

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
Womack for Congress Committee

ADDRESS (number and street) PO Box 508
 Check if different than previously reported. (ACC) Rogers AR 72757-0508

2. **FEC IDENTIFICATION NUMBER** C C00477745 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
AR 03

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 05 / 20 / 2014 in the State of AR
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 04 / 30 / 2014

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 Michael Eldredge
Signature of Treasurer Michael Eldredge *[Electronically Filed]* Date 05 / 07 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Womack for Congress Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 30 / 2014

	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))....	13000	532665.28
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13000	532665.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7777.4	228170.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7777.4	228170.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	699661.74	
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).....	0	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Womack for Congress Committee

Report Covering the Period: From: / / To: / /

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).....	2300	169100
(ii) Unitemized.....	200	32147
(iii) TOTAL of contributions from individuals ▶	2500	201247
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	10500	331418.28
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13000	532665.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	31.7	281.7
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13031.7	532946.98

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7777.4	228170.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	500	50000
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8277.4	278170.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	694907.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13031.7
25. SUBTOTAL (add Line 23 and Line 24).....	707939.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8277.4
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	699661.74

**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 5 OF 16
	<input checked="" 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)
Womack for Congress Committee

A. Full Name (Last, First, Middle Initial)
Beverly Clifford

Mailing Address 10 Nottingham Lane

City Rogers State AR Zip Code 72758-9528

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

Name of Employer home Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : A-CF5380

Amount of Each Receipt this Period
2000

B. Full Name (Last, First, Middle Initial)
Clarence Guinn

Mailing Address PO Box 489

City Rogers State AR Zip Code 72757-0489

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

Name of Employer Guinn & Associates Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **675**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 23 / 2014

Transaction ID : A-CF5379

Amount of Each Receipt this Period
300

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).....

2300.00

2300.00

**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 6 OF 16
	<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	

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NAME OF COMMITTEE (In Full)
Womack for Congress Committee

A. Aerojet & Gencorp Pac
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 13222
 City Sacramento State CA Zip Code 95813-3222
 FEC ID number of contributing federal political committee. **C** C00129122
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014
Transaction ID : A-CF5376
 Amount of Each Receipt this Period
 1000

B. American Medical Association
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Massachusetts Avenue NW Suite 600
 City Washington State DC Zip Code 20001-7400
 FEC ID number of contributing federal political committee. **C** C30001309
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 3000

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014
Transaction ID : A-CF5381
 Amount of Each Receipt this Period
 3000

C. Arkansas Medical Society Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Corporate Hill Drive
 City Little Rock State AR Zip Code 72205-4540
 FEC ID number of contributing federal political committee. **C** C00002907
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014
Transaction ID : A-CF5382
 Amount of Each Receipt this Period
 2000

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

6000.00

**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 16
	<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	

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NAME OF COMMITTEE (In Full)
Womack for Congress Committee

A. Full Name (Last, First, Middle Initial)
Lockheed Martin Corporation Employees' PAC

Mailing Address 2121 Crystal Drive
Suite 100

City State Zip Code
Arlington VA 22202-3706

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : A-CF5372

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
National Association of Realtors Political Action Committee

Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : A-CF5378

Amount of Each Receipt this Period
2000

C. Full Name (Last, First, Middle Initial)
National Retail Federation Retailpac

Mailing Address 325 7th Street NW
Suite 1100

City State Zip Code
Washington DC 20004-2825

FEC ID number of contributing federal political committee. **C** C00040329

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : A-CF5375

Amount of Each Receipt this Period
1000

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

**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 8 OF 16
	<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	

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NAME OF COMMITTEE (In Full)
Womack for Congress Committee

A. Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 Glenlake Parkway

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : A-CF5377

Amount of Each Receipt this Period
 500

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

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).....

500.00

10500.00

**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 9 OF 16	
	<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)
Womack for Congress Committee

Full Name (Last, First, Middle Initial) A. Security Bankcard Center		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address PO Box 6139		Amount of Each Disbursement this Period 3315.96
City Norman	State OK	
Zip Code 73070-6139	Purpose of Disbursement see subvendors	Transaction ID : B-E-5386
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) B. The Liaison Capitol Hill		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 415 New Jersey Avenue NW		Amount of Each Disbursement this Period 400
City Washington	State DC	
Zip Code 20001-2001	Purpose of Disbursement Fndraisr-room & refreshments	Transaction ID : B-S-749
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Security Bankcard Center(04/15/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Washington Nationals Baseball		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1500 S Capitol Street SE		Amount of Each Disbursement this Period 1500
City Washington	State DC	
Zip Code 20003-3599	Purpose of Disbursement Fndraisr-6/19/14	Transaction ID : B-S-750
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Security Bankcard Center(04/15/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3315.96
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 10 OF 16			
	<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)
Womack for Congress Committee

Full Name (Last, First, Middle Initial) A. Longworth HOB		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address		Amount of Each Disbursement this Period 8.75
City Washington	State DC	
Zip Code 20515-9992	Purpose of Disbursement postage	Transaction ID : B-S-754
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Security Bankcard Center(04/15/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Longworth HOB		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 49
City Washington	State DC	
Zip Code 20515-9992	Purpose of Disbursement postage	Transaction ID : B-S-758
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Security Bankcard Center(04/15/14)
State: District:		

Full Name (Last, First, Middle Initial) C. Medium Rare Barracks Row		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 515 8th Street SE		Amount of Each Disbursement this Period 444.73
City Washington	State DC	
Zip Code 20003-2835	Purpose of Disbursement Republican Women appreciation	Transaction ID : B-S-759
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Security Bankcard Center(04/15/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 11 OF 16	
	<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)
Womack for Congress Committee

Full Name (Last, First, Middle Initial) A. The Liaison Capitol Hill		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 415 New Jersey Avenue NW		Amount of Each Disbursement this Period 664
City Washington State DC Zip Code 20001-2001	Purpose of Disbursement Fndrais-room & refreshments	
Candidate Name	Category/Type	Transaction ID : B-S-760
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] Subitemization of Security Bankcard Center(04/15/14)

Full Name (Last, First, Middle Initial) B. Security Bankcard Center		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address PO Box 6139		Amount of Each Disbursement this Period 23.63
City Norman State OK Zip Code 73070-6139	Purpose of Disbursement see subvendors	
Candidate Name	Category/Type	Transaction ID : B-E-5387
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) c. The UPS Store		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 100 N Dixieland Road		Amount of Each Disbursement this Period 23.63
City Rogers State AR Zip Code 72756-1123	Purpose of Disbursement postage	
Candidate Name	Category/Type	Transaction ID : B-S-762
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] Subitemization of Security Bankcard Center(04/15/14)

SUBTOTAL of Disbursements This Page (optional).....	23.63
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 12 OF 16	
	<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)
Womack for Congress Committee

Full Name (Last, First, Middle Initial)
A. Security Bankcard Center

Mailing Address PO Box 6139

City Norman State OK Zip Code 73070-6139

Purpose of Disbursement see subvendors

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 15 / 2014

Amount of Each Disbursement this Period: 1105.7

Transaction ID : B-E-5388

Original vendors exceeding reporting threshold itemized as memo transactions.

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. Delta Air Lines

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement travl-congressmns spouse

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 394

Transaction ID : B-S-765

[MEMO ITEM]
Subitemization of Security Bankcard Center(04/15/14)

Category/Type:

Full Name (Last, First, Middle Initial)
c. United Airlines

Mailing Address 1 Aviation Circle

City Washington State DC Zip Code 20001-6000

Purpose of Disbursement travl-congressmns spouse

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 258.5

Transaction ID : B-S-766

[MEMO ITEM]
Subitemization of Security Bankcard Center(04/15/14)

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 1105.70

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 13 OF 16	
	<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)
Womack for Congress Committee

Full Name (Last, First, Middle Initial) A. Vaso's Kitchen		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1225 Powhatan Street		Amount of Each Disbursement this Period 269.35
City Alexandria	State VA	
Zip Code 22314-1305	Purpose of Disbursement campaign strategy mtg	Transaction ID : B-S-763
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Security Bankcard Center(04/15/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Soltel Networks, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO Box 813		Amount of Each Disbursement this Period 500
City Rogers	State AR	
Zip Code 72757-0813	Purpose of Disbursement digital media services	Transaction ID : B-E-5367
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 122.71
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement phone services	Transaction ID : B-E-5369
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	622.71
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 14 OF 16			
	<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)
Womack for Congress Committee

Full Name (Last, First, Middle Initial) A. Victory Campaigns, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO Box 1109		Amount of Each Disbursement this Period 949.5 Transaction ID : B-E-5370
City Rogers	State AR	
Zip Code 72757-1109	Purpose of Disbursement accounting, compliance & support	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Joyce Ackerman		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address PO Box 1544		Amount of Each Disbursement this Period 60.9 Transaction ID : B-E-5391
City Fayetteville	State AR	
Zip Code 72702-1544	Purpose of Disbursement see subvendor	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) c. Mary Mai		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 100 I Street SE Apt. 210		Amount of Each Disbursement this Period 1500 Transaction ID : B-E-5371
City Washington	State DC	
Zip Code 20003-4852	Purpose of Disbursement fundraising consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2510.40
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 15 OF 16	
	<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)
Womack for Congress Committee

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 1 Aviation Circle		Amount of Each Disbursement this Period 89
City Washington	State DC Zip Code 20001-6000	
Purpose of Disbursement travl-congressmns spouse		Transaction ID : B-S-768
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Stephen Womack(04/28/14)
State: District:		

Full Name (Last, First, Middle Initial) B.		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		
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.		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		
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).....	0.00
TOTAL This Period (last page this line number only).....	7578.40

**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 16	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Womack for Congress Committee

Full Name (Last, First, Middle Initial) A. Republican Party of Crawford County		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address Attn: Mark Shaffer 2904 Linda Lane		Amount of Each Disbursement this Period 500 Transaction ID : B-E-5390
City Van Buren	State AR	
Zip Code 72956	Purpose of Disbursement county party fundraising event	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B.		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	Category/ Type
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)	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	Category/ Type
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00