

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) PO Box 1327
 Check if different than previously reported. (ACC) Friendswood TX 77549

2. **FEC IDENTIFICATION NUMBER** C C00502229 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE 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 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 M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
01 / 01 / 2015 through 03 / 31 / 2015

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 Robert Nolen
Signature of Treasurer Robert Nolen *[Electronically Filed]* Date M M / D D / Y Y Y Y
04 / 15 / 2015

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
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))....	73420.00	89320.00
(b) Total Contribution Refunds (from Line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	72920.00	88820.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28578.60	57174.84
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28578.60	57174.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	250052.66	
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).....	176500.00	

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

WEBER FOR CONGRESS

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).....	66500.00	80400.00
(ii) Unitemized	3420.00	3420.00
(iii) TOTAL of contributions from individuals	69920.00	83820.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	5500.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	73420.00	89320.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	28.39	28.39
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	73448.39	89348.39

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28578.60	57174.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	50000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	500.00
21. OTHER DISBURSEMENTS	4214.00	54374.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	33292.60	162048.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	209896.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	73448.39
25. SUBTOTAL (add Line 23 and Line 24).....	283345.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33292.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	250052.66

**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 51
	<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)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gokhan Akaydin

Mailing Address 98 Walnut St

City Forest Hills State NY Zip Code 11375

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

Name of Employer TOWER ISLES F.F Occupation Computer Programmer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015

Transaction ID : SA11AI.11553

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul Beard

Mailing Address PO Box 1564

City Port Arthur State TX Zip Code 77641

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

Name of Employer Sabine Universal Products Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.11554

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. George F. Black

Mailing Address 63 Lebrun Ct

City Galveston State TX Zip Code 77551

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

Name of Employer RSA Occupation President/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015

Transaction ID : SA11AI.11555

Amount of Each Receipt this Period
 500.00

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

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

2250.00

**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 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Kathleen Bracken

Mailing Address 13330 Settegast Rd

City	State	Zip Code
Galveston	TX	77554

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

Name of Employer	Occupation
housewife	housewife

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
 02 / 10 / 2015

Transaction ID : SA11AI.11557

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Franklin W. Carnes III

Mailing Address 2 Lakeview Dr

City	State	Zip Code
Galveston	TX	77551

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

Name of Employer	Occupation
Carnes Brothers Funeral Homes	Funeral Director

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
 03 / 03 / 2015

Transaction ID : SA11AI.11559

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas Tolbert Chisum

Mailing Address 1650 Covington Ct

City	State	Zip Code
Beaumont	TX	77706

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

Name of Employer	Occupation
The Modern Group	Trustee

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
 03 / 04 / 2015

Transaction ID : SA11AI.11560

Amount of Each Receipt this Period
 _____ 250.00

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

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

_____ 1000.00

**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 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Bilal Ciftci

Mailing Address 24 Lafayette Cir

City State Zip Code
Totowa NJ 07512

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

Name of Employer Occupation
Geller Computer Engineer

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
02 / 09 / 2015

Transaction ID : SA11AI.11562

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Mitchell M. Dale

Mailing Address PO Box 577

City State Zip Code
Dickinson TX 77539

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

Name of Employer Occupation
McRee Ford President

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
03 / 11 / 2015

Transaction ID : SA11AI.11563

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Ozgur Dogru

Mailing Address 22 Rutherford Pl

City State Zip Code
North Arlington NJ 07031

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

Name of Employer Occupation
Bergen County Technical Schools Teacher

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
02 / 09 / 2015

Transaction ID : SA11AI.11565

Amount of Each Receipt this Period
2500.00

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

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

5000.00

**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 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. William D. Dorsett Sr.

Mailing Address 1103 Oakland Dr

City	State	Zip Code
Friendswood	TX	77546

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		28		2015

Transaction ID : SA11AI.11567

Amount of Each Receipt this Period

1000.00

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

Mailing Address 1526 19th Ave N

City	State	Zip Code
Texas City	TX	77590

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

Name of Employer	Occupation
Texas First Bank	Banker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		06		2015

Transaction ID : SA11AI.11568

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Alan Edge

Mailing Address 13502 CR 282

City	State	Zip Code
Alvin	TX	77511

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

Name of Employer	Occupation
Boiling ISD	Band Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2015

Transaction ID : SA11AI.11569

Amount of Each Receipt this Period

250.00

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

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

1750.00

**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 9 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hayrullah Erdogan

Mailing Address 2222 E 18th St

City State Zip Code
Brooklyn NY 11229

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

Name of Employer Occupation
ABA Restaurant Manager

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
 02 / 06 / 2015

Transaction ID : SA11AI.11571

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Sandra Fertitta

Mailing Address 6760 Lexington Dr

City State Zip Code
Beaumont TX 77706

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

Name of Employer Occupation
Texas Coffee Company Owner

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
 03 / 16 / 2015

Transaction ID : SA11AI.11572

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Holly Frost

Mailing Address 602 Pinehaven Dr

City State Zip Code
Houston TX 77024

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

Name of Employer Occupation
Memory Systems Retired CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015

Transaction ID : SA11AI.11574

Amount of Each Receipt this Period
2600.00

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

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

3850.00

**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 10 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John Travis Garrett Jr.

Mailing Address PO Box 603

City Danbury State TX Zip Code 77534

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

Name of Employer Eagle Lake Rice Dryer Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2015

Transaction ID : SA11AI.11576

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. John Brooks Goodhue II

Mailing Address 830 20th St

City Beaumont State TX Zip Code 77706

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

Name of Employer Southern Avionics Co. Occupation business owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : SA11AI.11578

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
Mr. John Goodhue III

Mailing Address 830 20th St

City Beaumont State TX Zip Code 77706

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

Name of Employer Southern Avionics Occupation Fabricator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : SA11AI.11580

Amount of Each Receipt this Period
 2700.00

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

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

5650.00

**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 11 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Edgar C. Griffin

Mailing Address 9015 Jamaica Bch

City Galveston State TX Zip Code 77554

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

Name of Employer: Investments/retired Occupation: retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 20 / 2015

Transaction ID : SA11AI.11582

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Kathleen Guindon

Mailing Address 107 Barracuda Ave

City Galveston State TX Zip Code 77550

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

Name of Employer: Self Occupation: Self - Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 02 / 24 / 2015

Transaction ID : SA11AI.11583

Amount of Each Receipt this Period: 2700.00

C. Full Name (Last, First, Middle Initial)
Mr. Keith Guindon

Mailing Address 1902 Wharf Rd

City Galveston State TX Zip Code 77550

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

Name of Employer: Katies Seafood Market Occupation: Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 02 / 24 / 2015

Transaction ID : SA11AI.11584

Amount of Each Receipt this Period: 2700.00

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

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

5900.00

**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 12 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Chris J. Gutierrez

Mailing Address 314 Bora Bora Dr

City State Zip Code
Tiki Island TX 77554

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

Name of Employer Occupation
Texas City Harbor Pilot

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
03 / 04 / 2015

Transaction ID : SA11AI.11585

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Johnny Halili

Mailing Address PO Box 8448

City State Zip Code
Bacliff TX 77518

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

Name of Employer Occupation
Prestige Oyster Inc Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.11587

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Ms. Lisa Halili

Mailing Address PO Box 8448

City State Zip Code
Bacliff TX 77518

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

Name of Employer Occupation
Johnny's Oyster and Shrimp Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.11588

Amount of Each Receipt this Period
2700.00

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

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

5650.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 51

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Kathleen M. Hansen

Mailing Address 1909 Sandy Lake Dr

City Friendswood State TX Zip Code 77546

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

Name of Employer Your Family Doctor Occupation physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : SA11AI.11590

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. James Hornbeck

Mailing Address PO Box 885

City Port Bolivar State TX Zip Code 77650

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : SA11AI.11591

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Cesari Iman

Mailing Address 2 Edward Ave

City Hicksville State NY Zip Code 11801

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

Name of Employer Nassau County Occupation Program Coordinator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : SA11AI.11593

Amount of Each Receipt this Period
 2500.00

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

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

3250.00

**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 14 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bahadir Karakas

Mailing Address 5839 229th St

City State Zip Code
Bayside NY 11364

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

Name of Employer Occupation
Business Owner CEO

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
 02 / 06 / 2015

Transaction ID : SA11AI.11595

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Selahattin Karakus

Mailing Address 1725 Emmons Ave

City State Zip Code
Brooklyn NY 11235

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

Name of Employer Occupation
Self Owner

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
 02 / 06 / 2015

Transaction ID : SA11AI.11597

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Cary Katz

Mailing Address 1 Hughes Center Dr Unit 1904

City State Zip Code
Las Vegas NV 89169

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

Name of Employer Occupation
College Loan Corporation Board Member

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : SA11AI.11599

Amount of Each Receipt this Period
2600.00

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

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

7600.00

**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 15 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Cary Katz

Mailing Address 1 Hughes Center Dr Unit 1904

City Las Vegas	State NV	Zip Code 89169
-------------------	-------------	-------------------

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

Name of Employer College Loan Corporation	Occupation Board Member
--	----------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : SA11AI.11600

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Ms. Lora Jean Kilroy

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : SA11AI.11601

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Galip Kiyakli

Mailing Address 50 Van Riper Ave

City Elmwood Park	State NJ	Zip Code 07407
----------------------	-------------	-------------------

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

Name of Employer Nema Food Distribution INC	Occupation Operations 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
 02 / 06 / 2015

Transaction ID : SA11AI.11603

Amount of Each Receipt this Period
1500.00

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

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

4350.00

**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 16 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Galip Kiyakli

Mailing Address 50 Van Riper Ave

City Elmwood Park State NJ Zip Code 07407

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

Name of Employer Nema Food Distribution INC Occupation Operations Manager

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
 02 / 09 / 2015

Transaction ID : SA11AI.11604

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph J. Larriviere Jr.

Mailing Address 4410 W 12Th St

City Houston State TX Zip Code 77055

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

Name of Employer LFFCO Occupation Restarantuar

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
 03 / 06 / 2015

Transaction ID : SA11AI.11606

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Wayne Margolis

Mailing Address 132 Grand Chase Dr

City Nederland State TX Zip Code 77627

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

Name of Employer Wayne S. Margolis MD, PA Occupation MD

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
 03 / 23 / 2015

Transaction ID : SA11AI.11607

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 17 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. W.J. McFarland

Mailing Address 13039 John Reynolds Rd

City Galveston State TX Zip Code 77554

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 **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : SA11AI.11608

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles C Medlin

Mailing Address 2404 S Grand Blvd

City Pearland State TX Zip Code 77581

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : SA11AI.11609

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jerry A. Mohn

Mailing Address 4210 Silver Reef - PBW, No.1

City Galveston State TX Zip Code 77554

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.11610

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 18 OF 51
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jerry A. Mohn

Mailing Address 4210 Silver Reef - PBW, No.1

City Galveston State TX Zip Code 77554

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11AI.11611

Amount of Each Receipt this Period
 2700.00

Redesignation of \$1000 to be requested

B. Full Name (Last, First, Middle Initial)
Mr. John H. Moon Sr.

Mailing Address PO Box 3487

City Pasadena State TX Zip Code 77501

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

Name of Employer Moon Credit Corp Occupation Executive Financial

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015

Transaction ID : SA11AI.11612

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Ted Moor III

Mailing Address 1245 Nottingham Ln

City Beaumont State TX Zip Code 77706

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

Name of Employer Talon Insurance Agency Occupation Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11AI.11613

Amount of Each Receipt this Period
 500.00

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

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

3700.00

**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 19 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Sina Nejad

Mailing Address 1990 W Lucas Dr

City State Zip Code
Beaumont TX 77706

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

Name of Employer Occupation
Sigma Engineers, Inc. Founder and President

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
 03 / 11 / 2015

Transaction ID : SA11AI.11614

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Mr. James Otun

Mailing Address 12 Seely St

City State Zip Code
Fairfield NJ 07004

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

Name of Employer Occupation
Excellent Limo & Livery INC Owner

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
 02 / 06 / 2015

Transaction ID : SA11AI.11616

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Donald Pollock

Mailing Address 3718 18th St N

City State Zip Code
Texas City TX 77590

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.11617

Amount of Each Receipt this Period
200.00

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

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

3200.00

**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 20 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Randall Reese

Mailing Address 29 Bellchase Gardens Dr

City Beaumont	State TX	Zip Code 77706
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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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11AI.11618

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
The Medicine Shoppe

Mailing Address 2301 E Mulberry St

City Angleton	State TX	Zip Code 77515
------------------	-------------	-------------------

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

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

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
 03 / 06 / 2015

Transaction ID : SA11AI.11620

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenny Verner

Mailing Address 340 N Dixie Dr

City Lake Jackson	State TX	Zip Code 77566
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FEC ID number of contributing federal political committee. **C**

Name of Employer Whamum LLC	Occupation Director
--------------------------------	------------------------

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
 02 / 09 / 2015

Transaction ID : SA11AI.11621

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 21 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms. Kathaleen Wall

Mailing Address 602 Pinehaven Dr

City State Zip Code
Houston TX 77024

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

Name of Employer Self Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015

Transaction ID : SA11AI.11622

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Mr. Alan Waters

Mailing Address 1 S Pintail St

City State Zip Code
La Marque TX 77568

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

Name of Employer Houston Modular Svcs Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11AI.11623

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Norman E. Weber

Mailing Address 3302 Hampshire St

City State Zip Code
Pearland TX 77581

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.11625

Amount of Each Receipt this Period
 2000.00

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

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

5100.00

**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 22 OF 51
	<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	

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. David Woodward

Mailing Address 3610 W Lake Houston Pkwy

City State Zip Code
Kingwood TX 77339

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

Name of Employer Occupation
Kingwood Bible Church Pastor

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
 01 / 12 / 2015

Transaction ID : SA11AI.11626

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Nevzat Yilmaz

Mailing Address 10 Melanie Ln

City State Zip Code
Wayne NJ 07470

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

Name of Employer Occupation
Atlantic Accounting CPA Services LLC CPA, Managing Partner

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
 02 / 09 / 2015

Transaction ID : SA11AI.11628

Amount of Each Receipt this Period
2500.00

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).....

3000.00

66500.00

**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 23 OF 51
	<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)
WEBER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Conservative Citizens Club PAC

Mailing Address PO Box 3487

City Pasadena State TX Zip Code 77501

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015

Transaction ID : SA11C.11705

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Political Action Committee of the AAOS

Mailing Address 317 Massachusetts Ave NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00110205

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11C.11706

Amount of Each Receipt this Period
 2500.00

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).....

3500.00

3500.00

**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 24 OF 51			
	<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. Bearnise			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015		
Mailing Address 315 Pennsylvania Ave			Amount of Each Disbursement this Period 210.00		
City SE Washington	State DC	Zip Code 20002	Transaction ID : SB17.11708		
Purpose of Disbursement Food and beverage - Staffer going away party		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) B. Bearnise			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015		
Mailing Address 315 Pennsylvania Ave			Amount of Each Disbursement this Period 78.00		
City SE Washington	State DC	Zip Code 20002	Transaction ID : SB17.11863		
Purpose of Disbursement Food and beverage - Staff going away event		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. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015		
Mailing Address 300 First St., SE			Amount of Each Disbursement this Period 470.20		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.11715		
Purpose of Disbursement Fundraising expense		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).....	758.20
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 25 OF 51	
	<input checked="" 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)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address 300 First St., SE			Amount of Each Disbursement this Period 180.00 Transaction ID : SB17.11716
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Fundraising expense		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club			Date of Disbursement MM / DD / YYYY 03 / 16 / 2015
Mailing Address 300 First St., SE			Amount of Each Disbursement this Period 16.12 Transaction ID : SB17.11717
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Fundraising expense		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Harris Teeter			Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 1350 Potomac Ave SE			Amount of Each Disbursement this Period 44.80 Transaction ID : SB17.11858
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food expense during policy breakfast		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	240.92
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 26 OF 51	
	<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. Harris Teeter		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 1350 Potomac Ave SE		Amount of Each Disbursement this Period 19.83 Transaction ID : SB17.11859
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Refreshments for office		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) B. Johnny's Half Shell		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 400 North Capitol St NW		Amount of Each Disbursement this Period 179.00 Transaction ID : SB17.11758
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Food and beverage expense - staff meeting		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. Lilly & Company		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2015
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 4622.88 Transaction ID : SB17.11759
City Austin	State TX Zip Code 78701	
Purpose of Disbursement Fundraising consulting-12/15/15-1/15/15		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).....	4821.71
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 27 OF 51	
	<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. Lilly & Company		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 7323.28 Transaction ID : SB17.11760
City Austin State TX Zip Code 78701	Purpose of Disbursement Fundraising consulting-2/15/15-3/15/15	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lilly & Company		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 7199.97 Transaction ID : SB17.11761
City Austin State TX Zip Code 78701	Purpose of Disbursement Fundraising consulting-1/15/15-2/15/15	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mail Chimp		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 63.75 Transaction ID : SB17.11763
City Atlanta State GA Zip Code 30318	Purpose of Disbursement Campaign Mailings	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14587.00
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 28 OF 51	
	<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. Mail Chimp		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 63.75
City Atlanta	State GA Zip Code 30318	
Purpose of Disbursement Campaign Mailings	Candidate Name	Transaction ID : SB17.11764
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Millan & Co, PC		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 823 Congress Ave, Ste 707 Suite 1330		Amount of Each Disbursement this Period 266.00
City Austin	State TX Zip Code 78701	
Purpose of Disbursement accounting expense - reviewing reconciliation	Candidate Name	Transaction ID : SB17.11765
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Najvar Law Firm		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 4151 Southwest Freeway Suite 625		Amount of Each Disbursement this Period 2400.00
City Houston	State TX Zip Code 77027	
Purpose of Disbursement Legal and compliance-Jan.	Candidate Name	Transaction ID : SB17.11766
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2729.75
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 29 OF 51			
	<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. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 221.00	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11778	
Purpose of Disbursement online processing fee		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) B. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 0.85	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11779	
Purpose of Disbursement online processing fee		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. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 42.50	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11780	
Purpose of Disbursement online processing fee		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).....	264.35
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 30 OF 51			
	<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. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 42.50 Transaction ID : SB17.11781
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 106.25 Transaction ID : SB17.11782
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 106.25 Transaction ID : SB17.11783
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	255.00
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 31 OF 51	
	<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. RALLY/PIRYX		Date of Disbursement MM / DD / YYYY 02 / 06 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 63.75 Transaction ID : SB17.11784
City San Fran	State CA	
Zip Code 94105	Purpose of Disbursement online processing fee	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) B. RALLY/PIRYX		Date of Disbursement MM / DD / YYYY 02 / 06 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.11785
City San Fran	State CA	
Zip Code 94105	Purpose of Disbursement online processing fee	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. RALLY/PIRYX		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 21.25 Transaction ID : SB17.11786
City San Fran	State CA	
Zip Code 94105	Purpose of Disbursement online processing fee	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).....	170.00
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 32 OF 51	
	<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. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 106.25 Transaction ID : SB17.11787
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 106.25 Transaction ID : SB17.11788
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 106.25 Transaction ID : SB17.11789
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	318.75
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 33 OF 51	
	<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. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 63.75 Transaction ID : SB17.11790
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 114.75 Transaction ID : SB17.11791
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 114.75 Transaction ID : SB17.11792
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	293.25
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 34 OF 51	
	<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. RALLY/PIRYX		Date of Disbursement MM / DD / YYYY 02 / 21 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 21.25 Transaction ID : SB17.11793
City San Fran	State CA	
Zip Code 94105	Purpose of Disbursement online processing fee	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) B. RALLY/PIRYX		Date of Disbursement MM / DD / YYYY 02 / 22 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 3.19 Transaction ID : SB17.11794
City San Fran	State CA	
Zip Code 94105	Purpose of Disbursement online processing fee	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. RALLY/PIRYX		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 229.50 Transaction ID : SB17.11795
City San Fran	State CA	
Zip Code 94105	Purpose of Disbursement online processing fee	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).....	253.94
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 35 OF 51			
	<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. RALLY/PIRYX		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 229.50 Transaction ID : SB17.11796
City San Fran	State CA Zip Code 94105	
Purpose of Disbursement online processing fee	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RALLY/PIRYX		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 2.13 Transaction ID : SB17.11797
City San Fran	State CA Zip Code 94105	
Purpose of Disbursement online processing fee	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RALLY/PIRYX		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 4.25 Transaction ID : SB17.11798
City San Fran	State CA Zip Code 94105	
Purpose of Disbursement online processing fee	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	235.88
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 36 OF 51			
	<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. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 42.50	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11799	
Purpose of Disbursement online processing fee		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) B. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 4.25	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11800	
Purpose of Disbursement online processing fee		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) C. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 2.13	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11801	
Purpose of Disbursement online processing fee		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	48.88
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 37 OF 51			
	<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. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 21.25 Transaction ID : SB17.11802
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 1.49 Transaction ID : SB17.11803
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 10.63 Transaction ID : SB17.11804
City San Fran State CA Zip Code 94105	Purpose of Disbursement online processing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	33.37
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 38 OF 51			
	<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. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 21.25	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11805	
Purpose of Disbursement online processing fee		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) B. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 21.25	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11806	
Purpose of Disbursement online processing fee		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. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 10.63	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11807	
Purpose of Disbursement online processing fee		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).....	53.13
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 39 OF 51			
	<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. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015		
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 10.63		
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11808		
Purpose of Disbursement online processing fee		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) B. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015		
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 114.75		
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11809		
Purpose of Disbursement online processing fee		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. RALLY/PIRYX			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015		
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 4.25		
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.11810		
Purpose of Disbursement online processing fee		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).....	129.63
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 40 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RALLY/PIRYX		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 8.50 Transaction ID : SB17.11811
City San Fran	State CA Zip Code 94105	
Purpose of Disbursement online processing fee	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Storage Choice		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 137.00 Transaction ID : SB17.11819
City League City	State TX Zip Code 77573	
Purpose of Disbursement campaign storage unit	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Storage Choice		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2015
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 151.00 Transaction ID : SB17.11820
City League City	State TX Zip Code 77573	
Purpose of Disbursement campaign storage unit	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	296.50
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 41 OF 51			
	<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)		Date of Disbursement																																						
A. Storage Choice		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>15</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		15		2015																											
M M	/	D D	/	Y Y Y Y																																				
03		15		2015																																				
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period																																						
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>League City</td> <td>TX</td> <td>77573</td> </tr> </table>		City	State	Zip Code	League City	TX	77573	<table border="1"> <tr> <td>4</td><td>3</td><td>2</td><td>1</td><td>0</td><td>.</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td> </tr> <tr> <td colspan="15" style="text-align: right;">151.00</td> </tr> </table>		4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0	151.00														
City	State	Zip Code																																						
League City	TX	77573																																						
4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0																									
151.00																																								
Purpose of Disbursement campaign storage unit		Transaction ID : SB17.11821																																						
Candidate Name		Category/Type																																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)																																						
State: District:																																								

Full Name (Last, First, Middle Initial)		Date of Disbursement																																						
B. US House of Representatives		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>26</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		26		2015																											
M M	/	D D	/	Y Y Y Y																																				
02		26		2015																																				
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period																																						
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20515</td> </tr> </table>		City	State	Zip Code	Washington	DC	20515	<table border="1"> <tr> <td>4</td><td>3</td><td>2</td><td>1</td><td>0</td><td>.</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td> </tr> <tr> <td colspan="15" style="text-align: right;">243.35</td> </tr> </table>		4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0	243.35														
City	State	Zip Code																																						
Washington	DC	20515																																						
4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0																									
243.35																																								
Purpose of Disbursement Purchased flags to donate as auction items		Transaction ID : SB17.11834																																						
Candidate Name		Category/Type																																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)																																						
State: District:																																								

Full Name (Last, First, Middle Initial)		Date of Disbursement																																						
C. US House of Representatives		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		10		2015																											
M M	/	D D	/	Y Y Y Y																																				
03		10		2015																																				
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period																																						
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20515</td> </tr> </table>		City	State	Zip Code	Washington	DC	20515	<table border="1"> <tr> <td>4</td><td>3</td><td>2</td><td>1</td><td>0</td><td>.</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td> </tr> <tr> <td colspan="15" style="text-align: right;">24.00</td> </tr> </table>		4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0	24.00														
City	State	Zip Code																																						
Washington	DC	20515																																						
4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0																									
24.00																																								
Purpose of Disbursement Purchased flags to donate as auction items		Transaction ID : SB17.11835																																						
Candidate Name		Category/Type																																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)																																						
State: District:																																								

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>4</td><td>3</td><td>2</td><td>1</td><td>0</td><td>.</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td> </tr> <tr> <td colspan="15" style="text-align: right;">418.35</td> </tr> </table>	4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0	418.35														
4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0																	
418.35																																
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>4</td><td>3</td><td>2</td><td>1</td><td>0</td><td>.</td><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>0</td> </tr> </table>	4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0															
4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0																	

**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 42 OF 51	
	<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. US House of Representatives		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 33.00 Transaction ID : SB17.11836
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Purchased flags to donate as auction items		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) B. US House of Representatives		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 58.40 Transaction ID : SB17.11837
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Purchased flags to donate as auction items		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. Courtney Weaver		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.11844
City Arlington	State VA Zip Code 22204	
Purpose of Disbursement campaign contract labor		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).....	291.40
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 43 OF 51	
	<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. Courtney Weaver		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.11848
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement campaign contract labor	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) B. Courtney Weaver		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.11851
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement campaign contract labor	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. Brooke Weddle		Date of Disbursement MM / DD / YYYY 02 / 20 / 2015
Mailing Address 1818 Oak Lake Cir		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.11846
City Pearland	State TX	
Zip Code 77581	Purpose of Disbursement campaign contract labor- Jan.	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).....	800.00
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 44 OF 51			
	<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. Brooke Weddle			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.11847		
Purpose of Disbursement campaign contract labor- Feb.		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) 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).....	400.00
TOTAL This Period (last page this line number only).....	27400.01

**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 45 OF 51	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nyla Holdings Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2015	
Mailing Address 3001 Highway 73 West			Amount of Each Disbursement this Period 500.00	
City Port Arthur	State TX	Zip Code 77640	Transaction ID : SB20A.11768	
Purpose of Disbursement Contribution refund		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) 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

**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 46 OF 51			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Brazoria County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 303 Jasmine		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.11711
City Lake Jackson	State TX	
Zip Code 77566	Purpose of Disbursement Sponsorship for the Lincoln-Reagan Dinner	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) B. Brazoria County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2015
Mailing Address 303 Jasmine		Amount of Each Disbursement this Period 425.00 Transaction ID : SB21.11712
City Lake Jackson	State TX	
Zip Code 77566	Purpose of Disbursement Lincoln Day event	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. Children in Motion INC		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2015
Mailing Address 5475 Landry Lane		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.11722
City Beaumont	State TX	
Zip Code 77708	Purpose of Disbursement contribution to the Save Our Children event	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).....	1425.00
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 47 OF 51			
	<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)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Galveston Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 2228 Avenue C, Suite 101 Suite 101		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.11733
City Galveston State TX Zip Code 77550	Purpose of Disbursement Job Fair Sponsorship	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Galveston County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address PO Box 135		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.11734
City League City State TX Zip Code 77574	Purpose of Disbursement Lincoln Day Dinner Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Greater Beaumont Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address P.O. Box 3150		Amount of Each Disbursement this Period 325.00 Transaction ID : SB21.11742
City Beaumont State TX Zip Code 77704	Purpose of Disbursement annual fees and dues	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1325.00
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 48 OF 51	
	<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)
WEBER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Texas State Rifle Association			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2015	
Mailing Address 8411 N. IH-35			Amount of Each Disbursement this Period 400.00	
City Austin	State TX	Zip Code 78753	Transaction ID : SB21.11828	
Purpose of Disbursement membership renewal		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) 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).....	400.00
TOTAL This Period (last page this line number only).....	3150.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4842

WEBER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

RANDY WEBER

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 1327

City State ZIP Code
FRIENDSWOOD TX 77549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 11000.00 89000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 30 D /

Y 2011 Y

M M /

D D /

Y None Y

0.00 % (apr)

Yes 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)..... ▶ 89000.00
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) RANDY WEBER	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff _____
Mailing Address PO BOX 1327		

City	State	ZIP Code
FRIENDSWOOD	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	37500.00	62500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 25 / Y 2012	M M / D 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).....	62500.00
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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7910**
WEBER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) RANDY WEBER	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1327		

City	State	ZIP Code
FRIENDSWOOD	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 03 / Y 2012 Y Y	M M / D D / Y None Y Y	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).....	25000.00
TOTALS This Period (last page in this line only).....	176500.00

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