

# 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

JOTTE FOR CONGRESS

ADDRESS (number and street) 120 ORCHARD AVENUE

Check if different than previously reported. (ACC)

ST LOUIS

MO

63119

2. **FEC IDENTIFICATION NUMBER**

C C00503474

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MO

02

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 08 / 07 / 2012 in the State of MO

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

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

Election on / / in the State of

5. Covering Period

07 / 01 / 2012 through 07 / 18 / 2012

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 Mark Charles Schreiber

Signature of Treasurer Mark Charles Schreiber

[Electronically Filed]

Date

07 / 26 / 2012

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**JOTTE FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 07 / 18 / 2012

	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))....	3700.00	115210.24
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3700.00	115210.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	19631.85	186851.54
(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)).....	19631.85	186851.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28358.70	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	100000.00	

**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

**JOTTE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2950.00	89557.24
(ii) Unitemized.....	750.00	20653.00
(iii) TOTAL of contributions from individuals ▶	3700.00	110210.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3700.00	115210.24
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	100000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	3700.00	215210.24

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19631.85	186851.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	19631.85	186851.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	44290.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3700.00
25. SUBTOTAL (add Line 23 and Line 24).....	47990.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19631.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28358.70

**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 13
	<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)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Byrne**

Mailing Address P.O. Box 23555

City State Zip Code  
Belleville IL 62223

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

Name of Employer Occupation  
The Phoenix Medical Group Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 11 / 2012

**Transaction ID : SA11AI.5080**

Amount of Each Receipt this Period  
350.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Rachel English**

Mailing Address 1825 North 74th Street

City State Zip Code  
Wauwatosa WI 53213

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

Name of Employer Occupation  
Emergency Medicine Specialists Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : SA11AI.5097**

Amount of Each Receipt this Period  
500.00

Paypal

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Hans House**

Mailing Address 1 Lake Pointe Road

City State Zip Code  
Iowa City IA 52240

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

Name of Employer Occupation  
University of Iowa Emergency Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : SA11AI.5092**

Amount of Each Receipt this Period  
100.00

Paypal

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

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

950.00

**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 13
	<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)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Jenks**

Mailing Address 750 South Hanley Road

City St. Louis State MO Zip Code 63105

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2012

**Transaction ID : SA11AI.5075**

Amount of Each Receipt this Period  
 500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**John Milton**

Mailing Address 6 Ellsworth Lane

City St. Louis State MO Zip Code 63124

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

Name of Employer St. Mary's Health Center Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11AI.5079**

Amount of Each Receipt this Period  
 250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Jude Reed**

Mailing Address 340 Gray Avenue

City Webster Groves State MO Zip Code 63119

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

Name of Employer Barnes - St. Peter Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11AI.5078**

Amount of Each Receipt this Period  
 500.00

Paypal

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

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

1250.00

**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 13
	<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)  
**JOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Schlappizzi**

Mailing Address 9976 Old Warson Road

City St. Louis State MO Zip Code 63124

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

Name of Employer Attorney Occupation Donald Schlappizzi Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11AI.5076**

Amount of Each Receipt this Period  
 500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Paul Szewczyk**

Mailing Address 12531 Davana Drive

City St. Louis State MO Zip Code 63128

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

Name of Employer Self-employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2012

**Transaction ID : SA11AI.5105**

Amount of Each Receipt this Period  
 250.00

Paypal

**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).....

750.00

2950.00

**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 8 OF 13	
	<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)  
**JOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Datafax of St. Louis, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 2801 Clark Avenue		Amount of Each Disbursement this Period 1570.34 <b>Transaction ID : SB17.5088</b>
City St. Louis	State MO Zip Code 63103	
Purpose of Disbursement Call List	Category/Type	
Candidate Name <b>JOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

Full Name (Last, First, Middle Initial) <b>B. JOTTE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 120 ORCHARD AVENUE		Amount of Each Disbursement this Period 111.00 <b>Transaction ID : SB17.5108</b>
City ST LOUIS	State MO Zip Code 63119	
Purpose of Disbursement Chargify-reimbursement	Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

Full Name (Last, First, Middle Initial) <b>c. Majority Designs</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 4020 North Lincoln Blvd. Ste 100		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.5085</b>
City Oklahoma City	State OK Zip Code 73105	
Purpose of Disbursement Consulting Services	Category/Type	
Candidate Name <b>JOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3681.34
<b>TOTAL</b> 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 9 OF 13			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**JOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAS Consulting Group</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 8207 Callaghan Road, Ste 200		Amount of Each Disbursement this Period 9900.00
City San Antonio State TX Zip Code 78230	Purpose of Disbursement Commercial Production	Transaction ID : SB17.5086
Candidate Name JOTTE FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

Full Name (Last, First, Middle Initial) <b>B. MAS Consulting Group</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 8207 Callaghan Road, Ste 200		Amount of Each Disbursement this Period 2452.17
City San Antonio State TX Zip Code 78230	Purpose of Disbursement Commercial Production	Transaction ID : SB17.5087
Candidate Name JOTTE FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

Full Name (Last, First, Middle Initial) <b>c. MAS Consulting Group</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 8207 Callaghan Road, Ste 200		Amount of Each Disbursement this Period 3211.11
City San Antonio State TX Zip Code 78230	Purpose of Disbursement Commercial	Transaction ID : SB17.5100
Candidate Name JOTTE FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15563.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<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)  
**JOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Pay Pal</b>		M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 87.38
City San Jose State CA Zip Code 95131	Purpose of Disbursement Fees	
Candidate Name <b>JOTTE FOR CONGRESS</b>		Transaction ID : SB17.5089
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02	Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. PNC Bank</b>		M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address PO Box 609		Amount of Each Disbursement this Period 210.00
City Pittsburgh State PA Zip Code 15230	Purpose of Disbursement Service Charge	
Candidate Name <b>JOTTE FOR CONGRESS</b>		Transaction ID : SB17.5090
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 02	Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C.</b>		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Transaction ID
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	297.38
<b>TOTAL</b> This Period (last page this line number only).....	19542.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **JOTTE FOR CONGRESS** Transaction ID : **SC/10.4100**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **RANDALL STEPHEN JOTTE** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 120 ORCHARD AVENUE

City State ZIP Code  
 ST LOUIS MO 63119

Original Amount of Loan 11500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 11500.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 10 / D 01 / Y 2011	Date Due M / D / Y NONE	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 11500.00
<b>TOTALS</b> 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) **JOTTE FOR CONGRESS** Transaction ID : **SC/10.4121**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**RANDALL STEPHEN JOTTE**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
120 ORCHARD AVENUE

City State ZIP Code  
ST LOUIS MO 63119

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
 3500.00 0.00 3500.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y None 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)..... ▶ 3500.00

**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) **JOTTE FOR CONGRESS** Transaction ID : **SC/10.4113**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDALL STEPHEN JOTTE</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 120 ORCHARD AVENUE		

City	State	ZIP Code
ST LOUIS	MO	63119

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
85000.00	0.00	85000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2011	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="85000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="100000.00"/>

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