

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WEBER FOR CONGRESS

ADDRESS (number and street) 1701 Bending Stream

Check if different than previously reported. (ACC)

Friendswood

TX

77546

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00502229

3. IS THIS REPORT NEW (N) OR AMENDED (A)

x

STATE ▼ DISTRICT

TX

14

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 11 / 24 / 2020

through

MM / DD / YYYY 12 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Nolen, Robert, D., Mr.,

Type or Print Name of Treasurer

Nolen, Robert, D., Mr.,

Signature of Treasurer

[Electronically Filed]

Date

MM / DD / YYYY 10 / 01 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

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

FEC Form 3 (Revised 05/2016)

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7438.15	12697.76
(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)).....	7438.15	12697.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	27419.38	70940.23
(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)).....	27419.38	70940.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	471407.16	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	124000.00	

**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 05/2016)

Write or Type Committee Name

**WEBER FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1100.00	2100.00
(ii) Unitemized.....	1338.15	1597.76
(iii) TOTAL of contributions from individuals ▶	2438.15	3697.76
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	9000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7438.15	12697.76
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7438.15	12697.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 15

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27419.38	70940.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	25.00	50.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	27444.38	70990.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	491413.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7438.15
25. SUBTOTAL (add Line 23 and Line 24).....	498851.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27444.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	471407.16

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

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

FOR LINE NUMBER: PAGE 5 OF 15  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Farmer, Glenda, , Mrs.,**  
Mailing Address 2612 Dawson Dr

City Pearlland State TX Zip Code 77581

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

Name of Employer Info requested Occupation Info requested

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2020

Transaction ID : SA11AI.21371

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Fennell, James, S., Mr., Jr.**  
Mailing Address 6960 Killarney Dr

City Beaumont State TX Zip Code 77706

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

Name of Employer Info requested Occupation Info requested  
Retired Retired

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2020

Transaction ID : SA11AI.21372

Amount of Each Receipt this Period  
 150.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Johnson, John, B., Mr.,**  
Mailing Address 202 Stratton Ln

City Beaumont State TX Zip Code 77707

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

Name of Employer Info requested Occupation Info requested  
Griffith Moseley Johnson Inc. Attorney

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2020

Transaction ID : SA11AI.21373

Amount of Each Receipt this Period  
 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**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 15		
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Johnson, John, B., Mr.,**

Mailing Address 202 Stratton Ln

City Beaumont	State TX	Zip Code 77707
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FEC ID number of contributing federal political committee. **C**

Name of Employer Griffith Moseley Johnson Inc.	Occupation Attorney
---	------------------------

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 25 / 2020

**Transaction ID : SA11AI.21374**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Waldron, Jonathan, K., Mr.,**

Mailing Address 3302 Lauren Oaks Ct

City Oak Hill	State VA	Zip Code 20171
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blank Rome	Occupation Partner
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Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2020

**Transaction ID : SA11AI.21376**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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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)..... ▶

600.00
1100.00

**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 15	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**American Council of Engineering Companies PAC**

Mailing Address 1015 15th St NW Ste 802  
Acec

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00010868

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

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11C.21411**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Arkema Inc PAC**

Mailing Address 900 1st Ave

City King Of Prussia	State PA	Zip Code 19406
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FEC ID number of contributing federal political committee. **C** C00182980

Name of Employer	Occupation
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Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2020

**Transaction ID : SA11C.21412**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jones Walker L.L.P. Political Action Committee**

Mailing Address 201 Saint Charles Ave

City New Orleans	State LA	Zip Code 70170
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FEC ID number of contributing federal political committee. **C** C00111534

Name of Employer	Occupation
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Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

**Transaction ID : SA11C.21413**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. 814 Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2020	
Mailing Address 5827 Colfax Ave			FEC Identification Number C	
City Alexandria	State VA	Zip Code 22311	Amount of Each Disbursement this Period 7908.04	
Purpose of Disbursement End of year consulting		Category/ Type	Transaction ID : SB17.21465	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020	
Mailing Address PO Box 81226			FEC Identification Number C	
City Seattle	State WA	Zip Code 98108	Amount of Each Disbursement this Period 36.58	
Purpose of Disbursement Supplies		Category/ Type	Transaction ID : SB17.21415	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2020	
Mailing Address PO Box 81226			FEC Identification Number C	
City Seattle	State WA	Zip Code 98108	Amount of Each Disbursement this Period 17.93	
Purpose of Disbursement Supplies		Category/ Type	Transaction ID : SB17.21416	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7962.55
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2020		
Mailing Address PO Box 81226			FEC Identification Number C		
City Seattle	State WA	Zip Code 98108	Amount of Each Disbursement this Period 37.35		
Purpose of Disbursement Supplies		Category/ Type	Transaction ID : SB17.21417		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2020		
Mailing Address PO Box 81226			FEC Identification Number C		
City Seattle	State WA	Zip Code 98108	Amount of Each Disbursement this Period 28.53		
Purpose of Disbursement Supplies		Category/ Type	Transaction ID : SB17.21418		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2020		
Mailing Address PO Box 81226			FEC Identification Number C		
City Seattle	State WA	Zip Code 98108	Amount of Each Disbursement this Period 86.59		
Purpose of Disbursement Supplies		Category/ Type	Transaction ID : SB17.21419		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	152.47
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2020
Mailing Address PO Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108
Purpose of Disbursement Supplies		Amount of Each Disbursement this Period 70.35
Candidate Name		Transaction ID : SB17.21420
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2020
Mailing Address 1005 Congress Avenue Suite 910		FEC Identification Number C
City Austin	State TX	Zip Code 78701
Purpose of Disbursement invoice 4853...rw		Amount of Each Disbursement this Period 7178.44
Candidate Name		Transaction ID : SB17.21442
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2020
Mailing Address 1005 Congress Avenue Suite 910		FEC Identification Number C
City Austin	State TX	Zip Code 78701
Purpose of Disbursement end of year		Amount of Each Disbursement this Period 5664.38
Candidate Name		Transaction ID : SB17.21443
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12913.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. LOEFFLER VICTORY COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2020	
Mailing Address 824 S MILLEDGE AVE STE 101			FEC Identification Number C C00741314	
City ATHENS	State GA	Zip Code 30605	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement donation		Category/ Type	Transaction ID : SB17.21445	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PERDUE FOR SENATE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2020	
Mailing Address PO BOX 12077			FEC Identification Number C C00547570	
City ATLANTA	State GA	Zip Code 30355	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement donation		Category/ Type	Transaction ID : SB17.21450	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: GA District: 11				

Full Name (Last, First, Middle Initial) <b>c. Postmaster USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2020	
Mailing Address 401 Franklin St			FEC Identification Number C	
City Houston	State TX	Zip Code 77201	Amount of Each Disbursement this Period 221.10	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.21448	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4221.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Reynolds, Lisa, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2020
Mailing Address 1820 Kilbourne Place NW		FEC Identification Number C
City Washington	State DC	Zip Code 20010
Purpose of Disbursement Campaign work		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.21453
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Reynolds, Lisa, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2020
Mailing Address 1820 Kilbourne Place NW		FEC Identification Number C
City Washington	State DC	Zip Code 20010
Purpose of Disbursement Campaign work		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.21454
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Storage Choice</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2020
Mailing Address 141 Maple Leaf St		FEC Identification Number C
City League City	State TX	Zip Code 77573
Purpose of Disbursement Storage fees		Amount of Each Disbursement this Period 184.00
Candidate Name		Transaction ID : SB17.21455
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1184.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26433.29

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

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.4842**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) WEBER, RANDY, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1327			
City FRIENDSWOOD	State TX	ZIP Code 77549	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	33500.00	66500.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 12 <sup>M</sup> / D 30 <sup>D</sup> / Y 2011 Y	M M / D D / Y None 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	66500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **WEBER FOR CONGRESS** Transaction ID : **SC/10.5921**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) WEBER, RANDY, , , <input type="checkbox"/> Memo Item		Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
Mailing Address PO BOX 1327		
City FRIENDSWOOD	State TX	ZIP Code 77549
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	67500.00	32500.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 25 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	32500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) WEBER, RANDY, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 1327			
City FRIENDSWOOD	State TX	ZIP Code 77549	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 11 / D 03 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	124000.00

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