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FEC FORM 3		ND DIS		ECEIPTS EMENTS		Of	fice Use Only
1. NAME OF COMMITTEE (in		TYPE OR PRIN	Τ ▼	Example: If typin over the lines.	g, type	12FE4M5	
			<u> </u>				
ADDRESS (number ar Check if dif than previor reported. (A	ferent usly	6213 CHARLC					
2. FEC IDENTIFIC	CATION NU	MBER 🔻	CITY /			STATE 🔺	ZIP CODE ▲
C C0051954	46		3. IS THIS REPOR	~	OR	AMENDED (A)	STATE ▼ DISTRICT
July 15 Octobe January	eports: 5 Quarterly Re Quarterly Re	eport (Q1) port (Q2) / Report (Q3) Report (YE)	Election	PRE-Election Repo	) 12C) Doort for the:	General (12G Special (12S) Y Y Y Y Runoff (30R)	
<ol> <li>Covering Period</li> <li>I certify that I have e</li> </ol>		01	Election	through	belief it is tr	y p p / y	State of 2020
Type or Print Name	of Treasurer Arnol	d Jr., Thomas, C,	nomas, C, ,	[Electronically		Date	D D / Y Y Y Y 10 / 2020
·	false, erroned	ous, or incomple	ete information n	nay subject the per	son signing t	this Report to the p	penalties of 52 U.S.C. §30109
Office Use Only							FEC FORM 3 (Revised 05/2016)

6.

7.

8.

9.

SUMMARY PAGE

of Receipts and Disbursements PAGE 2/8 FEC Form 3 (Revised 05/2016) Write or Type Committee Name LOU ANN FOR CONGRESS D Μ D D D ž020 01 2020 03 31 01 Report Covering the Period: From: To: COLUMN A COLUMN B This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 117791.03 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 2500.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 115291.03 (subtract Line 6(b) from Line 6(a)) ..... Net Operating Expenditures (a) Total Operating Expenditures 0.00 344850.36 (from Line 17) ..... (b) Total Offsets to Operating 1687.65 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 343162.71 (subtract Line 7(b) from Line 7(a)) ..... Cash on Hand at Close of 128.32 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 228000.00 Schedule C and/or Schedule D) .....

## For further information contact:

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

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

Γ	FEC Form 3 (Revised 05/2016)	TAILED SUMMARY PAGE of Receipts	PAGE 3/8
	rite or Type Committee Name		
l	OU ANN FOR CONGRESS		
R	eport Covering the Period: From: 01	/ D D / Y Y Y Y 01 2020 To	: 03 / D D / Y Y Y Y 03 31 2020
	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)	0.00	90869.30
		0.00	26921.73
	(ii) Unitemized (iii) TOTAL of contributions	7 7 7	
	from individuals	0.00	117791.03
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	0.00	0.00
	(e) TOTAL CONTRIBUTIONS		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	117791.03
12.	TRANSFERS FROM OTHER		
_	AUTHORIZED COMMITTEES	0.00	0.00
13.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	228000.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS	· · · · · · · · ·	
	(add Lines 13(a) and (b))	0.00	228000.00
14.	OFFSETS TO OPERATING EXPENDITURES		
	(Refunds, Rebates, etc.)	0.00	1687.65
15.	OTHER RECEIPTS		
	(Dividends, Interest, etc.)	0.00	0.00
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	347478.68

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of Disbursements FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 by the Candidate..... 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees (such as PACs)</li></ul>	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	2500.00
21. OTHER DISBURSEMENTS	0.00	y y 0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	347350.36

## **III. CASH SUMMARY**

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD			7	_	7	-	128.32
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	[		"	_	7	_	0.00
25.	SUBTOTAL (add Line 23 and Line 24)			,	_	7	-	128.32
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)			7	_	7	_	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	[		"	_	7	-	128.32

## **DETAILED SUMMARY PAGE**

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7				0.00
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				0.00
	100		 100	 

				PAGE 5 OF 8			
HEDULE C (FEC Form 3) ANS		for each o	Use separate schedule(s) for each category of the Detailed Summary Page				
ME OF COMMITTEE (In Full) OU ANN FOR CONGRESS			Transaction	n ID : SC/10.4130			
LOAN SOURCE Full Name (Last, First, Mi LOU ANN FOR CONGRESS	ddle Initial)			lection: 2012 X Primary General			
Mailing Address 6213 CHARLOTTE AVE SUITE 112				Other (specify)			
City NASHVILLE	State TN	ZIP Code 37209	[	X Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	ment To Date	Balance	e Outstanding at Close of This Peric			
15000.00		0.00		15000.00			
TERMS Date Incurred	Γ	ate Due	Interest Rate (If none, enter 0)	Secured:			
M05 <sup>M</sup> / D31 <sup>D</sup> / Y Ž01Ž Y	M M / D D	<sup>7</sup> <sup>Y</sup> 01/Ŏ1/2Ŏ20 <sup>Y</sup>	0.00	₩ (apr) Yes X No			
List All Endorsers or Guarantors (if any)	to Loan Source	Name of Em	plover				
1. Full Name (Last, First, Middle Initial)			pioyei				
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:		· · · · · · · · ·			
2. Full Name (Last, First, Middle Initial)		Name of Em	ployer				
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:		· · · · · · · ·			
3. Full Name (Last, First, Middle Initial)		Name of Em	ployer				
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:		· · · · · · · ·			
4. Full Name (Last, First, Middle Initial)		Name of Em	ployer				
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line onl			_	15000.00			

					PAGE 6 OF 8			
HEDULE C (FEC For ANS	rm 3)			Use separate schedule(s) for each category of the Detailed Summary Page				
ME OF COMMITTEE (In Full) OU ANN FOR CONGRI	ESS			Transa	ction ID : SC/10.4131			
LOAN SOURCE Full Name (L LOU ANN FOR CONG		dle Initial)		Memo Item	Election: 2012 X Primary General			
Mailing Address 6213 CHARLOTTE AVE SUITE 1	12				Other (specify)			
City NASHVILLE		State TN	ZIP Code 37209	3	Personal Funds of the Candidate			
Original Amount of Loan		Cumulative Pag	yment To D	ate Bal	ance Outstanding at Close of This Perio			
20	0000.00		,	0.00	200000.00			
TERMS Date Incurred		C	ate Due	Interest Rat (If none, ente				
M06 <sup>M</sup> / D29 <sup>D</sup> / Y Žu	)1Ž <sup>Y</sup>	M M / D D	<sup>7</sup> <sup>v</sup> 01/č	01/2020 <sup>×</sup> 0	.00 % (apr) Yes X No			
List All Endorsers or Guarant		b Loan Source		Name of Employer				
1. Full Name (Last, First, Mide	lie milial)							
Mailing Address				Occupation				
City	State	ZIP Code	(	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Midd	le Initial)		1	Name of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 y 1			
3. Full Name (Last, First, Midd	le Initial)	ŀ	1	Name of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	7			
4. Full Name (Last, First, Midd	le Initial)		1	Name of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 1 1			
JBTOTALS This Period This Pa					200000.00			

SCHEDULE C (FE	C Form 3)			Use separate schedule(s)       FOR LINE NUMBER:         for each category of the       check only one)         Detailed Summary Page       13					
NAME OF COMMITTEE (In LOU ANN FOR CO	,			Transact	tion ID : SC/10.4132				
LOAN SOURCE Full N	•	dle Initial)		Memo Item	Election: 2012 X Primary General				
Mailing Address 6213 CHARLOTTE AVE S	SUITE 112				Other (specify) V				
City NASHVILLE		State TN	ZIP Code 37209	)	Y Personal Funds of the Candidate				
Original Amount of Loa	an 8000.00	Cumulative Pa	yment To D	ate Balar 0.00	nce Outstanding at Close of This Period 8000.00				
TERMS   Date Inc     M08 <sup>M</sup> 01 <sup>D</sup>	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D D	Date Due	Interest Rate (If none, enter 01/2020 <sup>Y</sup> 0.0	0)				
List All Endorsers or C 1. Full Name (Last, Fir	· · · ·	D Loan Source		Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	y y				
2. Full Name (Last, Firs	st, Middle Initial)			Name of Employer					
Mailing Address				Occupation Amount					
City	State	ZIP Code		Guaranteed	g				
3. Full Name (Last, Firs	st, Middle Initial)		I	Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1				
4. Full Name (Last, Firs	st, Middle Initial)	1		Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	y y				
SUBTOTALS This Period					, 8000.00				
Carry outstanding balance	e only to LINE 3, Sch	edule D, for this	s line. If no	Schedule D, carry forw	vard to appropriate line of Summary.				

				<b>F</b>	PAGE 8 OF 8			
SCHEDULE C (FEC Form 3) LOANS				Use separate schedule(s) for each category of the Detailed Summary Page				
IAME OF COMMIT	TEE (In Full) R CONGRESS			Transac	tion ID : SC/10.4133			
	Full Name (Last, First, I FOR CONGRESS	Middle Initial)		🗌 Memo Item	Election: 2012 X Primary General			
Mailing Address 6213 CHARLOT	TE AVE SUITE 112				Other (specify) V			
City NASHVILLE		State TN	ZIP Code 37209	9	X Personal Funds of the Candidate			
Original Amou	nt of Loan 5000.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio			
	Date Incurred	M M / D D	Date Due	Interest Rate (If none, enter 01/2020 <sup>Y</sup> 0.	0) 00 <b>x</b> ( ) x <b>x</b> ( )			
	ers or Guarantors (if any Last, First, Middle Initial)	) to Loan Source		Name of Employer				
Mailing Add	ress			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	1 1 1 1 1 1 1 1 1 1 19. 1 1 19. 1 1 10. 1			
2. Full Name (L	ast, First, Middle Initial)	·		Name of Employer				
Mailing Addr	ess			Occupation Amount				
City	State	ZIP Code		Guaranteed	y			
3. Full Name (L	ast, First, Middle Initial)			Name of Employer				
Mailing Addr	ess			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y			
4. Full Name (L	ast, First, Middle Initial)			Name of Employer				
Mailing Addr	ess			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 9 1			
SUBTOTALS This	Period This Page (optiona	' al)	I	······	5000.00			
<b>FOTALS</b> This Period	od (last page in this line c	nly)		······ [	228000.00			
Carry outstanding	balance only to LINE 3, \$	Schedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.			