

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 OCT 13 PM 1:17 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 SIMMONS4 CONGRESS

ADDRESS (number and street) 72 MAIN STREET UNIT 1L SHELBURNE FALLS MA 01370 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER 000619338 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT MA 01

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 05 ' 23 ' 2016 through 09 ' 30 ' 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Thomas T. Simmons Signature of Treasurer [Signature] Date 10 ' 06 ' 2016

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

20161013 10:01:01 AM 001037001

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Simmons 4 Congress

Report Covering the Period: From: ^{M M' D D' Y Y Y Y} *05' 23' 2016* To: ^{M M' D D' Y Y Y Y} *09' 30' 2016*

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).....	, 1,350.00	, 1,350.00
(ii) Unitemized.....	, 320.00	, 320.00
(iii) TOTAL of contributions from individuals <input type="checkbox"/>	, 1,670.00	, 1,670.00

(b) Political Party Committees.....	, 0.00	, 0.00
-------------------------------------	--------	--------

(c) Other Political Committees (such as PACs).....	, 1,000.00	, 1,000.00
---	------------	------------

(d) The Candidate.....	, 0.00	, 0.00
------------------------	--------	--------

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	, 4,340.00	, 4,340.00
--	------------	------------

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....**

, 0.00	, 0.00
-------------------	--------

13. LOANS:

(a) Made or Guaranteed by the Candidate.....	, 5,000.00	, 5,000.00
---	------------	------------

(b) All Other Loans.....	, 0.00	, 0.00
--------------------------	--------	--------

(c) TOTAL LOANS (add Lines 13(a) and (b)).....	, 5,000.00	, 5,000.00
---	------------	------------

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....**

, 0.00	, 0.00
--------	--------

**15. OTHER RECEIPTS
(Dividends, Interest, etc.).....**

, 0.00	, 0.00
--------	--------

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4).....**

, 9,340.00	, 9,340.00
------------	------------

20161010 10:10 AM 001070101

**DETAILED SUMMARY PAGE
of Disbursements**

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	, 7,339.94	, 7,339.94
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) <input type="checkbox"/>	, 7,339.94	, 7,339.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, , 0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 9,340.00
25. SUBTOTAL (add Line 23 and Line 24).....	, 9,340.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 7,339.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 2,000.06

2025 RELEASE UNDER E.O. 14176

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 1 OF 3
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 11b <input type="checkbox"/> 13b <input type="checkbox"/> 11c <input type="checkbox"/> 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)
SIMMONS 4 CONGRESS

Full Name (Last, First, Middle Initial) Simmons, Ethel		Date of Receipt 05' 23' 2016
Mailing Address 491 Merrick Rd, Apt A-8		Amount of Each Receipt this Period , 250.00
City Oceanside	State NY	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date , 350.00	

Full Name (Last, First, Middle Initial) Simmons, Ethel		Date of Receipt 08' 31' 2016
Mailing Address 491 Merrick Rd Apt A-8		Amount of Each Receipt this Period , 100.00
City Oceanside	State NY	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date , 350.00	

Full Name (Last, First, Middle Initial) Ruiz, Susan		Date of Receipt 09' 13' 2016
Mailing Address 9 Stone Bridge Lane		Amount of Each Receipt this Period , 500.00
City Milton	State MA	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer Self-employed	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date , 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	, 850.00
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 <u>2</u> OF <u>3</u>
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 11b <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <u>Crawford, Cristina</u>			Date of Receipt <u>09' 02' 2016</u>
Mailing Address <u>P.O. Box 226</u>			
City <u>Sherborn</u>	State <u>MA</u>	Zip Code <u>01770</u>	
FEC ID number of contributing federal political committee. <u>C</u>			Amount of Each Receipt this Period <u>, 500.00</u>
Name of Employer <u>Retired</u>		Occupation <u>Retired</u>	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		Election Cycle-to-Date <input type="checkbox"/>	<u>, 500.00</u>

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>			Amount of Each Receipt this Period
Name of Employer		Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		Election Cycle-to-Date <input type="checkbox"/>	

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>			Amount of Each Receipt this Period
Name of Employer		Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		Election Cycle-to-Date <input type="checkbox"/>	

SUBTOTAL of Receipts This Page (optional).....	<u>500.00</u>
TOTAL This Period (last page this line number only).....	

2016-10-14 14:01:00-1051-000

**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 3 OF 3		
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Libertarian Association of Massachusetts</u>			Date of Receipt
Mailing Address <u>P.O. Box 1154</u>			<u>06</u> / <u>23</u> / <u>2016</u>
City <u>Worcester</u>	State <u>MA</u>	Zip Code <u>01609</u>	Amount of Each Receipt this Period <u>1,000.00</u>
FEC ID number of contributing federal political committee. <u>C00332221</u>			
Name of Employer		Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		Election Cycle-to-Date <input type="checkbox"/> <u>1,000.00</u>	

Full Name (Last, First, Middle Initial) B.			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <u>C</u>			
Name of Employer		Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		Election Cycle-to-Date <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <u>C</u>			
Name of Employer		Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		Election Cycle-to-Date <input type="checkbox"/>	

SUBTOTAL of Receipts This Page (optional).....	<u>1,000.00</u>
TOTAL This Period (last page this line number only).....	<u>2,350.00</u>

20160510 10:00:00 AM

**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 OF 3

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

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NAME OF COMMITTEE (In Full)

Simmons 4 Congress

Full Name (Last, First, Middle Initial)

A. Arsenault, Alex

Mailing Address
165 New Boston St, suite 283

City Woburn State MA Zip Code 01801

Purpose of Disbursement
Consultant

Candidate Name
Thomas T. Simmons

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: MA District: 01

Date of Disbursement

06 ' 07 ' 2016

FEC Identification Number

C

Amount of Each Disbursement this Period

, 2,500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Arsenault, Alex

Mailing Address
165 New Boston St, suite 283

City Woburn State MA Zip Code 01801

Purpose of Disbursement
Consultant

Candidate Name
Thomas T. Simmons

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: MA District: 01

Date of Disbursement

07 ' 24 ' 2016

FEC Identification Number

C

Amount of Each Disbursement this Period

, 2,500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Staples Copy Center

Mailing Address
259 Mohawk Trail

City Greenfield State MA Zip Code 01301

Purpose of Disbursement
copies

Candidate Name
Thomas T. Simmons

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: MA District: 01

Date of Disbursement

06 ' 09 ' 2016

FEC Identification Number

C

Amount of Each Disbursement this Period

, 439.47

Memo Item

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

5439.47

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 2 OF 3

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Simmons 4 Congress

Full Name (Last, First, Middle Initial)

A. Zoom Balloons

Mailing Address

1905 main st

City

Davenport

State

IA

Zip Code

52803

Purpose of Disbursement

Campaign material

Candidate Name

Thomas T. Simmons

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MA

District: 01

Full Name (Last, First, Middle Initial)

B. Simmons, Thomas T.

Mailing Address

72 Main St Apt 1L

City

Shelburne Falls

State

MA

Zip Code

01370

Purpose of Disbursement

Reimbursement for (A) Above

Candidate Name

Thomas T. Simmons

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MA

District: 01

Full Name (Last, First, Middle Initial)

C. Myron Corp

Mailing Address

805 Maywood Ave

City

Maywood

State

NJ

Zip Code

07607

Purpose of Disbursement

Campaign material

Candidate Name

Thomas T. Simmons

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MA

District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

09' 19' 2016

FEC Identification Number

C

Amount of Each Disbursement this Period

, 210.00

Memo Item

Date of Disbursement

09' 19' 2016

FEC Identification Number

C

Amount of Each Disbursement this Period

, 210.00

X Memo Item

Date of Disbursement

08' 08' 2016

FEC Identification Number

C

Amount of Each Disbursement this Period

, 457.90

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

, , 667.90

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 3 OF 3

<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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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)

Full Name (Last, First, Middle Initial) A. Simmons, Thomas T		Date of Disbursement 08 06 2016
Mailing Address 72 Main St Apt 1L		FEC Identification Number C
City Shelburne Falls	State MA	
Purpose of Disbursement Reimbursement (Myron)	Zip Code 01370	Amount of Each Disbursement this Period , 457.90
Candidate Name Thomas T. Simmons	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item X
State: MA District: 01		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	
Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period Memo Item
Candidate Name	Category/Type	
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	
Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period Memo Item
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	, , 0.00
TOTAL This Period (last page this line number only).....▶	, 6,107.37

NON-FEDERAL CAMPAIGN DISBURSEMENTS

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

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

PAGE 1 OF 2

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Simmons & Congress

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

Simmons, Thomas T

Memo Item

Election:

Primary
 General
 Other (specify) []

Mailing Address

72 Main St Unit 1L

City

Shelburne Falls

State

MA

ZIP Code

01370

Personal Funds of the Candidate

Original Amount of Loan

2,500.00

Cumulative Payment To Date

5,000.00

Balance Outstanding at Close of This Period

5,000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

06' 07' 2016 06' 07' 2017

0% (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)..... []

2,500.00

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.

20161014 11:00:00 AM

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 1 of Schedule C

NAME OF COMMITTEE (In Full) Simmons 4 congress	FEC IDENTIFICATION NUMBER C00619338
--	---

LENDING INSTITUTION (LENDER) Full Name - NONE -	Amount of Loan , .	Interest Rate (APR) %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City	State	Zip Code
		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, Total Outstanding Balance: , .

Amount of this Draw: , .

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	DATE M M / D D / Y Y Y Y
Title	

20101101 10:14:01 AM

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

NAME OF COMMITTEE (In Full)
Simmons 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>- NONE -</i>			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			Outstanding Balance at Close of This Period
Amount Incurred This Period	Payment 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			Outstanding Balance at Close of This Period
Amount Incurred This Period	Payment 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			Outstanding Balance at Close of This Period
Amount Incurred This Period	Payment This Period		
, , .	, , .	, , .	

1) SUBTOTALS This Period This Page (optional).....	<input type="checkbox"/>	, , .
2) TOTALS This Period (last page this line number only).....	<input type="checkbox"/>	, , .
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="checkbox"/>	, , .
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only).....	<input type="checkbox"/>	, , .

2025 RELEASE UNDER E.O. 14176

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:			
Simmons 4 Congress		From:	To:		
		05' 23' 2016	09' 30' 2016		
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
Simmons 4 Congress				1,670-	Ø
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
1,000-	Ø-	4,340-	Ø	5,000-	Ø
(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
5,000-	Ø	Ø	9,340-	7,339.94	Ø
(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(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
Ø	Ø	Ø	Ø	Ø	Ø
(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
Ø	Ø	Ø	0.00	2006.06	0.00
(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			
5,000-	4,340-	7,339.94			
B					

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