

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 Argenziano for Congress

ADDRESS (number and street) 6135 St. Joe Rd Tallahassee FL 32311 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00502492 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT FL 02

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 01/01/2012 through 03/31/2012

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 Mr. Frank Harold Peterson

Signature of Treasurer Mr. Frank Harold Peterson [Electronically Filed] Date MM/DD/YYYY 04/13/2012

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Argenziano for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	15841.00
(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)).....	0.00	15841.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	5388.87	14955.05
(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)).....	5388.87	14955.05
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	885.95	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**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

**Argenziano 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).....	0.00	12600.00
(ii) Unitemized.....	0.00	3241.00
(iii) TOTAL of contributions from individuals ▶	0.00	15841.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	15841.00
<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	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<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>	0.00	15841.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5388.87	14955.05
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) ▶	5388.87	14955.05

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6274.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	6274.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5388.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	885.95

**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 5 OF 9
	<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)  
**Argenziano for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms Nancy Argenziano</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 363.66 <b>Transaction ID : SB17.4273</b>
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Travel expenses	Category/ Type 002
Candidate Name <b>Argenziano 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: FL District: 02	

Full Name (Last, First, Middle Initial) <b>B. Carr, Riggs &amp; Ingram, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1713 Mahan Dr		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4261</b>
City Tallahassee	State FL	
Zip Code 32308	Purpose of Disbursement Accounting Fees	Category/ Type 001
Candidate Name <b>Argenziano 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: FL District: 02	

Full Name (Last, First, Middle Initial) <b>c. Carr, Riggs &amp; Ingram, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012
Mailing Address 1713 Mahan Dr		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4270</b>
City Tallahassee	State FL	
Zip Code 32308	Purpose of Disbursement Accounting Fees	Category/ Type 001
Candidate Name <b>Argenziano 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: FL District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	913.66
<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 6 OF 9
	<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)  
**Argenziano for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carr, Riggs &amp; Ingram, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 1713 Mahan Dr		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.4274</b>
City Tallahassee State FL Zip Code 32308	Purpose of Disbursement Accounting Fees 001 Category/Type	
Candidate Name <b>Argenziano 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: FL District: 02		

Full Name (Last, First, Middle Initial) <b>B. Nancy Argenziano Campaign Account</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 88 Oak Village Blvd South		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4278</b>
City Homosassa State FL Zip Code 34446	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name <b>Argenziano 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: FL District: 02		

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank Harold Peterson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.4256</b>
City Tallahassee State FL Zip Code 32311	Purpose of Disbursement Contract Labor 001 Category/Type	
Candidate Name <b>Argenziano 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: FL District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1090.00
<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 7 OF 9		
	<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)  
**Argenziano for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Frank Harold Peterson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4257</b>
City Tallahassee	State FL	
Purpose of Disbursement Cash	Category/ Type 002	
Candidate Name <b>Argenziano 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: FL	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Mr. Frank Harold Peterson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4260</b>
City Tallahassee	State FL	
Purpose of Disbursement Cash	Category/ Type 002	
Candidate Name <b>Argenziano 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: FL	District: 02	

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank Harold Peterson</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 962.50 <b>Transaction ID : SB17.4265</b>
City Tallahassee	State FL	
Purpose of Disbursement Contract Labor	Category/ Type 001	
Candidate Name <b>Argenziano 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: FL	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1162.50
<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 8 OF 9			
	<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)  
**Argenziano for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Frank Harold Peterson</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4266</b>
City Tallahassee	State FL	
Purpose of Disbursement Cash	Category/ Type 002	
Candidate Name <b>Argenziano 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: FL	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Mr. Frank Harold Peterson</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2012
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 517.50 <b>Transaction ID : SB17.4267</b>
City Tallahassee	State FL	
Purpose of Disbursement Contract Labor	Category/ Type 001	
Candidate Name <b>Argenziano 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: FL	District: 02	

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank Harold Peterson</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 660.00 <b>Transaction ID : SB17.4275</b>
City Tallahassee	State FL	
Purpose of Disbursement Contract Labor	Category/ Type 001	
Candidate Name <b>Argenziano 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: FL	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1277.50
<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 9	
	<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)  
**Argenziano for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Sanders Group</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2012
Mailing Address 3610 N Meridian St		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4263</b>
City Indianapolis State IN Zip Code 46208	Purpose of Disbursement IT Consulting Category/Type 001	
Candidate Name <b>Argenziano 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: FL District: 02		

Full Name (Last, First, Middle Initial) <b>B. The Sanders Group</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2012
Mailing Address 3610 N Meridian St		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4281</b>
City Indianapolis State IN Zip Code 46208	Purpose of Disbursement IT Consulting Category/Type 001	
Candidate Name <b>Argenziano 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: FL District: 02		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	5093.66