of Employer Receipt For: Election Cycle-to-Date **★** Primary General 300,00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Addres Zip Code State FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date General Primary Other (specify) SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (IN FUII) TIM WINTILL FOR CONGRE		
Full Name (Last, First, Middle Initial)		Date of Disbursement
A		المعممة المعمار المعمار المعمار
Mailing Address		المحادث المحادث المحادث
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	
Office Sought: House Disbursement Formate Primar Other		
State: District: Full Name (Last, First, Middle Initial)		
B.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	<u>"</u>
State: District: Full Name (Last, First, Middle Initial)		
С		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Categor Type	y/
Office Sought: House Disbursement F Senate Prima President Other		
State: District:		
SUBTOTAL of Disbursements This Page (optional)	<u></u>	

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HEDULE C (FEC	Form 3)	Use separate schedule for each category of the	
ANS		Detailed Summary Pa	
ME OF COMMITTEE (In F	Full)		
	FOR CONGRESS		Election:
LOAN SOURCE Full Na	me (Last, First, Middle Initial)		Primary
Mailing Address			General Other (specify) ▼
City	State ZIP	P Code	
Original Amount of Loar	n Cumulative Paymer		ance Outstanding at Close of This Pe
१८ वर्ष्ट श्राम्यक्रम् स्थान			
TERMS			
Date Incu			•
111111111111111111111111111111111111111			
List All Endorsers or G	uarantors (if any) to Loan Source		
1. Full Name (Last, Firs		Name of Employer	
		Name of Employer Occupation	
1. Full Name (Last, Firs		Occupation	
1. Full Name (Last, Firs		Occupation Amount Guaranteed	
Full Name (Last, Firs Mailing Address	State ZIP Code	Occupation Amount Guaranteed	i,
Full Name (Last, Firs Mailing Address City	State ZIP Code	Occupation Amount Guaranteed Outstanding:	i,
Full Name (Last, First Mailing Address City 2. Full Name (Last, First Last, First La	State ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount	1
Full Name (Last, First Mailing Address City 2. Full Name (Last, First Last, First La	State ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed	
Full Name (Last, First Mailing Address City 2. Full Name (Last, First Mailing Address	State ZIP Code t, Middle Initial) State ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed	
Full Name (Last, First Mailing Address City 2. Full Name (Last, First Mailing Address City City City	State ZIP Code t, Middle Initial) State ZIP Code	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	
Full Name (Last, First Mailing Address City Mailing Address City Address City 3. Full Name (Last, First Mailing Address Mailing Address	State ZIP Code i, Middle Initial) State ZIP Code t, Middle Initial) State ZIP Code t, Middle Initial)	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Amount Amount Amount	
1. Full Name (Last, First Mailing Address City 2. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City City City	State ZIP Code State ZIP Code State ZIP Code t, Middle Initial) State ZIP Code t, Middle Initial)	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	
Full Name (Last, First Mailing Address City Mailing Address City Address City 3. Full Name (Last, First Mailing Address Mailing Address	State ZIP Code State ZIP Code State ZIP Code t, Middle Initial) State ZIP Code t, Middle Initial)	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	
1. Full Name (Last, First Mailing Address City 2. Full Name (Last, First Mailing Address City 3. Full Name (Last, First Mailing Address City City City	State ZIP Code State ZIP Code State ZIP Code t, Middle Initial) State ZIP Code t, Middle Initial)	Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:	

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

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

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

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SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for					
Information	found on				
Page	of Schedule	C			

Federal Election Commission, Washington, D.C. 20463				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER		
TIM WINTILL FOR CONGRI	rcc			
	Amount of Loan	Interest Poto (APP)		
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full Name		%		
Mailing Address		LATATION / LOCAL / LACAL		
-	Date Incurred or Established			
		[[] [] [] [] [] [] [] [] [] [
City State Zip Code	Date Due	La Land Languard		
		المعضيما / لعجما / لمعملا		
A. Has loan been restructured? No Yes	If yes, date originally incurred			
B. If line of credit,	Total			
1	Dalanas			
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? ust be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the	loan: real estate, personal	What is the value of this collateral?		
property, goods, negotiable instruments, certificates of	of deposit, chattel papers,			
stocks, accounts receivable, cash on deposit, or other		الاعتدانية		
No Yes If yes, specify:		Does the lender have a perfected security		
<u> </u>	'	interest in it? No Yes		
E. Are any future contributions or future receipts of inte				
collateral for the loan? No Yes If yes,		What is the estimated value?		
A depository account must be established pursuant	Location of account:			
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Address:			
Date account established:				
City, State, Zip:				
F. If neither of the types of collateral described above to	was pledged for this loan, or if the	ne amount pledged does not equal or		
exceed the loan amount, state the basis upon which	this loan was made and the ba	sis on which it assures repayment.		
G. COMMITTEE TREASURER Typed Name		DATE		
Signature		- LACTED (LACTED)		
Oignaturo				
H. Attach a signed copy of the loan agreement.				
I. TO BE SIGNED BY THE LENDING INSTITUTION:				
I. To the best of this institution's knowledge, the	terms of the loan and other infor	rmation regarding the extension of the loan		
are accurate as stated above. II. The loan was made on terms and conditions (i	ncluding interest rate) no more fa	avorable at the time than those imposed for		
similar extensions of credit to other borrowers	of comparable credit worthiness.			
III. This institution is aware of the requirement that complied with the requirements set forth at 11	t a loan must be made on a bas CFR 100.82 and 100.142 in mak	king this loan.		
AUTHORIZED REPRESENTATIVE	· · · · · · · · · · · · · · · · · · ·	DATE		
Typed Name		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line) PAGE OF

FOR LINE NUMBER:
(check only one)

xcluding Loans		tor each numbered lin	1 '	only one)	H ₁₀
NAME OF COMMITTEE (In Full)			<u>* .9</u>		_1 '
TIM WINTILL FOR CONG	RESS				
A. Full Name (Last, First, Middle Initial) of Det		Nature	of Debt (Purp	ose):	
Mailing Address					;
City State	Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	्रक्ता न	tanding Balanc	4	-1-1
B. Full Name (Last, First, Middle Initial) of Deb			of Debt (Purp		
			ψ		
Mailing Address			-		
City State	Zip Code				
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period		standing Balanc	ع تصافداند	
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature	of Debt (Purp	oose):	1
Mailing Address					
City	State Zip Code				
Outstanding Balance Beginning This Period		·			
Amount Incurred This Period	:		standing Baland	4-1 -1 -	
1) SUBTOTALS This Period This Page (optional))				
2) TOTALS This Period (last page this line numb	ber only)				1
3) TOTAL OUTSTANDING LOANS from Schedu	ıle C (last page only)	>			
4) ADD 2) and 3) and carry forward to appropri	ate line of Summary Page (last page of	nly) ►	م سراهسته واستماليم عن	-iiiiiiii	

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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PREPARER	DATE PREPARED



