

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
2012 JAN 23 AM 11:43
FEDERAL CENTER

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

DEBBIE HARWELL FOR CONGRESS

PO BOX 7769

ADDRESS (number and street)

Check if different than previously reported. (ACC)

MYRTLE BEACH SC 29572

2. FEC IDENTIFICATION NUMBER ▼

C00506949

CITY ▲ STATE ▲ ZIP CODE ▲
STATE ▼ DISTRICT
3. IS THIS REPORT X NEW (N) OR AMENDED (A)
SC 107

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- X January 31 Year-End Report (YE)

X Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 10 01 2011 through 12 31 2011

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 CLARK B. PARKER

Signature of Treasurer *Clark B Parker* Date 01 13 2012

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							
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FEC FORM 3
(Revised 02/2003)

12030712667

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Report Covering the Period: From:

10 01 2011

To:

12 31 2011

**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))....

4,750.00

4,750.00

(b) Total Contribution Refunds
(from Line 20(d))

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

4,750.00

4,750.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

7,143.25

7,143.25

(b) Total Offsets to Operating
Expenditures (from Line 14)

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

7,143.25

7,143.25

8. Cash on Hand at Close of
Reporting Period (from Line 27)

0.00

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D)

2,393.25

For further information contact:

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

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

12030712668

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

10 01 2011

To:

12 31 2011

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).....

4,750.00

4,750.00

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

4,750.00

4,750.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

4,750.00

4,750.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

500.00

5,000.00

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

5,000.00

5,000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

9,750.00

9,750.00

12030712669

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

12030712670

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7,143.25	7,143.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2,606.75	2,606.75
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2,606.75	2,606.75
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) ►	9,750.00	9,750.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9,750.00
25. SUBTOTAL (add Line 23 and Line 24).....	9,750.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9,750.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

FEC FORM 3Z (File with Form 3)
CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)	Report Covering Period:	
	From:	To:
	10 ^M 01 2011	12 31 2011

Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A Debbie Harwell for Congress	4,750	0
B Column Total Last Page Only.....	4,750	0

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	4,750	0	5,000	0
B	0	0	4,750	0	5,000	0
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	5,000	0	0	9,750	7,143.25	0
B	5,000	0	0	9,750	7,143.25	0
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	2,606.75	0	2,606.75	0	0	0
B	2,606.75	0	2,606.75	0	0	0
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0	0	9,750	0	0	
B	0	0	9,750	0	0	
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	2,353.25	4,750	7,143.25			
B	2,393.25	4,750	7,143.25			

12030712671

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		OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input 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)
DEBBIE HARWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Edge, Robert Jr.		Date of Receipt 12/19/2011
Mailing Address 1426 S. Ocean Blvd.		Amount of Each Receipt this Period \$250.⁰⁰
City North Myrtle Beach SC	State Zip Code 29582	
FEC ID number of contributing federal political committee. C00506949		
Name of Employer HORRY COUNTY	Occupation CORONER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. BELLAMY, HOYT C + Geraldine B.		Date of Receipt 12/16/2011
Mailing Address 8169 WACOBE DRIVE		Amount of Each Receipt this Period \$500.⁰⁰
City MYRTLE BEACH SC	State Zip Code 29579-5230	
FEC ID number of contributing federal political committee. C00506949		
Name of Employer Accuchex	Occupation ACCOUNTANT	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. HARDEE, BENJY A.		Date of Receipt 12/20/2011
Mailing Address 55 PARK STREET EXT		Amount of Each Receipt this Period \$500.⁰⁰
City LITTLE RIVER SC	State Zip Code 29566	
FEC ID number of contributing federal political committee. C00506949		
Name of Employer A.O. HARDEE	Occupation CONTRACTOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	\$1,250.⁰⁰
TOTAL This Period (last page this line number only).....	

12030712672

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

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NAME OF COMMITTEE (In Full)
DEBBIE HARWELL FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. **RAAD, CATHY M. and PAUL H.**

Mailing Address
5139 LAKE SHORE DRIVE
City **COLUMBIA** State **SC** Zip Code **29206**

FEC ID number of contributing federal political committee.
C 00506949

Name of Employer **CECS ENGINEERS** Occupation **ENGINEER**
Receipt For:
 Primary General
 Other (specify)

Date of Receipt
M M D D Y Y
12 22 2011

Amount of Each Receipt this Period
\$ 2,500.⁰⁰ =

Full Name (Last, First, Middle Initial)
B. **MACINYRE PETER S.**

Mailing Address
3174 1st AVE SOUTH
City **MURRELLS INLET SC** State **SC** Zip Code **29576**

FEC ID number of contributing federal political committee.
CO

Name of Employer **RIPLEYS AQUARIUM** Occupation **MANAGER**
Receipt For:
 Primary General
 Other (specify)

Date of Receipt
M M D D Y Y
12 22 2011

Amount of Each Receipt this Period
\$ 500.⁰⁰ =

Full Name (Last, First, Middle Initial)
C. **PARKER, JOHN E.**

Mailing Address
PO BOX 457
City **HAMPTON** State **SC** Zip Code **29924**

FEC ID number of contributing federal political committee.
C

Name of Employer **Peters Mordough Parker** Occupation **ATTORNEY**
Receipt For:
 Primary General
 Other (specify)

Date of Receipt
M M D D Y Y
12 27 2011

Amount of Each Receipt this Period
\$ 500.⁰⁰ =

SUBTOTAL of Receipts This Page (optional)..... **\$ 3,500.⁰⁰ =**
TOTAL This Period (last page this line number only)..... **\$ 4,750.⁰⁰ =**

12030712673

**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 OF

<input 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)

DEBBIE HARWELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROPER, LARI GRAPHICS		Date of Disbursement M N D 12 21 2011
Mailing Address 735 MALLARD POND ROAD		Amount of Each Disbursement this Period \$550.⁰⁰ =
City MURRELLS INLET SC	State Zip Code 29576	
Purpose of Disbursement GRAPHIC DESIGN BROCHURE		Category/ Type
Candidate Name DEBBIE HARWELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 07		
Full Name (Last, First, Middle Initial)		

B. LUCKY DOG PRODUCTIONS		Date of Disbursement M N D 12 21 2011
Mailing Address 927 4th AVE,		Amount of Each Disbursement this Period \$2,000.⁰⁰ =
City CONWAY	State Zip Code SC 29526	
Purpose of Disbursement POLITICAL CONSULTANT		Category/ Type
Candidate Name DEBBIE HARWELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 07		
Full Name (Last, First, Middle Initial)		

C. PHS		Date of Disbursement M N D 12 22 2011
Mailing Address 1551 21st AVE. NORTH SUITE 15		Amount of Each Disbursement this Period \$ 2,000.⁰⁰ =
City MYRTLE BEACH SC	State Zip Code 29577	
Purpose of Disbursement ACCOUNTING SERVICE		Category/ Type
Candidate Name DEBBIE HARWELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 07		
Full Name (Last, First, Middle Initial)		

SUBTOTAL of Disbursements This Page (optional)..... \$ 4550.⁰⁰ =
TOTAL This Period (last page this line number only).....

12030712674

**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 OF

<input 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)

DEBBIE HARWELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

M A R C H
12 31 2011

A. **FOUNDERS CENTER I, LLC**

Mailing Address

2411 NORTH OAK STREET

City State Zip Code

MYRTLE BEACH SC 29577

Purpose of Disbursement

RENT (POLITICAL OFFICE)

Candidate Name

DEBBIE HARWELL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: **SC** District: **07**

Amount of Each Disbursement this Period

\$ 495.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

M A R C H
12 31 2011

B. **FOUNDERS CENTER I, LLC**

Mailing Address

2411 NORTH OAK STREET

City State Zip Code

MYRTLE BEACH SC 29577

Purpose of Disbursement

RENT (POLITICAL OFFICE)

Candidate Name

DEBBIE HARWELL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: **SC** District: **07**

Amount of Each Disbursement this Period

\$ 495.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

M A R C H
12 31 2011

C. **THE PRINTING PORT**

Mailing Address

150 APRIL GRAY LANE

City State Zip Code

MYRTLE BEACH SC 29577

Purpose of Disbursement

PRINTING BROCHURE

Candidate Name

Debbie Harwell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: **SC** District: **07**

Amount of Each Disbursement this Period

\$ 469.80

SUBTOTAL of Disbursements This Page (optional)..... **1,459.80**

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

12030712675

**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 OF

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

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NAME OF COMMITTEE (In Full)

DEBBIE HARWELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 31 2011

A. **VISA**

Mailing Address

PO BOX 15019

City

WILMINGTON

State

DE

Zip Code

19886-5019

Amount of Each Disbursement this Period

\$ 323.45 =

Purpose of Disbursement

Office Supply - ZINK, STAMPS - 500 (44)

Candidate Name

Debbie Harwell

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: SC

District: 07

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 31 2011

B. **PHS CPA**

Mailing Address

1551 21ST AVE N. SUITE 15

City

MYRTLE BEACH

State

SC

Zip Code

29577

Amount of Each Disbursement this Period

\$ 135.00 =

Purpose of Disbursement

REIMBURSEMENT SEC. OF STATE

Candidate Name

Debbie Harwell

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: SC

District: 07

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 31 2011

C. **RIDINGS, DONNA**

Mailing Address

744 DREAMLAND DRIVE

City

MURRELLS INLET

State

SC

Zip Code

29570

Amount of Each Disbursement this Period

\$ 75.00 =

Purpose of Disbursement

CLERICAL - excel WORK

Candidate Name

Debbie Harwell

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: SC

District:

SUBTOTAL of Disbursements This Page (optional)

\$ 533.45

TOTAL This Period (last page this line number only)

12030712676

**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 OF

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

DEBBIE HARWELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. **PHS CPA**

12 31 2011

Mailing Address

1551 21ST A. NORTH

City

State

Zip Code

MYRTLE BEACH SC 29577

Amount of Each Disbursement this Period

Purpose of Disbursement

ACCOUNTING SERVICE

Candidate Name

DEBBIE HARWELL

Category/
Type

\$500.⁰⁰ =

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: SC

District: 07

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. **KLINE, CHRISSEY**

12 31 2011

Mailing Address

City

State

Zip Code

MYRTLE BEACH SC 29577

Amount of Each Disbursement this Period

Purpose of Disbursement

COMPUTER WEBSITE WORK

Candidate Name

Debbie Harwell

Category/
Type

\$100.⁰⁰ =

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: SC

District: 07

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional)

\$600.⁰⁰ =

TOTAL This Period (last page this line number only)

\$7,143.25 =

12030712677

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
Debbie Howell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>Harwell, Deborah B.</i>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <i>PO Box 7769</i>	

City <i>Myrtle Beach</i>	State <i>SC</i>	ZIP Code <i>29572</i>
-----------------------------	--------------------	--------------------------

Original Amount of Loan <i>5,000.00</i>	Cumulative Payment To Date <i>2,606.75</i>	Balance Outstanding at Close of This Period <i>2,393.25</i>
--	---	--

TERMS	Date Incurred <i>12 07 2011</i>	Date Due <i>MM / DD / YYYY</i>	Interest Rate <i>% (apr)</i>	Secured: <input checked="" type="checkbox"/> Yes <input 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)..... ▶	<i>2,393.25</i>
TOTALS This Period (last page in this line only)..... ▶	<i>2,393.25</i>

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

12030712678

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
1/14/12

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JAL
 PREPARER

1/23/12
 DATE PREPARED

12030712679