

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Guild 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))....	6823.31	37370.98
(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)).....	6823.31	37370.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	36834.17	108871.57
(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)).....	36834.17	108871.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1425.91	
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).....	72000.00	

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

Guild 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).....	4525.00	14788.27
(ii) Unitemized.....	2298.31	22482.71
(iii) TOTAL of contributions from individuals ▶	6823.31	37270.98
(b) Political Party Committees.....	0.00	100.00
(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))..	6823.31	37370.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	29400.00	72000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	29400.00	72000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	926.50
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	36223.31	110297.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36834.17	108871.57
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) ▶	36834.17	108871.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2036.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36223.31
25. SUBTOTAL (add Line 23 and Line 24).....	38260.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36834.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1425.91

**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 35
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. Barbara Bannon		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 2811 E 89th St		Transaction ID : SA11AI.6322
City Tulsa	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 100.00
Name of Employer Self	Occupation HR/OD Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) B. Patricia Carey		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 2509 Kathy Ct		Transaction ID : SA11AI.6299
City Oklahoma City	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 310.00	

Full Name (Last, First, Middle Initial) C. Lynda Deibel		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 904 Pine Oak Dr		Transaction ID : SA11AI.6270
City Edmond	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 50.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 415.00	

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

**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 35
	<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)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Michael Dover

Mailing Address 428 NW 34th

City State Zip Code
Oklahoma City OK 73118

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.6177

Amount of Each Receipt this Period
25.00
Contribution

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

Mailing Address 521 W Lyon Farm Dr

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Self Consultant

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.6287

Amount of Each Receipt this Period
25.00
Contribution

C. Full Name (Last, First, Middle Initial)
Joel Epstein

Mailing Address 521 W Lyon Farm Dr

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Self Consultant

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
525.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.6318

Amount of Each Receipt this Period
25.00
Contribution

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 7 OF 35
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Garrett

Mailing Address 1530 W Britton Rd

City Oklahoma City State OK Zip Code 73120

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.6302

Amount of Each Receipt this Period
50.00

Contribution

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

Mailing Address 1530 W Britton Rd

City Oklahoma City State OK Zip Code 73120

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 04 / 2014

Transaction ID : SA11AI.6215

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Barbara Hall

Mailing Address 9532 Sand Hill Ct

City Highlands Ranch State CO Zip Code 80126

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.6298

Amount of Each Receipt this Period
100.00

Contribution

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

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

250.00

**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 35
	<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)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Barbara Hall

Mailing Address 9532 Sand Hill Ct

City Highlands Ranch State CO Zip Code 80126

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **825.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.6323

Amount of Each Receipt this Period
25.00

Contribution

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

Mailing Address 1513 Mesa Verde

City Shawnee State OK Zip Code 74804

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.6251

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Debbie Hammons

Mailing Address 31408 Old Highway

City Macomb State OK Zip Code 74852

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

Name of Employer RH Trucking Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.6175

Amount of Each Receipt this Period
500.00

Contribution

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

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

625.00

**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 35
	<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)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Enoch Kelly Haney

Mailing Address 2851 Ginger Dr

City Norman State OK Zip Code 73026

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

Name of Employer Self Occupation Artist

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11AI.6216

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Judith & Leaman Harris

Mailing Address 656 Touchmark Ct

City Edmond State OK Zip Code 73003

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.6319

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
Gene Hunt

Mailing Address 4536 Kiva Ct

City Oklahoma City State OK Zip Code 73135

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1016.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.6173

Amount of Each Receipt this Period
 Contribution 250.00

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

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

750.00

**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 35
	<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)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
LaDonna Hunt

Mailing Address 4536 Kiva Court

City Oklahoma City State OK Zip Code 73135

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **685.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.6174

Amount of Each Receipt this Period
 Contribution **250.00**

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

Mailing Address 7112 NW 119th St

City Oklahoma City State OK Zip Code 73162

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

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.6321

Amount of Each Receipt this Period
 Contribution **200.00**

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

Mailing Address 500 Edwards Dr

City Norman State RI Zip Code 73072

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.6273

Amount of Each Receipt this Period
 Contribution **100.00**

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

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

550.00

**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 35
	<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)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Overman

Mailing Address 313 Partridge Ln

City Edmond State OK Zip Code 73034

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

Name of Employer University of Central Oklahoma Occupation Political Science Professor

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period
500.00
Contribution

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

Mailing Address 1408 NW 147th St

City Edmond State OK Zip Code 73013

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

Name of Employer Don Sherry Communications, LLC Occupation TV Production

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11AI.6272

Amount of Each Receipt this Period
100.00
Contribution

C. Full Name (Last, First, Middle Initial)
Wanda Jo Stapleton

Mailing Address 425 SW 51st St

City Oklahoma City State OK Zip Code 73109

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1325.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.6276

Amount of Each Receipt this Period
200.00
Contribution

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: (check only one)	PAGE 12 OF 35
	<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)
Guild for Congress

A. Full Name (Last, First, Middle Initial)
Phillip Tate

Mailing Address 2933 Browne Stone Rd

City Oklahoma City State OK Zip Code 73120

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

Name of Employer Northcare Occupation Director

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.6172

Amount of Each Receipt this Period
 1200.00
 Contribution

Amount of Each Receipt this Period
 1400.00
 Contribution

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

Mailing Address 14013 Pecan Hollow

City Edmond State OK Zip Code 73013

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.6259

Amount of Each Receipt this Period
 100.00
 Contribution

Amount of Each Receipt this Period
 650.00
 Contribution

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).....

1300.00

4525.00

**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 13 OF 35
	<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	

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NAME OF COMMITTEE (In Full)
Guild for Congress

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

Mailing Address PO Box 6621

City Edmond State OK Zip Code 73083

FEC ID number of contributing federal political committee. **C** H00K05155

Name of Employer University of Central Oklahoma Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
47600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA13A.6279

Amount of Each Receipt this Period
5000.00

Loan

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

Mailing Address PO Box 6621

City Edmond State OK Zip Code 73083

FEC ID number of contributing federal political committee. **C** H00K05155

Name of Employer University of Central Oklahoma Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
72000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA13A.6278

Amount of Each Receipt this Period
24400.00

Contribution

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).....

29400.00

29400.00

**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 14 OF 35			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 26.08
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Transaction ID : SB17.6178
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 31.22
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fee	Transaction ID : SB17.6222
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 6.11
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fee	Transaction ID : SB17.6280
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	63.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 19.02 Transaction ID : SB17.6293
City Cambridge	State MA	
Purpose of Disbursement Merchant Service Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 32.28 Transaction ID : SB17.6314
City Cambridge	State MA	
Purpose of Disbursement Merchant Service Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 3.96 Transaction ID : SB17.6331
City Cambridge	State MA	
Purpose of Disbursement Merchant Service Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	55.26
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 16 OF 35			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 51.17 Transaction ID : SB17.6219
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Phone Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. Chris Beaty		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 7916 NW 6th #44		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.6176
City Oklahoma City	State OK	
Zip Code 73127	Purpose of Disbursement Payroll Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) c. Chris Beaty		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 7916 NW 6th #44		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.6171
City Oklahoma City	State OK	
Zip Code 73127	Purpose of Disbursement Payroll Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	276.17
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 17 OF 35	
	<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)
Guild for Congress

A. El Nacional

Full Name (Last, First, Middle Initial)
Mailing Address 304 SW 25th St

City Oklahoma City State OK Zip Code 73109

Purpose of Disbursement News Display & Ad

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Runoff

State: District:

Date of Disbursement: 07 / 05 / 2014

Amount of Each Disbursement this Period: 350.00

Transaction ID : SB17.6169

Category/Type: 004

B. Monarch Marketing Group, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 200 NW 63rd St

City Oklahoma City State OK Zip Code 73116

Purpose of Disbursement Television Buy

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Runoff

State: District:

Date of Disbursement: 08 / 01 / 2014

Amount of Each Disbursement this Period: 34947.00

Transaction ID : SB17.6220

Category/Type: 004

C. Pam Paul

Full Name (Last, First, Middle Initial)
Mailing Address 2632 Cashion PI

City Oklahoma City State OK Zip Code 73112

Purpose of Disbursement Consulting Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Runoff

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.6167

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 35397.00

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 18 OF 35			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. Pam Paul			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2014		
Mailing Address 2632 Cashion Pl			Amount of Each Disbursement this Period 100.00		
City Oklahoma City	State OK	Zip Code 73112	Transaction ID : SB17.6337		
Purpose of Disbursement Consulting Services		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State:	District:				

Full Name (Last, First, Middle Initial) B. RDT Media, LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014		
Mailing Address 37 NE 37th St.			Amount of Each Disbursement this Period 112.50		
City Oklahoma City	State OK	Zip Code 73105	Transaction ID : SB17.6170		
Purpose of Disbursement Media Ad		Category/ Type 004			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State:	District:				

Full Name (Last, First, Middle Initial) c. Stoneway Office Center			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014		
Mailing Address 2401 NW 39th St			Amount of Each Disbursement this Period 386.00		
City Oklahoma City	State OK	Zip Code 73112	Transaction ID : SB17.6166		
Purpose of Disbursement Rent Expense		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	598.50
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 19 OF 35			
	<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)
Guild for Congress

Full Name (Last, First, Middle Initial) A. Stoneway Office Center			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 2401 NW 39th St			Amount of Each Disbursement this Period 386.00	
City Oklahoma City	State OK	Zip Code 73112	Transaction ID : SB17.6168	
Purpose of Disbursement Rent Expense		Category/ Type 001		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		

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		
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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		
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	386.00
TOTAL This Period (last page this line number only).....	36776.34

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)
Guild for Congress

Transaction ID : **SC/10.4284**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

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:
M 01 / D 01 / Y 2013 M M / D D / Y 4/1/2015 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)..... ▶ 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

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)
Guild for Congress

Transaction ID : **SC/10.4209**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

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:
06 / 11 / 2013 M M / D D / 4/1/2015 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)..... ▶ 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

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)
Guild for Congress

Transaction ID : **SC/10.4393**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
300.00 0.00 300.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 06 / 2013 M M / D D / 4/1/2015 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)..... ▶ 300.00

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)
Guild for Congress

Transaction ID : SC/10.4548

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

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

TERMS

Date Incurred: M 09 / D 26 / Y 2013
 Date Due: M / D / Y 4/1/2015
 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).....	▶	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

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)
Guild for Congress

Transaction ID : **SC/10.4753**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
800.00 0.00 800.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 08 / Y 2013 M M / D D / Y 4/1/2015 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)..... ▶ 800.00

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) **Transaction ID : SC/10.4826**
Guild for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Thomas Guild	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 6621		

City	State	ZIP Code
Edmond	OK	73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 29 / Y 2013	M M / D D / Y 4/1/2015	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).....	2500.00
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)
Guild for Congress

Transaction ID : **SC/10.4922**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary

General

Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2300.00 0.00 2300.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 31 / Y 2013 Y

M M / D D / Y 04/1/2015 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)..... ▶ 2300.00

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)
Guild for Congress

Transaction ID : SC/10.5057

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
7500.00 0.00 7500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 02 / D 15 / Y 2014 M M / D D / Y 4/1/2015 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)..... ▶ 7500.00

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)
Guild for Congress

Transaction ID : **SC/10.5116**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred: M 03 / D 10 / Y 2014
 Date Due: M / D / Y 4/1/2015
 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).....	▶	4000.00
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)
Guild for Congress

Transaction ID : **SC/10.5163**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
300.00 0.00 300.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 31 / Y 2014 M M / D D / Y 4/1/2015 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)..... ▶ 300.00

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) **Transaction ID : SC/10.5904**
Guild for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Thomas Guild Primary
 Mailing Address PO Box 6621 General
 Other (specify) ▼

City State ZIP Code
 Edmond OK 73083

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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TERMS Date Incurred Date Due Interest Rate Secured:
 M 04 / D 23 / Y 2014 M M / D D / Y 4/1/2015 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)..... ▶ 15000.00
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) **Transaction ID : SC/10.5905**
Guild for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Thomas Guild Primary
 Mailing Address General
 PO Box 6621 Other (specify) ▼

City State ZIP Code
 Edmond OK 73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 01 / Y 2014 Y	M M / D D / Y 4/1/2015 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).....	▶	500.00
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) **Transaction ID : SC/10.5911**
Guild for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Thomas Guild Primary
 Mailing Address PO Box 6621 General
 Other (specify) ▼

City State ZIP Code
 Edmond OK 73083

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 05 / D 05 / Y 2014 M M / D D / Y 4/1/2015 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)..... ▶ 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

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)
Guild for Congress

Transaction ID : **SC/10.5957**

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

[PERSONAL FUNDS]

Election: 2014

Thomas Guild

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
7000.00 0.00 7000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 23 / Y 2014 M M / D D / Y 4/1/2015 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)..... ▶ 7000.00

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)
Guild for Congress

Transaction ID : **SC/10.6279**

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼
Runoff _____

Mailing Address
PO Box 6621

City State ZIP Code
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000.00 0.00 5000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 23 / Y 2014 M M / D D / Y 4/1/2015 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)..... ▶ 5000.00

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) **Transaction ID : SC/10.6278**
Guild for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Thomas Guild	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff _____
Mailing Address PO Box 6621		

City	State	ZIP Code
Edmond	OK	73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
24400.00	0.00	24400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 30 / Y 2014 Y	M M / D D / Y 4/1/2015 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).....	24400.00
TOTALS This Period (last page in this line only).....	72000.00

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