

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
COMMITTEE TO ELECT MARK ARNESS

ADDRESS (number and street) 2874 Ivory Ln
 Check if different than previously reported. (ACC) Port Republic MD 20676

2. **FEC IDENTIFICATION NUMBER** C C00574939 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MD 05

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 04 / 26 / 2016 in the State of MD
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 01 / 01 / 2016 through 04 / 06 / 2016

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 Mila Arness
Signature of Treasurer Mila Arness [Electronically Filed] Date 04 / 11 / 2016

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

COMMITTEE TO ELECT MARK ARNESS

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))....	3676.28	15322.88
(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)).....	3676.28	15322.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8290.95	27779.95
(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)).....	8290.95	27779.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1192.93	
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).....	13650.00	

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

COMMITTEE TO ELECT MARK ARNESS

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).....	1300.00	1300.00
(ii) Unitemized.....	1655.00	2655.00
(iii) TOTAL of contributions from individuals ▶	2955.00	3955.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	721.28	11367.88
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3676.28	15322.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3650.00	13650.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3650.00	13650.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7326.28	28972.88

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8290.95	27779.95
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8290.95	27779.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2157.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7326.28
25. SUBTOTAL (add Line 23 and Line 24).....	9483.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8290.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1192.93

**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 25
	<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)
COMMITTEE TO ELECT MARK ARNESS

A. Full Name (Last, First, Middle Initial)
Mila Arness

Mailing Address 2874 Ivory Ln

City: Port Republic State: MD Zip Code: 20676

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

Name of Employer: Committee to Elect Mark Arness Occupation: Treasurer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 03 / 16 / 2016

Transaction ID : SA11AI.4271

Amount of Each Receipt this Period: 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mila Arness

Mailing Address 2874 Ivory Ln

City: Port Republic State: MD Zip Code: 20676

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

Name of Employer: Committee to Elect Mark Arness Occupation: Treasurer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 02 / 2016

Transaction ID : SA11AI.4296

Amount of Each Receipt this Period: 200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sharon Lyster

Mailing Address 4125 Sparkleberry Ct

City: Prince Frederick State: MD Zip Code: 20678

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

Name of Employer: SOUTHERN MD INTERPRETING, LLC Occupation: Small Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 27 / 2016

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period: 500.00

Memo Item

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
COMMITTEE TO ELECT MARK ARNESS

A. Full Name (Last, First, Middle Initial)
Puna Miller

Mailing Address **3446 Jones Rd**

City **Dunkirk** State **MD** Zip Code **20754**

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

Name of Employer **Chesapeake Church** Occupation **Usher**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2016

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

500.00

1300.00

**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 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
COMMITTEE TO ELECT MARK ARNESS

A. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City Port Republic	State MD	Zip Code 20676
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4MD05144**

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
21344.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		09		2016

Transaction ID : SA11D.4246

Amount of Each Receipt this Period
37.68

Memo Item
Postage

B. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City Port Republic	State MD	Zip Code 20676
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4MD05144**

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
23759.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		19		2016

Transaction ID : SA11D.4242

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City Port Republic	State MD	Zip Code 20676
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H4MD05144**

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
24060.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		25		2016

Transaction ID : SA11D.4241

Amount of Each Receipt this Period
101.60

Memo Item

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

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

164.28

**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 25
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" 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)
COMMITTEE TO ELECT MARK ARNESS

A. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City Port Republic State MD Zip Code 20676

FEC ID number of contributing federal political committee. **C H4MD05144**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
24583.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11D.4275

Amount of Each Receipt this Period
523.00

Memo Item
 In-kind - Media Advertising

B. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City Port Republic State MD Zip Code 20676

FEC ID number of contributing federal political committee. **C H4MD05144**

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
25017.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 02 / 2016

Transaction ID : SA11D.4285

Amount of Each Receipt this Period
34.00

Memo Item
 In-kind -

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

Memo Item

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

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

557.00

721.28

**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 25
<input type="checkbox"/> 11a 12	<input checked="" 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)
COMMITTEE TO ELECT MARK ARNESS

A. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City State Zip Code
Port Republic MD 20676

FEC ID number of contributing federal political committee. **C H4MD05144**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
21306.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 20 / 2016

Transaction ID : SA13A.4244

Amount of Each Receipt this Period
660.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City State Zip Code
Port Republic MD 20676

FEC ID number of contributing federal political committee. **C H4MD05144**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
23384.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : SA13A.4247

Amount of Each Receipt this Period
2040.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City State Zip Code
Port Republic MD 20676

FEC ID number of contributing federal political committee. **C H4MD05144**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
23734.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : SA13A.4243

Amount of Each Receipt this Period
350.00

Memo Item

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

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

3050.00

**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 25
	<input type="checkbox"/> 11a 12 <input checked="" 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)
COMMITTEE TO ELECT MARK ARNESS

A. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City State Zip Code
Port Republic MD 20676

FEC ID number of contributing federal political committee. **C H4MD05144**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
23959.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 19 2016

Transaction ID : SA13A.4245

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Mark Kenneth Arness

Mailing Address 2874 Ivory Ln

City State Zip Code
Port Republic MD 20676

FEC ID number of contributing federal political committee. **C H4MD05144**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
24983.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 26 2016

Transaction ID : SA13A.4303

Amount of Each Receipt this Period

Memo Item

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 25	
	<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)
COMMITTEE TO ELECT MARK ARNESS

Full Name (Last, First, Middle Initial) A. Mark Kenneth Arness		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 2874 Ivory Ln		Amount of Each Disbursement this Period 523.00
City Port Republic	State MD	
Purpose of Disbursement In-kind - Media Advertising	Zip Code 20676	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4276
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 05		

Full Name (Last, First, Middle Initial) B. Mark Kenneth Arness		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2016
Mailing Address 2874 Ivory Ln		Amount of Each Disbursement this Period 34.00
City Port Republic	State MD	
Purpose of Disbursement In-kind -	Zip Code 20676	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4286
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 05		

Full Name (Last, First, Middle Initial) c. Calvert Beacon		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address PO Box 650		Amount of Each Disbursement this Period 523.00
City Solomons	State MD	
Purpose of Disbursement Media Advertising	Zip Code 20688	<input type="checkbox"/> Memo Item
Candidate Name COMMITTEE TO ELECT MARK ARNESS	Category/Type 004	Transaction ID : SB17.4277
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 05		

SUBTOTAL of Disbursements This Page (optional).....	1080.00
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 12 OF 25			
	<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)
COMMITTEE TO ELECT MARK ARNESS

Full Name (Last, First, Middle Initial) A. Digital First Media: Adtaxi Networks		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 101 West Colfax Dr		Amount of Each Disbursement this Period 500.00
City Denver State CO Zip Code 80202	Purpose of Disbursement Internet Advertising Category/Type 004	
Candidate Name COMMITTEE TO ELECT MARK ARNESS		Memo Item <input type="checkbox"/> Transaction ID : SB17.4294
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Digital First Media: Adtaxi Networks		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 101 West Colfax Dr		Amount of Each Disbursement this Period 500.00
City Denver State CO Zip Code 80202	Purpose of Disbursement Internet Advertising Category/Type 004	
Candidate Name COMMITTEE TO ELECT MARK ARNESS		Memo Item <input type="checkbox"/> Transaction ID : SB17.4304
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Tele-Town Hall LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 4600 N Fairfax Dr Ste 802		Amount of Each Disbursement this Period 3444.27
City Arlington State VA Zip Code 22203	Purpose of Disbursement Telephone Town Hall Hosting Category/Type	
Candidate Name COMMITTEE TO ELECT MARK ARNESS		Memo Item <input type="checkbox"/> Transaction ID : SB17.4259
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4444.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 25	
	<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)
COMMITTEE TO ELECT MARK ARNESS

Full Name (Last, First, Middle Initial) A. TheBaynet.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 23680 Three Notch Rd Ste 104		Amount of Each Disbursement this Period 420.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4272
City Hollywood	State MD Zip Code 20636	
Purpose of Disbursement Media Advertising	Category/Type 004	
Candidate Name COMMITTEE TO ELECT MARK ARNESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 05		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address 35 Duke St		Amount of Each Disbursement this Period 2077.68 <input type="checkbox"/> Memo Item Transaction ID : SB17.4248
City Prince Frederick	State MD Zip Code 20678	
Purpose of Disbursement Bulk Mail Postage 10,200 pieces	Category/Type 004	
Candidate Name COMMITTEE TO ELECT MARK ARNESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 05		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2016
Mailing Address 35 Duke St		Amount of Each Disbursement this Period 34.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4287
City Prince Frederick	State MD Zip Code 20678	
Purpose of Disbursement Postage	Category/Type 003	
Candidate Name COMMITTEE TO ELECT MARK ARNESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 05		

SUBTOTAL of Disbursements This Page (optional).....	2531.68
TOTAL This Period (last page this line number only).....	8055.95

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4172**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1700.00	0.00	1700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 03 / Y 2015 Y	M M / D D / Y 12/30/2016 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).....	▶	1700.00
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4130**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 03 / 17 / 2015	M M / D D / Y Y Y Y 12/30/2016	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).....	▶	1000.00
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4135**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 27 / 2015	12/30/2016	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).....	▶	1000.00
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4144**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
640.00	0.00	640.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 20 / 2015	12/30/2016	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).....	▶	640.00
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4174**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1300.00	0.00	1300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 29 / 2015	12/30/2016	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="1300.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4152**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2020.00	0.00	2020.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 11 / D 17 / Y 2015 Y	M / D / Y 12/30/2016 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).....	▶	2020.00
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4153**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2340.00	0.00	2340.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 12 / D 19 / Y 2015	M / D / Y 12/30/2016	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="2340.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4244**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
660.00	0.00	660.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	01 / 20 / 2016	12/31/2016	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).....	▶	660.00
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4247**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2040.00	0.00	2040.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 02 / 09 / 2016	M M / D D / Y Y Y Y 12/31/16	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="2040.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4243**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Mark Kenneth Arness

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
2874 Ivory Ln

City State ZIP Code
Port Republic MD 20676

Original Amount of Loan 350.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 350.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred: M 02 / D 10 / Y 2016
Date Due: M / D / Y 12/31/16
Interest Rate: 0.00 % (apr)
Secured: 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)..... ▶ 350.00

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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4245**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 19 / 2016	/ / 12.31/16	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).....	▶	200.00
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) **COMMITTEE TO ELECT MARK ARNESS** Transaction ID : **SC/10.4303**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Mark Kenneth Arness	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2874 Ivory Ln	

City	State	ZIP Code
Port Republic	MD	20676

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 03 / D 26 / Y 2016	M / D / Y 12/31/2016	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="400.00"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="13650.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	