FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
14 FEB -3 PM 4:47
Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

TEXANS FOR STOVALL

ADDRESS (number and street) ▼ 113 CR 2213

☐ Check if different than previously reported. (ACC)

Cleveland — TX — 77327-

2. FEC IDENTIFICATION NUMBER ▼ C00550830

CITY ▲ STATE ▲ ZIP CODE ▲

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

STATE ▼ DISTRICT: TX

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 05 / 19 / 2013 through 12 / 31 / 2013

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 Katherine B. Stovall

Signature of Treasurer Kathy Stovall Date 01 / 24 / 2014

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

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

14020092775

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

TEXANS FOR STOVALL

Report Covering the Period: From: 05 / 19 / 2013 To: 12 / 31 / 2013

	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))	27,935.40	27,935.40
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	27,935.40	27,935.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20,516.27	20,516.27
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	20,516.27	20,516.27
8. Cash on Hand at Close of Reporting Period (from Line 27)	4,776.80	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020092776

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

TEXANS FOR STOVALL

Report Covering the Period: From: MM 05 / DD 19 / YYYY 2013 To: MM 12 / DD 31 / YYYY 2013

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)	9,750.00	9,750.00
(ii) Unitemized	18,185.40	18,185.40
(iii) TOTAL of contributions from individuals ▶		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	27,935.40	27,935.40
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add Lines 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	27,935.40	27,935.40

14020092777

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	20,516.27	20,516.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		
21. OTHER DISBURSEMENTS	2,642.33	2,642.33
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23,158.60	23,158.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	Ø
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	27,935.40
25. SUBTOTAL (add Line 23 and Line 24)	27,935.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	23,158.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	4,776.80

14020092778

A

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) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

PAGE OF

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)
TEXANS FOR STOVALL

A.
Full Name (Last, First, Middle Initial): John Eden
Mailing Address: 731 Chama Trace
City: Dripping Springs State: TX Zip Code: 78620
FEC ID number of contributing federal political committee: C
Name of Employer: University of Texas
Occupation: Professor
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 08 / 23 / 2013
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): LORI MURPHY
Mailing Address: 9407 Pinole Ln
City: Houston State: TX Zip Code: 77086
FEC ID number of contributing federal political committee: C
Name of Employer: American General Life Ins
Occupation: Acct Rep
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 200.00
Date of Receipt: 07 / 18 / 2013
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial): Lori Murphy
Mailing Address: 9407 Pinole Ln
City: Houston State: TX Zip Code: 77086
FEC ID number of contributing federal political committee: C
Name of Employer: American General Life Ins
Occupation: Acct Rep
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 09 / 27 / 2013
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 950.00

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

14020092779

A

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 OF
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
TEXANS FOR STOVALL

A.
Full Name (Last, First, Middle Initial): LORI MURPHY
Mailing Address: 9407 PINOLE LN
City: Houston State: TX Zip Code: 77086
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN General Life INS
Occupation: Acct Rep
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 10 / 29 / 2013
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): LORI MURPHY
Mailing Address: 9407 PINOLE LN
City: Houston State: TX Zip Code: 77086
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN General Life INS
Occupation: Acct Rep
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 11 / 08 / 2013
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): PATRICK mc Donald
Mailing Address: 8415 BEACH HAVEN RD
City: BAYTOWN State: TX Zip Code: 77523
FEC ID number of contributing federal political committee: C
Name of Employer: British Petroleum
Occupation: Operator
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1,000.00
Date of Receipt: 09 / 30 / 2013
Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) 1,500.00

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

14020092780

A

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 OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
TEXANS FOR STOUALL

A.
Full Name (Last, First, Middle Initial): PHIL GREEN
Mailing Address: 712 N 10th ST
City: NEDERLAND State: TX Zip Code: 77627
FEC ID number of contributing federal political committee: C
Name of Employer: Burrow Global Occupation: Designer
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 07 / 27 / 2013
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): TIMOTHY CAPPS
Mailing Address: 1500 HWY 259 N
City: KILGORE State: TX Zip Code: 75662
FEC ID number of contributing federal political committee: C
Name of Employer: Gabriel/Jordan Occupation: Managing Partner
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 07 / 27 / 2013
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Suzanne Dillman
Mailing Address: 2096 CR 928B
City: Alvin State: TX Zip Code: 77511
FEC ID number of contributing federal political committee: C
Name of Employer: Coldwell Banker Occupation: Realtor
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 12 / 05 / 2013
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 1,000.00

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

14020092781

A

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 OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
TEXANS FOR STOVALL

A.
Full Name (Last, First, Middle Initial): CARL DYER
Mailing Address: 195 MOON RIVER DRIVE
City: TRINITY State: TX Zip Code: 75862
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 12 / 08 / 2013
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): MATTHEW LUSK
Mailing Address: PO BOX 304 305 WEST OAK STREET
City: SANDERSON State: TX Zip Code: 79848
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: DIME STORE OWNER
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 12 / 07 / 2013
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): FRED MAIER
Mailing Address: 449 FM 440
City: WICHITA FALLS State: TX Zip Code: 76310
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 50.00
Date of Receipt: 11 / 22 / 2013
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) 800.00

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

14020092782

A

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 OF
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
TEXANS FOR STOVALL

A.
Full Name (Last, First, Middle Initial): FRED MAIER
Mailing Address: 449 FM 440
City: WICHITA FALLS State: TX Zip Code: 76310
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1,000.00
Date of Receipt: 12 / 09 / 2013
Amount of Each Receipt this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): FRED MAIER
Mailing Address: 449 FM 440
City: WICHITA FALLS State: TX Zip Code: 76310
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1,000.00
Date of Receipt: 12 / 31 / 2013
Amount of Each Receipt this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): BURL RICHARDS
Mailing Address: 1207 N FRISCO
City: Henderson State: TX Zip Code: 75652
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: Automotive Collision Repair
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1,000.00
Date of Receipt: 11 / 25 / 2013
Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) 1,200.00

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

14020092783

A

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 OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
TEXANS FOR STOVALL

A.
Full Name (Last, First, Middle Initial): JANIS Schneider
Mailing Address: 13802 County Rd 185
City: Alvin State: TX Zip Code: 77511
FEC ID number of contributing federal political committee: C
Name of Employer: Holmes Road Recycling
Occupation: PRESIDENT/CEO
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2,600.00
Date of Receipt: M 12 / D 18 / Y 2013
Amount of Each Receipt this Period: 2,600.00

B.
Full Name (Last, First, Middle Initial): JOSEPH Schneider
Mailing Address: 13802 CR 185
City: Alvin State: TX Zip Code: 77511
FEC ID number of contributing federal political committee: C
Name of Employer: Holmes Rd Recycling
Occupation: Officer
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 600.00
Date of Receipt: M 12 / D 18 / Y 2013
Amount of Each Receipt this Period: 600.00

C.
Full Name (Last, First, Middle Initial): SHIRLEY SPELLERBERG
Mailing Address: 3621 LYNCHBURG DRIVE
City: Denton State: TX Zip Code: 76208
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 100.00
Date of Receipt: M 11 / D 19 / Y 2013
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) 3,300.00

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

14020092784

A

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) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

PAGE OF

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NAME OF COMMITTEE (In Full)
TEXANS FOR STOVALL

A.
Full Name (Last, First, Middle Initial): SHIRLEY SPEILERBERG
Mailing Address: 3621 LYNCHBURG DRIVE
City: CORINTH State: TX Zip Code: 76208
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 12 / 08 / 2013
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): MARY ANN BARTZ
Mailing Address: PO BOX 2929
City: DENTON State: TX Zip Code: 76202
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: UNEMPLOYED
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 09 / 25 / 2013
Amount of Each Receipt this Period: 500.00

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
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 9,750.00

14020092785

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) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full)
TEXANS FOR STOVALL

A.
Full Name (Last, First, Middle Initial): BRETT ROGERS
Mailing Address: 11000 CRESCENT MOON DR APT 101
City: Houston State: TX Zip Code: 77064
Purpose of Disbursement: Consultant
Candidate Name:
Category/Type: 003
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2013
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): BRETT ROGERS
Mailing Address: 11000 CRESCENT MOON DR APT 101
City: Houston State: TX Zip Code: 77064
Purpose of Disbursement: Consultant
Candidate Name:
Category/Type: 003
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 09 / 2013
Amount of Each Disbursement this Period: 142.33

C.
Full Name (Last, First, Middle Initial): BRETT ROGERS
Mailing Address: 11000 CRESCENT MOON DR APT 101
City: Houston State: TX Zip Code: 77064
Purpose of Disbursement: Consultant
Candidate Name:
Category/Type: 003
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: / /
Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) 1,642.33

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

14020692786

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) ☐ 17 ☐ 18 ☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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NAME OF COMMITTEE (In Full)

TEXANS FOR STOVAL

A.

Full Name (Last, First, Middle Initial): BRETT ROGERS

Mailing Address: 11000 CRESCENT MOON DR, APT 101

City: Houston State: TX Zip Code: 77064

Purpose of Disbursement: Consultant

Candidate Name:

Category/Type: 003

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: MM 12 / DD 30 / YYYY 2013

Amount of Each Disbursement this Period: 1,000.00

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City State Zip Code

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City State Zip Code

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 2,642.33

14020092787

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one)
- ☐ 13a
- ☐ 13b

NAME OF COMMITTEE (In Full)
TEXANS FOR STOUALL

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

Mailing Address

City State ZIP Code

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

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

TERMS

Date Incurred M M / D D / Y Y Y Y | Date Due M M / D D / Y Y Y Y | Interest Rate % (apr) | Secured: ☐ Yes ☐ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

14020092788

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full): TEXANS FOR STOVALL

FEC IDENTIFICATION NUMBER: C

LENDING INSTITUTION (LENDER)
Full Name

Amount of Loan

Interest Rate (APR) %

Mailing Address

City State Zip Code

Date Incurred or Established M M / D D / Y Y Y Y

Date Due M M / D D / Y Y Y Y

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit,
Amount of this Draw:
Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: M M / D D / Y Y Y Y

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE M M / D D / Y Y Y Y

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title

DATE M M / D D / Y Y Y Y

14020092789

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

TEXANS FOR STOUALL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)	Report Covering Period: From:	To:
TEXANS FOR STOUALL	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y

	Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A			
B	Column Total Last Page Only.....		

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						

	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						

	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						

	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						

	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

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PECTION 1402009279 United States Senate Post Office

INSPECTION

United States Senate Post Office

INSPECTIO

U.S. SENATE TRACKING NUMBER 13-073928

FedEx. TRK# 0200 8709 3230 5730

FRI - 31 JAN 10:30A
PRIORITY OVERNIGHT
ISR
20510
DC-US
IAD

XC YKNA

FedEx Express US Airbill 8709 3230 573

1 From
Date 1-30-14 Sender's FedEx Account Number 215101167
Sender's Name [illegible] Phone [illegible]
Company [illegible]
Address [illegible]
City [illegible] State [illegible] ZIP [illegible]

Screened by Senate Post Office 6
JAN 31 2013

Screened by Senate Post Office 10
JAN 31 2014

2 Your Internal Billing Reference

3 To
Recipient's Name [illegible] Phone
Company Office of Public Record 1 HOLD Weekday Print FedEx location address below. NOT available for FedEx First Overnight. 31 HOLD Saturday Print FedEx location address below. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.
Address [illegible] Office Building
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room
Address
Print FedEx location address here if a HOLD option is selected.
City [illegible] State DC ZIP 20510-7116

FID 381826 30JAN14 CXOA 51AC1/06EC/65DD

Packages up to 150 lbs.

1 FedEx Priority Overnight Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
5 FedEx Standard Overnight Next business afternoon.* Saturday Delivery NOT available.
6 FedEx First Overnight Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.
3 FedEx 2Day Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
20 FedEx Express Saver Third business day.* Saturday Delivery NOT available.

4b Express Freight Service ** To most locations. Packages over 150 lbs.
7 FedEx 1Day Freight Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx 1Day Freight Booking No.
8 FedEx 2Day Freight Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY
83 FedEx 3Day Freight Third business day.** Saturday Delivery NOT available.

5 Packaging
6 FedEx Envelope* 2 Ex Tube 1 Other

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5730
FZ B04
RT 702 1

6 Special Handl
3 SATURD

No Signature Required Package may be left without obtaining a signature for delivery.
10 Direct Signature Someone at recipient's address may sign for delivery. Fee applies.
34 Signature available at recipient's address. Someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?
One box must be checked.
No 4 Yes As per attached Shipper's Declaration. Yes Shipper's Declaration not required. 6 Dry Ice Dry ice, 9, UN 1845 ___ x ___ kg
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.
Cargo Aircraft Only

7 Payment Bill to:
Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No.
1 Sender Acct. No. in Section 1 will be billed. 2 Recipient 3 Third Party 4 Credit Card 5 Cash/Check

Total Packages Total Weight lbs. Credit Card Auth.

fedex.com 1.800.GoFedEx 1.800.463.3339

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Service

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com,

fedex.com 1.800.GoFedEx 1.800.463.3339

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	1/30/14	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/3/14

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