

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

Wayne Iverson for Congress

ADDRESS (number and street)

PO Box 420697

Check if different than previously reported. (ACC)

San Diego

CA

92142-0697

2. FEC IDENTIFICATION NUMBER ▼

C C00502070

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

52

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 Janet Lynn Iverson

Signature of Treasurer Janet Lynn Iverson

[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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Wayne Iverson 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))....	340	35524.52
(b) Total Contribution Refunds (from Line 20(d))	0	500
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	340	35024.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3708.88	108340.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	2005
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3708.88	106335.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0	
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).....	75000	

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

- 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

Wayne Iverson for Congress

Report Covering the Period: From: 10 / 18 / 2012 To: 12 / 31 / 2012

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

11 / 06 / 2012 (date of general election)

11 / 07 / 2012 (date after general election)

through

12 / 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)

0

0

0

- (ii) Unitemized

5

23910

0

- (iii) Total of contributions from individuals

5

23910

0

- (b) Political Party Committees

0

0

0

- (c) Other Political Committees

0

5000

0

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and 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)
(d) The Candidate		
335	6614.52	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
340	35524.52	0
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0	75000	0
(b) All Other Loans		
0	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0	75000	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0	2005	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0	0.02	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
340	112529.54	0

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 11

Write or Type Committee Name

Wayne Iverson 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="3708.88"/>	<input type="text" value="108340.66"/>	<input type="text" value="3688.88"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Of All Other Loans		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0"/>	<input type="text" value="500"/>	<input type="text" value="0"/>
(b) Political Party Committees		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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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	0	0
---	---	---

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0	500	0
---	-----	---

21. OTHER DISBURSEMENTS

0	0	0
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

3708.88	108840.66	3688.88
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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))

340.00	35024.52	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)

3708.88	106335.66	3688.88
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3368.88
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	340
25. SUBTOTAL (add Line 23 and Line 24).....	3708.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3708.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0

**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 7 OF 11
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
Wayne Iverson for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Wayne Iverson

Mailing Address PO Box 420697

City San Diego State CA Zip Code 92142-0697

FEC ID number of contributing federal political committee. **C H2CA52071**

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
81614.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : A-C397

Amount of Each Receipt this Period

 contribution by candidate

B. Full Name (Last, First, Middle Initial)
Dr. Wayne Iverson

Mailing Address PO Box 420697

City San Diego State CA Zip Code 92142-0697

FEC ID number of contributing federal political committee. **C H2CA52071**

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
81614.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : A-C398

Amount of Each Receipt this Period

 cash contrib by candidate

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).....

**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 11			
	<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)
Wayne Iverson for Congress

Full Name (Last, First, Middle Initial) A. Dr. Wayne Iverson		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address PO Box 420697		Amount of Each Disbursement this Period 3658.88
City San Diego	State CA	
Zip Code 92142-0697	Purpose of Disbursement payback loan to campaign by ca	Transaction ID : B-E-403
Candidate Name	Category/ Type 001	
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. Complete Campaigns		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address Ruffin Road		Amount of Each Disbursement this Period 5
City San Diego	State CA	
Zip Code 92123	Purpose of Disbursement credit card fee on \$100.00	Transaction ID : B-E-399
Candidate Name	Category/ Type 001	
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	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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).....	3663.88
TOTAL This Period (last page this line number only).....	3663.88

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Wayne Iverson for Congress** Transaction ID : **SC/10-L1**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. Wayne Iverson	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012
Mailing Address PO Box 420697		

City	State	ZIP Code
San Diego	CA	92142-0697

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000	0	5000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 14 / 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).....	5000.00
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) **Wayne Iverson for Congress** Transaction ID : **SC/10-L2**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. Wayne Iverson	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012
Mailing Address PO Box 420697		

City	State	ZIP Code
San Diego	CA	92142-0697

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000	0	50000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 15 / Y 2011	M / D / Y None	non % (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).....	50000.00
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) **Wayne Iverson for Congress** Transaction ID : **SC/10-L3**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. Wayne Iverson	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012
Mailing Address PO Box 420697		

City	State	ZIP Code
San Diego	CA	92142-0697

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000	0	20000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 21 / Y 2012 Y	M / D / Y None Y	NONE % (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).....	20000.00
TOTALS This Period (last page in this line only).....	75000.00

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