

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

WEBER FOR CONGRESS

ADDRESS (number and street)

1701 Bending Stream

Check if different than previously reported. (ACC)

Friendswood

TX

77546

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00502229

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

TX

14

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.

Nolen, Robert, D., Mr.,

Type or Print Name of Treasurer

Nolen, Robert, D., Mr.,

Signature of Treasurer

[Electronically Filed]

Date

/ /

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								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
WEBER 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))....	28332.82	622858.06
(b) Total Contribution Refunds (from Line 20(d))	1600.00	5465.14
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	26732.82	617392.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17135.47	451739.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	190.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17135.47	451548.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	377099.09	
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).....	144000.00	

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

WEBER FOR CONGRESS

Report Covering the Period: From: 10 / 20 / 2016 To: 11 / 28 / 2016

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

11 / 08 / 2016 (date of general election)

11 / 09 / 2016 (date after general election)

through

11 / 28 / 2016 (last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
 - (i) Itemized (use Schedule A)

10292.82 404092.59 2000.00

(ii) Unitemized

540.00 19215.47 0.00

(iii) Total of contributions from individuals

10832.82 423308.06 2000.00

(b) Political Party Committees

0.00 10000.00 0.00

(c) Other Political Committees

17500.00 189550.00 2500.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 27

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))		
28332.82	622858.06	4500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	418.38	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	418.38	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	190.82	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
14.47	84.50	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
28347.29	623551.76	4500.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 27

Write or Type Committee Name

WEBER 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="17135.47"/>	<input type="text" value="451739.45"/>	<input type="text" value="2166.97"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="5720.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="418.38"/>	<input type="text" value="82918.38"/>	<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="418.38"/>	<input type="text" value="82918.38"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="1600.00"/>	<input type="text" value="5465.14"/>	<input type="text" value="600.00"/>
(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 / 27

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))

1600.00	5465.14	600.00
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21. OTHER DISBURSEMENTS

0.00	91593.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

19153.85	637435.97	2766.97
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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))

26732.82	617392.92	3900.00
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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)

17135.47	451548.63	2166.97
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	367905.65
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	28347.29
25. SUBTOTAL (add Line 23 and Line 24).....	396252.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19153.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	377099.09

**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 27	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Borden, Don, S., Mr.,

Mailing Address 2301 Golfcrest Dr

City Pearland	State TX	Zip Code 77581
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FEC ID number of contributing federal political committee. **C**

Name of Employer Master Remodelers	Occupation Owner
---------------------------------------	---------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2016

Transaction ID : SA11AI.13751

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Choate, Thea, , Ms.,

Mailing Address 2016 Saint Edmunds Xing

City Dickinson	State TX	Zip Code 77539
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FEC ID number of contributing federal political committee. **C**

Name of Employer Amoco Federal Credit Union	Occupation Banker
--	----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Transaction ID : SA11AI.13753

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Doyle, Charles, T., Mr.,

Mailing Address 1526 19th Ave N

City Texas City	State TX	Zip Code 77590
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FEC ID number of contributing federal political committee. **C**

Name of Employer Texas First Bank	Occupation Banker
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1492.82

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2016

Transaction ID : SA11AI.13773

Amount of Each Receipt this Period
492.82

Memo Item
In-kind - Catering for event

SUBTOTAL of Receipts This Page (optional)..... ▶	1492.82
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Grenader, David, , Mr.,
Mailing Address 4708 Caroline St

City Houston State TX Zip Code 77004

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

Name of Employer Self Employed Occupation Real Estate Manager

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2016

Transaction ID : SA11AI.13755

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hopping, Ron, , Dr.,
Mailing Address 1234 Bay Area Blvd Ste E

City Houston State TX Zip Code 77058

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

Name of Employer Hopping Eye Associates Occupation Optometrist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
 _____ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2016

Transaction ID : SA11AI.13756

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kilroy, Lora, Jean, Ms.,
Mailing Address 3696 Willowick Rd

City Houston State TX Zip Code 77019

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
 _____ 2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2016

Transaction ID : SA11AI.13779

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
McGinnis, Patrick, J., ,
 Mailing Address 2010 Butler Dr
 City Friendswood State TX Zip Code 77546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann Occupation Physician
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.13757
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Middleton, David, Mayes, Mr.,
 Mailing Address PO Box 273
 City Wallisville State TX Zip Code 77597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middleton Oil Company Occupation Lawyer
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2016
Transaction ID : SA11AI.13847
 Amount of Each Receipt this Period
 2700.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Reese, Randall, Y., Mr.,
 Mailing Address 29 Bellchase Gardens Dr
 City Beaumont State TX Zip Code 77706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2016
Transaction ID : SA11AI.13758
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3300.00
TOTAL This Period (last page this line number only) ▶

**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 10 OF 27	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sheikh, Tauqir, , Mr.,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Mailing Address 3502 Orchard Mews Dr			Transaction ID : SA11AI.13760	
City Sugar Land	State TX	Zip Code 77498	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Nazir *& Company		Occupation Construction		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Sweet, R., Leldon, Dr.,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2016	
Mailing Address 3345 Plaza 10 Dr Ste E			Transaction ID : SA11AI.13859	
City Beaumont	State TX	Zip Code 77707	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item General	
Name of Employer self		Occupation cardiologist		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Trochesset, Shannon, , Mrs.,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	
Mailing Address PO Box 2223			Transaction ID : SA11AI.13761	
City Friendswood	State TX	Zip Code 77549	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Purge Solutions Inc		Occupation COO		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)..... ▶	2750.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wilson, Welcome, W., Mr., Sr.

Mailing Address 5858 Westheimer Rd Ste 800

City Houston State TX Zip Code 77057

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

Name of Employer: GSL Industrial Occupation: Investor

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2016

Transaction ID : SA11AI.13777

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	10292.82

**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 12 OF 27	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

Mailing Address 4301 WILSON BOULEVARD

City ARLINGTON	State VA	Zip Code 22203
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FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer	Occupation
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 21 / 2016

Transaction ID : SA11C.13849

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AT&T FEDERAL PAC

Mailing Address 208 S. AKARD STREET
SUITE 2701

City DALLAS	State TX	Zip Code 75202
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FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer	Occupation
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2016

Transaction ID : SA11C.13772

Amount of Each Receipt this Period
3000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Beef PAC

Mailing Address 5501 I-40 W

City Amarillo	State TX	Zip Code 79106
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2016

Transaction ID : SA11C.13781

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	6500.00
TOTAL This Period (last page this line number only)..... ▶	

**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 13 OF 27	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Transaction ID : SA11C.13775

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ENGIE NORTH AMERICA INC. POLITICAL ACTION COMMITTEE (ENA PAC)

Mailing Address 1990 POST OAK BOULEVARD
SUITE 1900

City HOUSTON State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C** C00375568

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11C.13780

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HALLIBURTON COMPANY PAC

Mailing Address 801 17th St NW Ste 1050

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2016

Transaction ID : SA11C.13778

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	6000.00
TOTAL This Period (last page this line number only)..... ▶	

**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 14 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input 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)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 2121 CRYSTAL DRIVE
SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

Transaction ID : SA11C.13783

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF PLUMBING-HEATING-COOLING CONTRACTORS PAC AKA PHCC-PAC

Mailing Address 180 S WASHINGTON, SUITE 100

City FALLS CHURCH State VA Zip Code 22046

FEC ID number of contributing federal political committee. **C** C00157875

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2016

Transaction ID : SA11C.13782

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL PRO-LIFE ALLIANCE PAC

Mailing Address 5211 PORT ROYAL ROAD
SUITE 500

City SPRINGFIELD State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11C.13771

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

**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 15 OF 27	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Texas and Southwestern Cattle Raisers Association PAC

Mailing Address 1005 Congress, Suite 825

City Austin	State TX	Zip Code 78701
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00211524

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2016

Transaction ID : SA11C.13784

Amount of Each Receipt this Period
 _____ 1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TURKISH COALITION CALIFORNIA PAC (TC-CAL PAC)

Mailing Address 525 E. SEASIDE WAY, #101-C

City LONG BEACH	State CA	Zip Code 90802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00489898

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

Transaction ID : SA11C.13776

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 2500.00
TOTAL This Period (last page this line number only)..... ▶	_____ 17500.00

**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 16 OF 27	
	<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)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bradshaw Florist			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2016	
Mailing Address 405 Ninth Street North			FEC Identification Number C	
City Texas City	State TX	Zip Code 77590	Amount of Each Disbursement this Period 218.24	
Purpose of Disbursement flowers for Janet Powell's funeral			Transaction ID : SB17.13822	
Candidate Name			<input type="checkbox"/> Memo Item	
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) B. Capitol Commission			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address Po Box 63118			FEC Identification Number C	
City Charlotte	State NC	Zip Code 28263	Amount of Each Disbursement this Period 800.00	
Purpose of Disbursement Annual fundraiser 2016...rw			Transaction ID : SB17.13804	
Candidate Name			<input type="checkbox"/> Memo Item	
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. DeLullo & Associates			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2016	
Mailing Address 815 King St, Ste 308			FEC Identification Number C	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 2100.00	
Purpose of Disbursement Inv 1321 & additional commission for quarter #3...rw			Transaction ID : SB17.13817	
Candidate Name			<input type="checkbox"/> Memo Item	
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).....▶	3118.24
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 17 OF 27	
	<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)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fisherman's Wharf			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016	
Mailing Address 2200 Harborside Dr			FEC Identification Number C	
City Galveston	State TX	Zip Code 77550	Amount of Each Disbursement this Period 68.00	
Purpose of Disbursement Auction Item		Category/Type	Transaction ID : SB17.13816	
Candidate Name		Memo Item <input type="checkbox"/>		
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) B. Lilly & Company			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address 1005 Congress Avenue Suite 910			FEC Identification Number C	
City Austin	State TX	Zip Code 78701	Amount of Each Disbursement this Period 8422.68	
Purpose of Disbursement Inv 3073- 102016...rw		Category/Type	Transaction ID : SB17.13818	
Candidate Name		Memo Item <input type="checkbox"/>		
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. Peterson CPA Firm, P.C.			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2016	
Mailing Address 333 E. Parkwood Ave			FEC Identification Number C	
City Friendswood	State TX	Zip Code 77546	Amount of Each Disbursement this Period 1100.00	
Purpose of Disbursement Inv 22862 retainer for Nov - rw		Category/Type	Transaction ID : SB17.13830	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	9590.68
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 18 OF 27	
	<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)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Piryx Charge		Date of Disbursement
Mailing Address 144 2nd St, 1st Floor		M M / D D / Y Y Y Y 10 / 31 / 2016
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement CC charges for - John Hoss		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	2.13
State: District:		Transaction ID : SB17.13831
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Piryx Charge		Date of Disbursement
Mailing Address 144 2nd St, 1st Floor		M M / D D / Y Y Y Y 11 / 02 / 2016
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement CC charges for - Shannon Trochesset		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	21.25
State: District:		Transaction ID : SB17.13832
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Piryx Charge		Date of Disbursement
Mailing Address 144 2nd St, 1st Floor		M M / D D / Y Y Y Y 11 / 04 / 2016
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement CC charges for - Jack Horn		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	1.70
State: District:		Transaction ID : SB17.13833
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	25.08
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 19 OF 27	
	<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)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Piryx Charge		Date of Disbursement
Mailing Address 144 2nd St, 1st Floor		M M / D D / Y Y Y Y 11 / 04 / 2016
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement CC Charges for Patrick McGinnis		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 4.25
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) ▼	Transaction ID : SB17.13834
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Piryx Charge		Date of Disbursement
Mailing Address 144 2nd St, 1st Floor		M M / D D / Y Y Y Y 11 / 04 / 2016
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement CC charges for - Ron Hopping		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 10.63
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) ▼	Transaction ID : SB17.13835
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Piryx Charge		Date of Disbursement
Mailing Address 144 2nd St, 1st Floor		M M / D D / Y Y Y Y 11 / 08 / 2016
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement CC charges for - Robert Brown		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 1.06
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.13933
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15.94
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 20 OF 27	
	<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)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Salvation Army of Galveton Co			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2016	
Mailing Address 601 51st Street			FEC Identification Number C	
City Galveston	State TX	Zip Code 77551	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Anchor of Hope Special Gift Reception		Category/ Type	Transaction ID : SB17.13806	
Candidate Name		<input type="checkbox"/> Memo Item		
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) B. Texas State Society			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016	
Mailing Address PO Box 70155			FEC Identification Number C	
City Washington	State DC	Zip Code 20024	Amount of Each Disbursement this Period 550.00	
Purpose of Disbursement Black Tie and Boots		Category/ Type	Transaction ID : SB17.13807	
Candidate Name		<input type="checkbox"/> Memo Item		
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. The Examiner			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016	
Mailing Address 795 Willow St			FEC Identification Number C	
City Beaumont	State TX	Zip Code 77701	Amount of Each Disbursement this Period 540.00	
Purpose of Disbursement 1/2 page ad in newspaper, address change, too		Category/ Type	Transaction ID : SB17.13798	
Candidate Name		<input type="checkbox"/> Memo Item		
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).....▶	2090.00
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 21 OF 27	
	<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)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UPS Store Friendswood			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2016	
Mailing Address 133 N Friendswood Dr			FEC Identification Number C	
City Friendswood	State TX	Zip Code 77546	Amount of Each Disbursement this Period 264.00	
Purpose of Disbursement Postal Box annual renewal		Category/ Type	Transaction ID : SB17.13840	
Candidate Name		<input type="checkbox"/> Memo Item		
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) B. USHR Flag Sales			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016	
Mailing Address US Capitol Bld			FEC Identification Number C	
City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period 313.30	
Purpose of Disbursement flags		Category/ Type	Transaction ID : SB17.13824	
Candidate Name		<input type="checkbox"/> Memo Item		
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. Weaver, Courtney, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2016	
Mailing Address 5353 Columbia Pike apt 407			FEC Identification Number C	
City Arlington	State VA	Zip Code 22204	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Staff Salary for Courtney Weaver		Category/ Type	Transaction ID : SB17.13802	
Candidate Name		<input type="checkbox"/> Memo Item		
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).....▶	777.30
TOTAL This Period (last page this line number only).....▶	15617.24

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 22 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WEBER, RANDY, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2016
Mailing Address PO BOX 1327		FEC Identification Number C
City FRIENDSWOOD	State TX	
Purpose of Disbursement Repayment of Travel Expenses		Amount of Each Disbursement this Period 418.38
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.13846 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	
Purpose of Disbursement		Amount of Each Disbursement this Period
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) ▼	Memo Item <input type="checkbox"/>
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	
Purpose of Disbursement		Amount of Each Disbursement this Period
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) ▼	Memo Item <input type="checkbox"/>
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	418.38
TOTAL This Period (last page this line number only).....▶	418.38

**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 23 OF 27			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Webb, Jed, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2016
Mailing Address 518 Saffron St		FEC Identification Number C
City League City	State TX	
Purpose of Disbursement reimbursement of t-posts & zip ties, Mileage, sign Install		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB20A.13878
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Webb, Jed, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2016
Mailing Address 518 Saffron St		FEC Identification Number C
City League City	State TX	
Purpose of Disbursement reimbursement for t-posts & zip ties, Mileage, sign Install		Amount of Each Disbursement this Period 600.00
Candidate Name		Transaction ID : SB20A.13881
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Transaction ID : SB20A.13881
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	1600.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.4842**

LOAN SOURCE Full Name (Last, First, Middle Initial) WEBER, RANDY, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1327			
City FRIENDSWOOD	State TX	ZIP Code 77549	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 13500.00	Balance Outstanding at Close of This Period 86500.00
--------------------------------------	--	---

TERMS	Date Incurred M 12 / D 30 / Y 2011	Date Due M / D / Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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).....▶	86500.00
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) **WEBER FOR CONGRESS** Transaction ID : **SC/10.5921**

LOAN SOURCE Full Name (Last, First, Middle Initial) WEBER, RANDY, , , <input type="checkbox"/> Memo Item		Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
Mailing Address PO BOX 1327		
City FRIENDSWOOD	State TX	ZIP Code 77549
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	67500.00	32500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 25 / Y 2012	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).....▶	32500.00
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) **WEBER FOR CONGRESS** Transaction ID : **SC/10.7910**

LOAN SOURCE Full Name (Last, First, Middle Initial) WEBER, RANDY, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1327			
City FRIENDSWOOD	State TX	ZIP Code 77549	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred M 11 / D 03 / Y 2012	Date Due M M / D D / Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	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).....▶	25000.00
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) **WEBER FOR CONGRESS** Transaction ID : **SC/10.13796**

LOAN SOURCE Full Name (Last, First, Middle Initial) WEBER, RANDY, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1327			
City FRIENDSWOOD	State TX	ZIP Code 77549	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 418.38	Cumulative Payment To Date 418.38	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 10 / D 16 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	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).....▶	0.00
TOTALS This Period (last page in this line only).....▶	144000.00

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