

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 DAVID ALAMEEL FOR CONGRESS

ADDRESS (number and street) 5310 HARVEST HILL ROAD SUITE 202

Check if different than previously reported. (ACC) DALLAS TX 75230

2. FEC IDENTIFICATION NUMBER C C00507483 3. IS THIS REPORT NEW (N) OR AMENDED (A) TX 33

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 05 / 29 / 2012 in the State of TX

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

5. Covering Period 04 / 01 / 2012 through 05 / 09 / 2012

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 Nadya Alameel

Signature of Treasurer Nadya Alameel [Electronically Filed] Date 07 / 02 / 2012

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**DAVID ALAMEEL FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	160.00	5940.59
(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)).....	160.00	5940.59
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	2173751.55	2791863.01
(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)).....	2173751.55	2791863.01
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>-155572.71</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>2645349.71</b>	

**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

**DAVID ALAMEEL 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).....	0.00	55.59
(ii) Unitemized.....	160.00	160.00
(iii) TOTAL of contributions from individuals ▶	160.00	215.59
(b) Political Party Committees.....	0.00	2600.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	3125.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	160.00	5940.59
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	400000.00	2645349.71
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	400000.00	2645349.71
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)..... ▶	400160.00	2651290.30

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2173751.55	2791863.01
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	15000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2173751.55	2806863.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1618018.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	400160.00
25. SUBTOTAL (add Line 23 and Line 24).....	2018178.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2173751.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-155572.71

**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 217
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. David Alameel**

Mailing Address 5020 Tanbark Rd

City Dallas State TX Zip Code 75229

FEC ID number of contributing federal political committee. **C** H2TX06152

Name of Employer Self Occupation Dr.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2648530.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA13A.4330**

Amount of Each Receipt this Period  
 400000.00  
 PERSONAL LOAN FROM CANDIDATE

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

**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).....

400000.00

400000.00

**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 6 OF 217			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DeJuan Adams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 518.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5017
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. DeJuan Adams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 490.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Nicole Adams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 120.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4975
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1128.00
<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 7 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Nicole Adams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 224.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5112</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. DaQuan Akerman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4900</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. DaQuan Akerman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5201</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	704.00
<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 8 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Martha Alameel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address		Amount of Each Disbursement this Period 4430.00 <b>Transaction ID : SB17.4427</b>
City	State Zip Code	
Purpose of Disbursement Reimbursement- office supplies	Category/Type 001	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Michael Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5125</b>
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	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. Shaquala Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : SB17.4768</b>
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	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).....	4940.00
<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 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shaquala Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5164</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. All Saints Catholic Church</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 2500.00
City	State Zip Code	
Purpose of Disbursement Cinco de Mayo Parade	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4447</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 007	

Full Name (Last, First, Middle Initial) <b>c. All Saints Catholic Church</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 200.00
City	State Zip Code	
Purpose of Disbursement Security	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4454</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 007	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2940.00
<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 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Guadalupe Almuina</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : SB17.5570</b>
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	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. Carmen Arajo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 214.50 <b>Transaction ID : SB17.5537</b>
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	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. Rodrigo Arellano</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 264.00 <b>Transaction ID : SB17.5404</b>
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	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).....	698.50
<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 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rodrigo Arellano</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 605.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5694</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address PO BOX 5014		Amount of Each Disbursement this Period 1893.49
City	State Zip Code	
Purpose of Disbursement	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4387</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Oscar Avila</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5637</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2718.49
<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 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rosa Avila</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 511.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5646</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jairo Avina</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5415</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Paulette Azbill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 288.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4967</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	939.50
<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 13 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Paulette Azbill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 336.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5121</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Victor Ballas</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 4936 Radbrook Place		Amount of Each Disbursement this Period 2500.00
City	State Zip Code	
Purpose of Disbursement RENT	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Transaction ID : <b>SB17.4335</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Victor Ballas</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 4936 Radbrook Place		Amount of Each Disbursement this Period 218.30
City	State Zip Code	
Purpose of Disbursement RENT: UTILITIES	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Transaction ID : <b>SB17.4391</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3054.30
<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 14 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Victor Ballas</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 4936 Radbrook Place		Amount of Each Disbursement this Period 2500.00
City Dallas State TX Zip Code 75220	Purpose of Disbursement RENT	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		Transaction ID : SB17.4393
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Eric Barrera</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 324.00
City State Zip Code	Purpose of Disbursement	
Candidate Name		Transaction ID : SB17.5336
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Eric Barrera</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 540.00
City State Zip Code	Purpose of Disbursement	
Candidate Name		Transaction ID : SB17.5689
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3364.00
<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 15 OF 217		
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Juliette Barrilleaux</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2,000.00 Transaction ID : SB17.5262
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	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. Juliette Barrilleaux</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.5416
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	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. Veronica Beltran</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 2,080.00 Transaction ID : SB17.4493
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2255.00
<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 16 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Veronica Beltran</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2080.00
City	State Zip Code	
Purpose of Disbursement	Category/Type 001	<b>Transaction ID : SB17.4401</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Veronica Beltran</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2080.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5325</b>
Candidate Name		
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. Ife Bennet</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4816</b>
Candidate Name		
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).....	4300.00
<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 17 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ife Bennet</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5026</b>
Candidate Name		
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. Ife Bennet</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5263</b>
Candidate Name		
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. Ife Bennet</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5419</b>
Candidate Name		
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).....	315.00
<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 18 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Roderick Bennett</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4573</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Roderick Bennett</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4817</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Roderick Bennett</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 35.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5027</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	280.00
<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 19 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Roderick Bennett</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5264</b>
Candidate Name		
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. Roderick Bennett</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5420</b>
Candidate Name		
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. Quintlyn Bensen</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4887</b>
Candidate Name		
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).....	390.00
<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 20 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Quintlyn Bensen</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5139</b>
Candidate Name		
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. Gary Berryman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 336.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5119</b>
Candidate Name		
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. Geneva Bible</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 224.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4738</b>
Candidate Name		
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).....	740.00
<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: PAGE 21 OF 217  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. Geneva Bible**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 16 / 2012

Amount of Each Disbursement this Period  
574.00

Transaction ID : SB17.5019

Full Name (Last, First, Middle Initial)  
**B. Geneva Bible**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 20 / 2012

Amount of Each Disbursement this Period  
518.00

Transaction ID : SB17.5115

Full Name (Last, First, Middle Initial)  
**c. Quirangon M Birden**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 16 / 2012

Amount of Each Disbursement this Period  
140.00

Transaction ID : SB17.4818

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

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

1232.00

**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 22 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Quirangon M Birden</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 35.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5028</b>
Candidate Name		
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. Quirangon M Birden</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 35.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5265</b>
Candidate Name		
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. Patrick Black</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4984</b>
Candidate Name		
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) .....	250.00
<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 23 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Patrick Black</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5150</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Ralph Black</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4886</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Ralph Black</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5138</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<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 24 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Anthony Booker</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4769</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Anthony Booker</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5165</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Keshief Boone-Moland</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4744</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	780.00
<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 25 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Keshief Boone-Moland</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : SB17.5126</b>
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	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. Wilma Bracken</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 434.50 <b>Transaction ID : SB17.5675</b>
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	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. Jovonie Brewer</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : SB17.5140</b>
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	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).....	794.50
<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 26 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Danell Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4780</b>
Candidate Name		
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. Danell Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5177</b>
Candidate Name		
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. Lekitha Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5073</b>
Candidate Name		
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).....	750.00
<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 27 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lekitha Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5228</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Lekitha Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5485</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Perry Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4794</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	910.00
<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 28 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Perry Brown</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5202</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Shebra Brown</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2400.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4407</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Tarrance Brown</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4916</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2910.00
<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 29 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tarrance Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5189</b>
Candidate Name		
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. Patrick E. Buentello Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5127</b>
Candidate Name		
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. Manuel Caban</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4903</b>
Candidate Name		
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).....	690.00
<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 30 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Manuel Caban</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5151</b>
Candidate Name		
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. Joe Cabrera</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4578</b>
Candidate Name		
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. Joe Cabrera</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4819</b>
Candidate Name		
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).....	485.00
<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 31 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Joe Cabrera</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5029</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Joe Cabrera</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5266</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Joe Cabrera</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5423</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	385.00
<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 32 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sonia Calderon</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 4922 Autumn Hill		Amount of Each Disbursement this Period 2635.00 <b>Transaction ID : SB17.4376</b>
City Grand Prairie State TX Zip Code 75022	Purpose of Disbursement 001 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Capps Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 8555 John Carpenter Frwy.		Amount of Each Disbursement this Period 12736.44 <b>Transaction ID : SB17.4370</b>
City Dallas State TX Zip Code 75247	Purpose of Disbursement Van Rentals 002 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>c. Capps Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 8555 John Carpenter Frwy.		Amount of Each Disbursement this Period 33963.84 <b>Transaction ID : SB17.4373</b>
City Dallas State TX Zip Code 75247	Purpose of Disbursement VAN RENTALS 002 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	49335.28
<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 33 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capps Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 8555 John Carpenter Frwy.		Amount of Each Disbursement this Period 16981.92 <b>Transaction ID : SB17.4420</b>
City Dallas State TX Zip Code 75247	Purpose of Disbursement Van Rentals 002 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Kelton Carpenter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 324.00 <b>Transaction ID : SB17.4962</b>
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 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. Kelton Carpenter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 252.00 <b>Transaction ID : SB17.5117</b>
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 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).....	17557.92
<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 34 OF 217		
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Armando Castaneda</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 1254.97 <b>Transaction ID : SB17.4450</b>
City	State Zip Code	
Purpose of Disbursement Event Materials - decor, podium, etc.	Category/Type 007	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 33	

Full Name (Last, First, Middle Initial) <b>B. DaWaunta Castleberry</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.4798</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. DaWaunta Castleberry</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5203</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1704.97
<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 35 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Catholic Men's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 1428 North Commerce Street		Amount of Each Disbursement this Period 695.00 <b>Transaction ID : SB17.4433</b>
City Fort Worth State TX Zip Code 76106	Purpose of Disbursement Hall Rental 007 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Cory Cedillo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 264.00 <b>Transaction ID : SB17.5545</b>
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 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. Tina Chambers</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5075</b>
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 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) .....	1279.00
<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 36 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tina Chambers</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5229</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Tina Chambers</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 340.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5486</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Jeffrey Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4770</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	870.00
<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 37 OF 217	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5166</b>
Candidate Name		
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. Arleth Cisneros</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 308.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5528</b>
Candidate Name		
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. Irving Cisneros</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 231.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5348</b>
Candidate Name		
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) .....	779.00
<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 38 OF 217			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Irving Cisneros</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 396.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5573
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Aminah Colbert</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4771
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Aminah Colbert</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5167
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	906.00
<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 39 OF 217	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Nanette Colbert</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4772</b>
Candidate Name		
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. Nanette Colbert</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5168</b>
Candidate Name		
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. Jearlean S Coleman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4820</b>
Candidate Name		
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).....	650.00
<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 40 OF 217	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jearlean S Coleman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5030</b>
Candidate Name		
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. Jearlean S Coleman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5267</b>
Candidate Name		
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. Jearlean S Coleman</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5424</b>
Candidate Name		
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).....	420.00
<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 41 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Robbin Compton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5076</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Robbin Compton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5230</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Robbin Compton</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5487</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	880.00
<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 42 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Angelo Contreras</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 324.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5338</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Angelo Contreras</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 540.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5691</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Connie F. Contreras</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 520.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5411</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1384.00
<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 43 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Connie F. Contreras</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 660.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5516</b>
Candidate Name		
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. Danille Contreras</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 276.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5697</b>
Candidate Name		
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. Paul Contreras</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 440.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5642</b>
Candidate Name		
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).....	1376.00
<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 44 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Wendy Craig</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 308.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5673</b>
Candidate Name		
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. Jose Cruz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4940</b>
Candidate Name		
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. Jose Cruz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5213</b>
Candidate Name		
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).....	818.00
<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 45 OF 217	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dallas County Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 4209 Parry Ave		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4353</b>
City Dallas State TX Zip Code 75223	Purpose of Disbursement AD-23rd Senatorial District Convention Category/Type 004	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Dredrick Davis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 120.00 <b>Transaction ID : SB17.5136</b>
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 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. Stephen DeGrate</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.4773</b>
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 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).....	1860.00
<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 46 OF 217	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stephen DeGrate</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5170</b>
Candidate Name		
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. Deluxe For Business</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address P.O. BOX 1186		Amount of Each Disbursement this Period 411.96
City	State Zip Code Lancaster CA 93584	
Purpose of Disbursement Checks and Envelopes	Category/ Type 001	<b>Transaction ID : SB17.4361</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>c. Sergio Diaz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5214</b>
Candidate Name		
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).....	891.96
<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 47 OF 217			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sable Dickens</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4783</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sable Dickens</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5179</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Judith Dillard</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 224.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4736</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	734.00
<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 48 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Judith Dillard</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 588.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5018</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Judith Dillard</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 518.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5114</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Keisha Dillard</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4942</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1376.00
<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 49 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Keisha Dillard</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5215</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. LaKesha Dismuke</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4888</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. LaKesha Dismuke</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5141</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<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 50 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Theresa R. Dixon</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4796
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Theresa R. Dixon</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5152
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. DJ Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 1023 Woodhaven Blvd.		Amount of Each Disbursement this Period 1900.00
City	State Zip Code	
Fort Worth TX 76112	Candidate Name	Transaction ID : SB17.4368
Purpose of Disbursement Catering Services		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2410.00
<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 51 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andrew Drake</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.4781</b>
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	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. Andrew Drake</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5178</b>
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	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. Rhonda Dreyer</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : SB17.5644</b>
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	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).....	670.00
<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 52 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stanley Dreyer</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 478.50
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5661</b>
Candidate Name		
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. David Drude</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 324.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4966</b>
Candidate Name		
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. David Drude</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 336.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5120</b>
Candidate Name		
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).....	1138.50
<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 53 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Darlene Edwards</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.4774</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Darlene Edwards</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : SB17.5171</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Terrell Edwards</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : SB17.4904</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	660.00
<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 54 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Terrell Edwards</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5153</b>
Candidate Name		
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. Deborah Elmore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 290.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5231</b>
Candidate Name		
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. Deborah Elmore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 80.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5488</b>
Candidate Name		
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).....	550.00
<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 55 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Angel Enriquez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 214.50
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5521</b>
Candidate Name		
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. Matthew B. Epps</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4918</b>
Candidate Name		
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. Matthew B. Epps</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5190</b>
Candidate Name		
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).....	724.50
<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 56 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Adiryah Esaw</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : SB17.4584</b>
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	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. Adiryah Esaw</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.4823</b>
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	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. Adiryah Esaw</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.5034</b>
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	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) .....	385.00
<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 57 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Adiryah Esaw</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5269</b>
Candidate Name		
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. Adiryah Esaw</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5427</b>
Candidate Name		
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. Jaime Estrada</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5216</b>
Candidate Name		
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).....	520.00
<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 58 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Johnny Eubanks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 308.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5585
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Contrell Evans</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4583
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Contrell Evans</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4822
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	553.00
<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 59 OF 217		
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Contrell Evans</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5033</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Contrell Evans</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5268</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Fast Signs</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 3107 W. Camp Wisdom Rd. 210		Amount of Each Disbursement this Period 1457.05
City	State Zip Code	
Dallas TX 75237		<b>Transaction ID : SB17.4390</b>
Purpose of Disbursement BANNERS	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: TX District: 33	Category/Type 006	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1667.05
<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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. Fernando's Catering, Inc.**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Food for Event

Candidate Name  
**DAVID ALAMEEL FOR CONGRESS**

Office Sought:  House  Senate  President  
State: TX District: 33

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 23 / 2012

Amount of Each Disbursement this Period  
3366.00

Transaction ID : SB17.4455

Category/Type  
007

Full Name (Last, First, Middle Initial)  
**B. Letric Ferrell**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 16 / 2012

Amount of Each Disbursement this Period  
240.00

Transaction ID : SB17.4890

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 20 / 2012

Amount of Each Disbursement this Period  
240.00

Transaction ID : SB17.5142

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 3846.00

**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 61 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lydia Flores</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4585</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Lydia Flores</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4824</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Lydia Flores</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5035</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	385.00
<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 62 OF 217			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lydia Flores</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5270</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Lydia Flores</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5428</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Adrienne C. Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4775</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	550.00
<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 63 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Adrienne C. Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5172</b>
Candidate Name		
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. Harry Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4800</b>
Candidate Name		
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. Harry Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5204</b>
Candidate Name		
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) .....	750.00
<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 64 OF 217		
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jesse L. Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 324.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4971</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jesse L. Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 336.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5123</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Fred's Barbeque Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 808 East Irving Blvd.		Amount of Each Disbursement this Period 736.62
City	State Zip Code	
Irving TX 75060		<b>Transaction ID : SB17.4355</b>
Purpose of Disbursement Food Expense-Irving Campaign Event	Category/Type 007	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TX District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1396.62
<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 65 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Judy Gallegos</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 620.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5334</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Judy Gallegos</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 620.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5409</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Judy Gallegos</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 750.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5515</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1990.00
<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 66 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Daniel Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5552</b>
Candidate Name		
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. Isa Garza</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 352.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5574</b>
Candidate Name		
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. Alfredo Gaytan</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 500.50
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5518</b>
Candidate Name		
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).....	1072.50
<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 67 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Angelica Gaytan</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 214.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5523</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Ruby Gaytan</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 297.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5652</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Crystal Gaytan</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 302.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5548</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	814.00
<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 68 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sterman Giddings</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 252.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4965
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Diana Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5079
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Diana Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5232
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	892.00
<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 69 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Diana Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 302.50
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5489</b>
Candidate Name		
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. Suhaylee Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5081</b>
Candidate Name		
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. Suhaylee Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5233</b>
Candidate Name		
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).....	862.50
<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 70 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Suhaylee Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 302.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5490</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Agustin Gomez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5271</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Agustin Gomez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5429</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	582.50
<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 71 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Johnny Gomez Sr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5085</b>
Candidate Name		
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. Johnny Gomez Sr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5234</b>
Candidate Name		
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. Johnny Gomez Sr.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5491</b>
Candidate Name		
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).....	960.00
<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 72 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jonathan Gomez Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5492</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Edgar Gonzalez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 253.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5560</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Michael Gonzalez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 216.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4972</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	789.00
<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 73 OF 217	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michael Gonzalez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 336.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5124</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Michael Grace</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 420.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4558</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Michael Grace</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2080.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4415</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2836.00
<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 74 OF 217			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michael Grace</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2080.00 <b>Transaction ID : SB17.5326</b>
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	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. Tirrell Grace</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.4776</b>
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	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. Tirrell Grace</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5173</b>
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	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) .....	2530.00
<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 75 OF 217	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Billy Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : SB17.4586</b>
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	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. Billy Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : SB17.4825</b>
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	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. Billy Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.5040</b>
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	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).....	350.00
<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 76 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Billy Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 485.00 <b>Transaction ID : SB17.5273</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Billy Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : SB17.5430</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Akeem Griffin</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.4946</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	485.00
<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 77 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Akeem Griffin</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5217</b>
Candidate Name		
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. Andy Guerara</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5431</b>
Candidate Name		
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. David Hampton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4905</b>
Candidate Name		
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).....	495.00
<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 78 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Joe Harper</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 120.00 <b>Transaction ID : SB17.5218</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chassidi Harvis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : SB17.4948</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chassidi Harvis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5219</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	630.00
<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 79 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Marvin Heath</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4893
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Marvin Heath</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5137
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Sabrina Henderson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4920
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	720.00
<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 80 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sabrina Henderson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5191</b>
Candidate Name		
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. Diego Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5356</b>
Candidate Name		
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. Diego Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 363.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5559</b>
Candidate Name		
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).....	823.00
<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 81 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cassandra Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5593</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Marilda Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5432</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Obdulia Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4587</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	465.00
<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 82 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Obdulia Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4827</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Obdulia Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5045</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Obdulia Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5277</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	420.00
<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 83 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Obdulia Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5433</b>
Candidate Name		
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. A. Mira Herrera</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 187.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5517</b>
Candidate Name		
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. Melissa Herrera</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5434</b>
Candidate Name		
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).....	467.00
<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 84 OF 217			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Eduardo Hinojosa</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4950</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Eduardo Hinojosa</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5220</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Kevin Holman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5174</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	720.00
<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 85 OF 217			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Thomas Holmes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5087</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thomas Holmes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5237</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Thomas Holmes</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5493</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	960.00
<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 86 OF 217			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Chelouis Hootsell</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4895</b>
Candidate Name		
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. Chelouis Hootsell</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5143</b>
Candidate Name		
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. Tammara Houston</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4952</b>
Candidate Name		
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).....	720.00
<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 87 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Nakerra Hudspeth</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4922</b>
Candidate Name		
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. Nakerra Hudspeth</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5192</b>
Candidate Name		
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. Cleo Jackson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 216.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5435</b>
Candidate Name		
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).....	696.00
<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 88 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lonnie Jackson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4784</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Lonnie Jackson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5180</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Pothenia Jackson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4926</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	780.00
<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 89 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Pothenia Jackson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5193</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Jacobs</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4588</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Jacobs</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4830</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	425.00
<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 90 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Jacobs</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5046</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Jacobs</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5282</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Jacobs</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5436</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	420.00
<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 91 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Eloy Jaimez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5283</b>
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) <b>B. Eloy Jaimez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5437</b>
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) <b>C. Dewayne D. Jenkins</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4906</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.00
<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 92 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dewayne D. Jenkins</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5156</b>
Candidate Name		
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. Hector Jimenez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5284</b>
Candidate Name		
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. Hector Jimenez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5438</b>
Candidate Name		
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).....	520.00
<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 93 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Eric R. Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.4785</b>
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	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. Eric R. Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5181</b>
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	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. Ernest R. Johnson Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.4786</b>
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	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).....	660.00
<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 94 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ernest R. Johnson Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5182</b>
Candidate Name		
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. Raymond Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 136.50
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4589</b>
Candidate Name		
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. Raymond Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4831</b>
Candidate Name		
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).....	516.50
<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 95 OF 217		
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Raymond Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 168.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5048</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Raymond Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 528.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4411</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Raymond Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 168.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5285</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	864.00
<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 96 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Raymond Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 528.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5328</b>
Candidate Name		
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. Raymond Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 216.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5440</b>
Candidate Name		
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. Takesha Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4928</b>
Candidate Name		
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).....	1014.00
<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 97 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TaKeshia Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5194</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Gomez Jonathan Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5083</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. David Jones</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4930</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	830.00
<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 98 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. David Jones</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5195</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Michael Jones</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4777</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Michael Jones</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5175</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	750.00
<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 99 OF 217		
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jovanny's Cake Decor</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : SB17.4452</b>
City	State Zip Code	
Purpose of Disbursement Food and Dessert	Category/Type 007	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 33	

Full Name (Last, First, Middle Initial) <b>B. JW LEGGETT CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4394</b>
City	State Zip Code	
Purpose of Disbursement RENT	Category/Type 001	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 33	

Full Name (Last, First, Middle Initial) <b>c. Denisha Kelly</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 176.00 <b>Transaction ID : SB17.5556</b>
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	
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).....	2376.00
<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 100 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Steven L. Keys</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4907</b>
Candidate Name		
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. Samir Khalil</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address PO BOX 1767		Amount of Each Disbursement this Period 2000.00
City	State Zip Code	
Colleyville TX 76034		<b>Transaction ID : SB17.4461</b>
Purpose of Disbursement RENT	Category/Type 001	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>C. KHVN &amp; KGGR Radio</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address		Amount of Each Disbursement this Period 35000.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4384</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37240.00
<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 101 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jeremy Kitchen</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 467.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5582</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jim Kitchen</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address		Amount of Each Disbursement this Period 41000.00
City	State Zip Code	
Purpose of Disbursement Polling Expenses	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4429</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 005	

Full Name (Last, First, Middle Initial) <b>c. Ebone Knox</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5286</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	41607.50
<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 102 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ebone Knox</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5441</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. KRLD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address		Amount of Each Disbursement this Period 69200.00
City	State Zip Code	
Purpose of Disbursement radio	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4491</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 004	

Full Name (Last, First, Middle Initial) <b>c. Wanda Lacour</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 80.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5494</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	69420.00
<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 103 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Alberto Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5226</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alberto Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5240</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Alberto Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 110.00 <b>Transaction ID : SB17.5495</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<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 104 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Marcelino Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4590</b>
Candidate Name		
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. Marcelino Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4832</b>
Candidate Name		
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. Marcelino Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5051</b>
Candidate Name		
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).....	385.00
<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 105 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Marcelino Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5287</b>
Candidate Name		
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. Marcelino Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5442</b>
Candidate Name		
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. Sandra Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4833</b>
Candidate Name		
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) .....	420.00
<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 106 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sandra Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5052</b>
Candidate Name		
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. Sandra Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5288</b>
Candidate Name		
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. Sandra Lara</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5443</b>
Candidate Name		
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).....	420.00
<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 107 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Latimundo</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2012
Mailing Address 5310 Harvest Hill Rd STE 200		Amount of Each Disbursement this Period 87657.31 <b>Transaction ID : SB17.4346</b>
City Dallas State TX Zip Code	Purpose of Disbursement AIRTIME Category/Type 004	
Candidate Name DAVID ALAMEEL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. LaShonda Lee</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.4924</b>
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 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. LaShonda Lee</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5196</b>
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 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).....	88137.31
<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 108 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Oberian Lee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.4787</b>
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	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. Oberian Lee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5183</b>
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	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. Paola Leon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 253.00 <b>Transaction ID : SB17.5640</b>
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	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).....	733.00
<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 109 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jeffery Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4802</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jeffery Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5205</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Trystan Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4748</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	780.00
<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 110 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hollis Lloyd</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4593</b>
Candidate Name		
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. Hollis Lloyd</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4834</b>
Candidate Name		
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. Hollis Lloyd</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 35.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5225</b>
Candidate Name		
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).....	245.00
<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 111 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hollis Lloyd</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 35.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5289</b>
Candidate Name		
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. Ricco Loya</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5221</b>
Candidate Name		
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. Nicolas Lucero</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 297.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5352</b>
Candidate Name		
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).....	572.00
<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 112 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Nicolas Lucero</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 495.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5636</b>
Candidate Name		
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. Jerrol Lyons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5088</b>
Candidate Name		
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. Jerrol Lyons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5241</b>
Candidate Name		
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).....	1135.00
<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 113 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jerrol Lyons</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5496</b>
Candidate Name		
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. Pierre M. Majors</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4909</b>
Candidate Name		
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. Pierre M. Majors</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 120.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5206</b>
Candidate Name		
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).....	710.00
<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 114 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jeronimo Marquez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5444</b>
Candidate Name		
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. Jennifer Martin</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 290.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5091</b>
Candidate Name		
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. Jennifer Martin</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5242</b>
Candidate Name		
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).....	715.00
<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 115 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Martin</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5497</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Clara Martinez</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5222</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hiram Estrada Martinez Jr.</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.5445</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	700.00
<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 116 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Phillip Martinez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5092</b>
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	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. Phillip Martinez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5243</b>
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	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. Phillip Martinez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5498</b>
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	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).....	960.00
<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 117 OF 217	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Raphael Martinez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 456.50
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5643</b>
Candidate Name		
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. John Anthony Matthews</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 396.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5583</b>
Candidate Name		
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. Rishada Maxie</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4555</b>
Candidate Name		
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).....	1062.50
<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 118 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rishada Maxie</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 136.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4594</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rishada Maxie</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4836</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Rishada Maxie</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 168.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5053</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	444.50
<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 119 OF 217	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rishada Maxie</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 618.00 <b>Transaction ID : SB17.5295</b>
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	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. Breana Mayfield</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : SB17.4750</b>
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	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. Breana Mayfield</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : SB17.5128</b>
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	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).....	618.00
<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 120 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rakia R. McDougle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4804</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rakia R. McDougle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5157</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Teresa McDougle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4806</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	720.00
<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 121 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Teresa McDougle</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5207</b>
Candidate Name		
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. Yolanda McGowan</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4752</b>
Candidate Name		
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. Yolanda McGowan</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5129</b>
Candidate Name		
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).....	750.00
<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 122 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sheldon Melton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5244
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Sheldon Melton</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 160.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5499
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Candy Mendez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5448
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	585.00
<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 123 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Gloria Mills</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5208</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Fonisha Moblin</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4932</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Fonisha Moblin</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5197</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<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 124 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cameron Moffett</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 252.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4964</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Cameron Moffett</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 336.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5118</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Harold T. Moland</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4778</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	798.00
<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 125 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Harold T. Moland</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5176</b>
Candidate Name		
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. Dixie Moore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5094</b>
Candidate Name		
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. Dixie Moore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 310.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5246</b>
Candidate Name		
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).....	870.00
<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 126 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dixie Moore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 150.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5500</b>
Candidate Name		
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. Antonio Morales</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4788</b>
Candidate Name		
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. Antonio Morales</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5184</b>
Candidate Name		
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).....	630.00
<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 127 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Murphy Vogel Askew Reilly LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 06 / 2012</b>
Mailing Address 901 N. Washington St. STE 400		Amount of Each Disbursement this Period <b>7421.60</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement CONSULTANT- REIMBURSABLE TRAVEL EXPENSES	Transaction ID : <b>SB17.4345</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Category/Type <b>002</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Oak Cliff Chamber of the Arts</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 10 / 2012</b>
Mailing Address		Amount of Each Disbursement this Period <b>5000.00</b>
City State Zip Code	Purpose of Disbursement Cinco de May Event Sponsorship	Transaction ID : <b>SB17.4357</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Category/Type <b>007</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Josh Odom</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 20 / 2012</b>
Mailing Address		Amount of Each Disbursement this Period <b>320.00</b>
City State Zip Code	Purpose of Disbursement	Transaction ID : <b>SB17.5096</b>
Candidate Name	Category/Type	
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>12741.60</b>
<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 128 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Josh Odom</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5247</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Josh Odom</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5501</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Rosa Orosco</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 352.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5648</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	992.00
<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 129 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cristina Orozco</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4595</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Cristina Orozco</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4837</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Cristina Orozco</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5054</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	385.00
<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 130 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cristina Orozco</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5298</b>
Candidate Name		
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. Cristina Orozco</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5451</b>
Candidate Name		
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. Ivette Orozco</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5576</b>
Candidate Name		
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).....	500.00
<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 131 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michael Ortega</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 308.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5629</b>
Candidate Name		
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. Clifford Parks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4756</b>
Candidate Name		
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. Clifford Parks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5130</b>
Candidate Name		
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).....	818.00
<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 132 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Angelica Parra</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 335.50
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5524</b>
Candidate Name		
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. Dennis Pearson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5299</b>
Candidate Name		
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. Dennis Pearson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5452</b>
Candidate Name		
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).....	615.50
<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 133 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Raul Pedraza Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4597</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Raul Pedraza Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4839</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Albert Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5453</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	350.00
<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 134 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brenda Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 264.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5534</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Melissa Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4596</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Melissa Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4838</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	509.00
<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 135 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Melissa Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5057</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Melissa Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5302</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Melissa Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5456</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	420.00
<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 136 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Victor Perez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 209.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5669</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Brittney Person</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5097</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Brittney Person</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5248</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	849.00
<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 137 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Britney Person</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5502</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Phil's Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 2550 W. Redbird Land, #404		Amount of Each Disbursement this Period 3900.00
City	State Zip Code	
Purpose of Disbursement Catering Services	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4365</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Jose Plata</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 2711 Avon Street		Amount of Each Disbursement this Period 5500.00
City	State Zip Code	
Purpose of Disbursement PROFESSIONAL SERVICES	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4336</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9720.00
<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 138 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jose Plata</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 2711 Avon Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4386</b>
City Dallas State TX Zip Code 75211	Purpose of Disbursement REIMBURSEMENT- MARIACHI BAND Category/Type 007	
Candidate Name DAVID ALAMEEL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Jose Plata</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 2711 Avon Street		Amount of Each Disbursement this Period 5500.00 <b>Transaction ID : SB17.4397</b>
City Dallas State TX Zip Code 75211	Purpose of Disbursement CONSULTING Category/Type 001	
Candidate Name DAVID ALAMEEL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>c. Jelani Pollard</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.5457</b>
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 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).....	6140.00
<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 139 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Antionette Preston</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 352.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5525</b>
Candidate Name		
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. LaTonya Price</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4810</b>
Candidate Name		
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. LaTonya Price</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5209</b>
Candidate Name		
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).....	742.00
<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 140 OF 217		
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Moinca Price</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4812</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Moinca Price</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5145</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Price Photography</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address PO BOX 1923		Amount of Each Disbursement this Period 3815.81
City	State Zip Code	
Cedar Hill TX 75106		<b>Transaction ID : SB17.4340</b>
Purpose of Disbursement	Category/Type 001	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TX District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4205.81
<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 141 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Price Photography</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2012
Mailing Address PO BOX 1923		Amount of Each Disbursement this Period 2868.62
City Cedar Hill	State TX	
Zip Code 75106	Purpose of Disbursement Photography Services	Transaction ID : SB17.4422
Candidate Name DAVID ALAMEEL FOR CONGRESS	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX	District: 33	

Full Name (Last, First, Middle Initial) <b>B. Patrick Puckett</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : SB17.5098
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) <b>C. Patrick Puckett</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : SB17.5249
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3508.62
<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 142 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Patrick Puckett</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 242.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5503</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Amelia Puente</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 160.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4873</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Amelia Puente</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5099</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	722.50
<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 143 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Amelia Puente</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5250</b>
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	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. Amelia Puente</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 292.50 <b>Transaction ID : SB17.5504</b>
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	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. Paloma Pulido</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 253.00 <b>Transaction ID : SB17.5638</b>
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	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).....	865.00
<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 144 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Radio One</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 150630.00 <b>Transaction ID : SB17.4413</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type 004	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Arnulfo Ramirez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 291.50 <b>Transaction ID : SB17.5529</b>
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	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. Celeste Ramirez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 264.00 <b>Transaction ID : SB17.5539</b>
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	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).....	151185.50
<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 145 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Graciela Ramirez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 440.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5569</b>
Candidate Name		
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. Lenora Randolph</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4896</b>
Candidate Name		
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. Lenora Randolph</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5146</b>
Candidate Name		
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).....	860.00
<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 146 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Reece Supply Company of Dallas</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 3308 Royalty Row		Amount of Each Disbursement this Period 2078.40 <b>Transaction ID : SB17.4342</b>
City Irving State TX Zip Code 75062	Purpose of Disbursement 4000 Step Stake Frames 004 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. La'Shundra Reed</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 352.00 <b>Transaction ID : SB17.5596</b>
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 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. REEL TO REEL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address		Amount of Each Disbursement this Period 1872.57 <b>Transaction ID : SB17.4382</b>
City State Zip Code	Purpose of Disbursement studio time 004 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4302.97
<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 147 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rickey Rhodes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5100</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rickey Rhodes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5251</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Rickey Rhodes</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 260.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5505</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<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 148 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Benjamin F. Riley Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4758</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Benjamin F. Riley Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5131</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Rindy Miller Media</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 2401 E. 6th Street STE 1003		Amount of Each Disbursement this Period 1000000.00
City	State Zip Code	
Austin TX 78702		<b>Transaction ID : SB17.4332</b>
Purpose of Disbursement CONSULTING/ AIRTIME ADVERTISING	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: TX District: 33	Category/Type 004	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000510.00
<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 149 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Danny Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4960</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Danny Rios</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5224</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Scharlene Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 264.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5654</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	774.00
<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 150 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michael Robertson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4599</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Michael Robertson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5058</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Michael Robertson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5305</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	385.00
<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 151 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michael Robertson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5458</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Arleasha Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4789</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Arleasha Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5185</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	650.00
<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 152 OF 217		
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Armando Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4439</b>
City	State Zip Code	
Purpose of Disbursement Advance for Expenses	001 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Armando Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4460</b>
City	State Zip Code	
Purpose of Disbursement Advance For Expenses	001 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>c. Armando Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.4424</b>
City	State Zip Code	
Purpose of Disbursement Cinco de Mayo - Reimbursement	001 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6400.00
<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 153 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Armando Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4426</b>
City	State Zip Code	
Purpose of Disbursement Expenses	Category/ Type 001	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 33	

Full Name (Last, First, Middle Initial) <b>B. Armando Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : SB17.5333</b>
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Armando Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : SB17.5410</b>
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6700.00
<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 154 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mario Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5687
Candidate Name		
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. Sabino Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address		Amount of Each Disbursement this Period 725.00
City	State Zip Code	
Purpose of Disbursement Event Entertainment	Category/Type 007	Transaction ID : SB17.4437
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>c. Sabino Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 121.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	Transaction ID : SB17.5408
Candidate Name		
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).....	1086.00
<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 155 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sabino Robles</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 341.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5692</b>
Candidate Name		
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. Essence Roddy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4910</b>
Candidate Name		
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. Essence Roddy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5158</b>
Candidate Name		
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).....	761.00
<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 156 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Chris Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5459</b>
Candidate Name		
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. Jerrica Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5223</b>
Candidate Name		
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. Lillian Rojas</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 429.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5601</b>
Candidate Name		
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).....	749.00
<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 157 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Veronica Rojo</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5102</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Veronica Rojo</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5252</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Veronica Rojo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5506</b>
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	960.00
<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 158 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Endy Romero</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5561</b>
Candidate Name		
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. Juan L. Romero</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 264.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5589</b>
Candidate Name		
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. Magda Romero</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 176.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5610</b>
Candidate Name		
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).....	660.00
<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 159 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Maria Romero</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5693</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Andre Russell</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4912</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Andre Russell</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5210</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	670.00
<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 160 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Fernando Salazar</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 220.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5564</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Viviana Saldana</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 352.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5671</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Benido Saldivar</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 760.00
City	State Zip Code	
Purpose of Disbursement Mariachi - Entertainment	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4445</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 007	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1332.00
<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 161 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Oyarvide Salvador</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : SB17.5308</b>
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	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. Oyarvide Salvador</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : SB17.5462</b>
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	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. Tajuanna Samuels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.4791</b>
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	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).....	420.00
<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 162 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tajuanna Samuels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5186</b>
Candidate Name		
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. Kathryn Sanders</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5104</b>
Candidate Name		
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. Kathryn Sanders</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5253</b>
Candidate Name		
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).....	880.00
<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 163 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kathryn Sanders</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 272.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5507</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Dianna Santos</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 297.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5557</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Service Broadcasting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address		Amount of Each Disbursement this Period 235100.00
City	State Zip Code	
Purpose of Disbursement RADIO	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4378</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 004	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	235669.50
<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 164 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Billy Shetter</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5463</b>
Candidate Name		
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. Oscar Silva</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5464</b>
Candidate Name		
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. Bernard Silvas</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5313</b>
Candidate Name		
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).....	385.00
<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 165 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bernard Silvas</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5465</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jannette Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 70.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4600</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Jannette Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4842</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	315.00
<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 166 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jannette Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5062</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jannette Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5314</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Jannette Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5466</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	385.00
<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 167 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Billy C. Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 324.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4969</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Billy C. Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 336.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5122</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Courtney Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 247.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5547</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	907.50
<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 168 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Natalia Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5105</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Natalia Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5254</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Natalia Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 272.50
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5508</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	912.50
<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 169 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Robert Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4913</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Robert Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5159</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Sonido Poder (Abel Garcia)</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 900.00
City	State Zip Code	
Purpose of Disbursement DJ and Entertainment	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4443</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 007	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1410.00
<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 170 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Southwest Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 4545 S. Westmoreland		Amount of Each Disbursement this Period 9783.40 <b>Transaction ID : SB17.4344</b>
City Dallas State TX Zip Code 75237	Purpose of Disbursement FLYERS 004 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Southwest Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 4545 S. Westmoreland		Amount of Each Disbursement this Period 10392.00 <b>Transaction ID : SB17.4364</b>
City Dallas State TX Zip Code 75237	Purpose of Disbursement Printing Services 006 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>C. Southwest Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 4545 S. Westmoreland		Amount of Each Disbursement this Period 33500.00 <b>Transaction ID : SB17.4406</b>
City Dallas State TX Zip Code 75237	Purpose of Disbursement 006 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53675.40
<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 171 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Southwest Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 4545 S. Westmoreland		Amount of Each Disbursement this Period 2315.08 <b>Transaction ID : SB17.4423</b>
City Dallas State TX Zip Code 75237	Purpose of Disbursement Printing Services Category/Type 006	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Sowels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : SB17.4792</b>
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 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. Cynthia Sowels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5187</b>
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 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).....	2315.08
<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 172 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DeAndre Sowels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 660.00 <b>Transaction ID : SB17.4897</b>
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	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. DeAndre Sowels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.5147</b>
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	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. Pamela Sowels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : SB17.4936</b>
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	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).....	660.00
<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 173 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Pamela Sowels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5198</b>
Candidate Name		
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. LaTosha Stallings</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4760</b>
Candidate Name		
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. LaTosha Stallings</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5132</b>
Candidate Name		
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).....	750.00
<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 174 OF 217			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andre Stevenson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4914</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Andre Stevenson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5160</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Dona Stewart</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4814</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	720.00
<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 175 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dona Stewart</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5211</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stretch and Company</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 1000.00
City	State Zip Code	
Purpose of Disbursement Event Entertainment	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4440</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 007	

Full Name (Last, First, Middle Initial) <b>C. Francisco Suarez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4843</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1380.00
<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 176 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Francisco Suarez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5063</b>
Candidate Name		
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. Francisco Suarez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5315</b>
Candidate Name		
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. Francisco Suarez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5467</b>
Candidate Name		
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).....	420.00
<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 177 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hillary Suarez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5064</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Hillary Suarez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5316</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Hillary Suarez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.5468</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	420.00
<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 178 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Curtis Tanksley</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 396.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5550</b>
Candidate Name		
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. Rickey Tanksley</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5106</b>
Candidate Name		
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. Rickey Tanksley</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5255</b>
Candidate Name		
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).....	1036.00
<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 179 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rickey Tanksley</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 275.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5509</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Tarrant County Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 2806 Race Street		Amount of Each Disbursement this Period 5000.00
City	State Zip Code	
Purpose of Disbursement Sponsorship-Tarrant County Senate District Convention 2012 Gala	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4359</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 004	

Full Name (Last, First, Middle Initial) <b>c. Tammy Taylor</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 224.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5020</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5499.00
<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 180 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Semekia Thomas</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4762</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Semekia Thomas</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5133</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Markee Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5065</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	650.00
<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 181 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Markee Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5317</b>
Candidate Name		
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. Markee Thompson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5471</b>
Candidate Name		
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. Jennifer Tobin</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4764</b>
Candidate Name		
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) .....	490.00
<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 182 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Tobin</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5134</b>
Candidate Name		
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. Carol Trahan</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5212</b>
Candidate Name		
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. Lorena Treto</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5256</b>
Candidate Name		
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).....	740.00
<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 183 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lorena Treto</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 64.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5330</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Lorena Treto</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 150.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5510</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Lorena Treto</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 30.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5514</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	244.00
<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 184 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Carmen Urias</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2012
Mailing Address 106 East Second		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4398</b>
City Irving State TX Zip Code 75060	Purpose of Disbursement RENT 001 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Carmen Urias</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2012
Mailing Address 106 East Second		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4421</b>
City Irving State TX Zip Code 75060	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>C. US POSTMASTER</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 32000.97 <b>Transaction ID : SB17.4403</b>
City State Zip Code	Purpose of Disbursement 001 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33800.97
<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 185 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Olga Valverde</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2012
Mailing Address		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4435</b>
City	State Zip Code	
Purpose of Disbursement Event Services	Category/Type 007	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 33	

Full Name (Last, First, Middle Initial) <b>B. Teresa Varona</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5331</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Teresa Varona</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00 <b>Transaction ID : SB17.5511</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1290.00
<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 186 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Aracely Vasquez</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 214.50
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5527</b>
Candidate Name		
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. Tony Vela</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 291.50
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5665</b>
Candidate Name		
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. Juan Velez</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4604</b>
Candidate Name		
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).....	611.00
<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 187 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Juan Velez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4847</b>
Candidate Name		
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. Juan Velez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5066</b>
Candidate Name		
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. Juan Velez</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5318</b>
Candidate Name		
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) .....	420.00
<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 188 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Juan Velez</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5478</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Richard Walton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4938</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Ruth Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5107</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	590.00
<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 189 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ruth Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City State Zip Code		
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5258</b>
Candidate Name		
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. Ruth Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City State Zip Code		
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5512</b>
Candidate Name		
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. John Webber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City State Zip Code		
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4793</b>
Candidate Name		
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).....	830.00
<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 190 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. John Webber</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5188</b>
Candidate Name		
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. Kerry Weston</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4605</b>
Candidate Name		
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. Kerry Weston</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4848</b>
Candidate Name		
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).....	485.00
<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 191 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kerry Weston</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5067</b>
Candidate Name		
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. Kerry Weston</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5319</b>
Candidate Name		
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. Kerry Weston</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5479</b>
Candidate Name		
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) .....	420.00
<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 192 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Robert Weston</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4606</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Robert Weston</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 35.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4849</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Shane White</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB17.4607</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	245.00
<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 193 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shane White</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4850</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Shane White</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5068</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Shane White</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5320</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	385.00
<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 194 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Shane White</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5480</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Adrian Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4608</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Carl Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4915</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	515.00
<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 195 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Carl Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5161</b>
Candidate Name		
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. Dorthy Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5109</b>
Candidate Name		
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. Dorthy Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5259</b>
Candidate Name		
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).....	880.00
<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 196 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dorthy Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 320.00
City State Zip Code		
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5513</b>
Candidate Name		
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. Iesha Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City State Zip Code		
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.4898</b>
Candidate Name		
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. Iesha Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City State Zip Code		
Purpose of Disbursement	Category/ Type	<b>Transaction ID : SB17.5148</b>
Candidate Name		
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).....	800.00
<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 197 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jereld Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.4557</b>
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	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. Jereld Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 136.50 <b>Transaction ID : SB17.4609</b>
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	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. Jereld Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.4851</b>
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	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).....	486.50
<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 198 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jereld Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 168.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5069</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jereld Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 528.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4417</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Jereld Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 168.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5321</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	864.00
<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 199 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jereld Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 528.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5329</b>
Candidate Name		
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. Jereld Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 216.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5481</b>
Candidate Name		
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. Mario Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 180.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4899</b>
Candidate Name		
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) .....	924.00
<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 200 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mario Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5149</b>
Candidate Name		
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. Yvonne Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 2080.00
City State Zip Code		
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4492</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>c. Yvonne Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2080.00
City State Zip Code		
Purpose of Disbursement	Category/Type 001	<b>Transaction ID : SB17.4399</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4400.00
<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 201 OF 217			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Yvonne Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2080.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.5324
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) <b>B. Jerry Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4610
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) <b>c. Jerry Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4852
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2325.00
<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 202 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rodrick Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2080.00 <b>Transaction ID : SB17.4409</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type 001	Amount of Each Disbursement this Period 2080.00 <b>Transaction ID : SB17.5327</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Rodrick Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 2080.00 <b>Transaction ID : SB17.5327</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 216.00 <b>Transaction ID : SB17.5482</b>
Candidate Name	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Rodrick Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 216.00 <b>Transaction ID : SB17.5482</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 216.00 <b>Transaction ID : SB17.5482</b>
Candidate Name	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4376.00
<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 203 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Franklin De'Leon Wines Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5322</b>
Candidate Name		
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. Franklin De'Leon Wines Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5483</b>
Candidate Name		
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. David Winsett</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 434.50
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5554</b>
Candidate Name		
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).....	714.50
<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 204 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Woodberry</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4766</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Woodberry</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5135</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. YD Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 5787 S. Hampton Rd. STE 445		Amount of Each Disbursement this Period 50000.00
City	State Zip Code	
Purpose of Disbursement STAFF SUPPORT AND EXPENSE CHECKS	Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	<b>Transaction ID : SB17.4334</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: TX District: 33	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50510.00
<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 205 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Classic Party Rentals</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2012
Mailing Address 4770 Bryant Irvin Court STE 200		Amount of Each Disbursement this Period 729.92
City Fort Worth State TX Zip Code 76107	Purpose of Disbursement PARTY RENTALS (TABLES, ETC)	Transaction ID : SB17.4334.0
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Category/Type 007	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 33	

Full Name (Last, First, Middle Initial) <b>B. Used Office Furniture</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 1910 Old Denton Rd		Amount of Each Disbursement this Period 925.54
City Carrolton State TX Zip Code 75006	Purpose of Disbursement OFFICE FURNITURE	Transaction ID : SB17.4334.1
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 33	

Full Name (Last, First, Middle Initial) <b>c. Phil's Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 2550 W. Redbird Land, #404		Amount of Each Disbursement this Period 2000.00
City Dallas State TX Zip Code 75237	Purpose of Disbursement CATERING DEPOSIT	Transaction ID : SB17.4334.2
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Category/Type 007	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 33	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 206 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mail Logic</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address		Amount of Each Disbursement this Period 1475.00
City	State Zip Code	
Purpose of Disbursement mailer	Category/Type 004	Transaction ID : SB17.4334.3 <b>[MEMO ITEM]</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. Richard Hampton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 200.00
City	State Zip Code	
Purpose of Disbursement Signs	Category/Type 006	Transaction ID : SB17.4334.5 <b>[MEMO ITEM]</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>c. Booker Industries</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address 5415 Maple Avenue STE 230		Amount of Each Disbursement this Period 4500.00
City	State Zip Code	
Purpose of Disbursement DATA BASE	Category/Type 006	Transaction ID : SB17.4334.6 <b>[MEMO ITEM]</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 207 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Balloons By Joel</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address 10251 Harry Hines Blvd #45		Amount of Each Disbursement this Period 500.00
City Dallas State TX Zip Code 75220	Purpose of Disbursement decor for speech	Transaction ID : SB17.4334.7
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33	Category/Type 007 <b>[MEMO ITEM]</b>
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Balloons By Joel</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2012
Mailing Address 10251 Harry Hines Blvd #45		Amount of Each Disbursement this Period 450.00
City Dallas State TX Zip Code 75220	Purpose of Disbursement Ballon decor	Transaction ID : SB17.4334.8
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33	Category/Type 007 <b>[MEMO ITEM]</b>
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Balloons By Joel</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2012
Mailing Address 10251 Harry Hines Blvd #45		Amount of Each Disbursement this Period 500.00
City Dallas State TX Zip Code 75220	Purpose of Disbursement	Transaction ID : SB17.4334.9
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33	Category/Type 007 <b>[MEMO ITEM]</b>
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 208 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bruce Datcher</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 3200.00
City	State Zip Code	
Purpose of Disbursement	001	<b>Transaction ID : SB17.4334.10</b> <b>[MEMO ITEM]</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. YD Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 5787 S. Hampton Rd. STE 445		Amount of Each Disbursement this Period 3270.00
City	State Zip Code	
Purpose of Disbursement FW Staff Support	001	<b>Transaction ID : SB17.4334.11</b> <b>[MEMO ITEM]</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>c. YD Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 5787 S. Hampton Rd. STE 445		Amount of Each Disbursement this Period 1886.00
City	State Zip Code	
Purpose of Disbursement staff support	001	<b>Transaction ID : SB17.4334.12</b> <b>[MEMO ITEM]</b>
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 33		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 209 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. YD Associates</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2012
Mailing Address 5787 S. Hampton Rd. STE 445		Amount of Each Disbursement this Period 4707.22
City Dallas State TX Zip Code 75232	Purpose of Disbursement REIMBURSEMENTS TO STAFF FOR GASOLINE Category/Type 002	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		Transaction ID : SB17.4334.13 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. YD Associates</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2012
Mailing Address 5787 S. Hampton Rd. STE 445		Amount of Each Disbursement this Period 3641.58
City Dallas State TX Zip Code 75232	Purpose of Disbursement REIMBURSEMENTS FOR OFFICE SUPPLIES Category/Type 001	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		Transaction ID : SB17.4334.14 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. YD Associates</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2012
Mailing Address 5787 S. Hampton Rd. STE 445		Amount of Each Disbursement this Period 15000.00
City Dallas State TX Zip Code 75232	Purpose of Disbursement CONSULTANT Category/Type 001	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		Transaction ID : SB17.4348
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15000.00
<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 210 OF 217	
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. YD Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 5787 S. Hampton Rd. STE 445		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : SB17.4392</b>
City Dallas State TX Zip Code 75232	Purpose of Disbursement CONSULTANT 001 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>B. YD Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 5787 S. Hampton Rd. STE 445		Amount of Each Disbursement this Period 50000.00 <b>Transaction ID : SB17.4419</b>
City Dallas State TX Zip Code 75232	Purpose of Disbursement Staff and Expenses 001 Category/Type	
Candidate Name <b>DAVID ALAMEEL FOR CONGRESS</b>		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 33		

Full Name (Last, First, Middle Initial) <b>c. Krystina Youngblood</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : SB17.4611</b>
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	65105.00
<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 211 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Krystina Youngblood</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4853</b>
Candidate Name		
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. Krystina Youngblood</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5072</b>
Candidate Name		
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. Krystina Youngblood</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address		Amount of Each Disbursement this Period 140.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.5323</b>
Candidate Name		
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).....	420.00
<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 212 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Krystina Youngblood</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period 944.00 <b>Transaction ID : SB17.5484</b>
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	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. Salvador Zapata Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address		Amount of Each Disbursement this Period 324.00 <b>Transaction ID : SB17.5340</b>
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	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. Salvador Zapata Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 480.00 <b>Transaction ID : SB17.5690</b>
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	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).....	944.00
<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 213 OF 217			
	<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)  
**DAVID ALAMEEL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stephanie Zepeda</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 224.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4740</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stephanie Zepeda</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address		Amount of Each Disbursement this Period 560.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5021</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Stephanie Zepeda</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address		Amount of Each Disbursement this Period 518.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.5116</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1302.00
<b>TOTAL</b> This Period (last page this line number only).....	2143460.85

**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)

Transaction ID : SC/10.4102

**DAVID ALAMEEL FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2012

Dr. David Alameel

Primary

General

Other (specify) ▼

Mailing Address  
5020 Tanbark Rd

City State ZIP Code  
Dallas TX 75229

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
245349.71 0.00 245349.71

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 15 / Y 2011

M M / D D / Y 1/30/2013

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)..... 245349.71

**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)

Transaction ID : SC/10.4171

DAVID ALAMEEL FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

Dr. David Alameel

Primary

General

Other (specify) ▼

Mailing Address  
5020 Tanbark Rd

City State ZIP Code  
Dallas TX 75229

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	1000000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 12 /

Y 2012 Y

M /

D /

Y 1/30/2013 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)..... ▶ 1000000.00

**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)

Transaction ID : SC/10.4172

DAVID ALAMEEL FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

Dr. David Alameel

Primary

General

Other (specify) ▼

Mailing Address  
5020 Tanbark Rd

City State ZIP Code  
Dallas TX 75229

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1000000.00 0.00 1000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03 / 21 / 2012

1/30/2013

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)..... 1000000.00

**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) **DAVID ALAMEEL FOR CONGRESS** Transaction ID : **SC/10.4330**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Dr. David Alameel**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
5020 Tanbark Rd

City State ZIP Code  
Dallas TX 75229

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400000.00	0.00	400000.00

**TERMS**

Date Incurred: M 05 / D 07 / Y 2012  
 Date Due: M / D / Y  
 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)..... ▶ 400000.00

**TOTALS** This Period (last page in this line only)..... ▶ 2645349.71

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