

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
M. Mark Mitchell for US Congress

ADDRESS (number and street) 7220 Craig Street
 Check if different than previously reported. (ACC) Fort Worth TX 76112

2. **FEC IDENTIFICATION NUMBER** ▼ C00552950 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Hannah Young
Signature of Treasurer Hannah Young [Electronically Filed] Date M M / D D / Y Y Y Y
07 / 14 / 2016

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

M. Mark Mitchell for US Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1218.49	1788.75
(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)).....	1218.49	1788.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	487.97	7883.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	487.97	7883.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1480.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	7575.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

M. Mark Mitchell for US 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).....	520.00	520.00
(ii) Unitemized.....	630.00	930.00
(iii) TOTAL of contributions from individuals ▶	1150.00	1450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	68.49	338.75
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1218.49	1788.75
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	400.00	7575.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	400.00	7575.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1618.49	9363.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	487.97	7883.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	487.97	7883.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	350.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1618.49
25. SUBTOTAL (add Line 23 and Line 24).....	1968.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	487.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1480.52

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

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

NAME OF COMMITTEE (In Full)
M. Mark Mitchell for US Congress

A. Full Name (Last, First, Middle Initial)
Gregory Major

Mailing Address 11515 Brooklyn Street

City State Zip Code
Houston TX 77093

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

Name of Employer Self Occupation Businessman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Monte Mark Mitchell

Mailing Address 7220 Craig Street

City State Zip Code
Fort Worth TX 76112

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

Name of Employer Self Occupation Physician & Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7465.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period
20.00

Memo Item
Delegate from state convention handed me \$20

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

Memo Item

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

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

520.00

520.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
M. Mark Mitchell for US Congress

A. Full Name (Last, First, Middle Initial)
Monte Mark Mitchell

Mailing Address 7220 Craig Street

City State Zip Code
Fort Worth TX 76112

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

Name of Employer Self Occupation Physician & Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7445.28

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 10 / 2016

Transaction ID : SA11D.4163

Amount of Each Receipt this Period
 _____ 0.02

Memo Item

B. Full Name (Last, First, Middle Initial)
Monte Mark Mitchell

Mailing Address 7220 Craig Street

City State Zip Code
Fort Worth TX 76112

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

Name of Employer Self Occupation Physician & Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7478.04

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2016

Transaction ID : SA11D.4116

Amount of Each Receipt this Period
 _____ 12.76

Memo Item

C. Full Name (Last, First, Middle Initial)
Monte Mark Mitchell

Mailing Address 7220 Craig Street

City State Zip Code
Fort Worth TX 76112

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

Name of Employer Self Occupation Physician & Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7848.02

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11D.4164

Amount of Each Receipt this Period
 _____ 19.98

Memo Item

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

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

_____ **32.76**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
M. Mark Mitchell for US Congress

A. Full Name (Last, First, Middle Initial)
Monte Mark Mitchell

Mailing Address 7220 Craig Street

City Fort Worth State TX Zip Code 76112

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

Name of Employer Self Occupation Physician & Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **7873.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : SA11D.4165

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Monte Mark Mitchell

Mailing Address 7220 Craig Street

City Fort Worth State TX Zip Code 76112

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

Name of Employer Self Occupation Physician & Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **7883.49**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : SA11D.4166

Amount of Each Receipt this Period
 _____ 10.47

Memo Item

C. Full Name (Last, First, Middle Initial)
Monte Mark Mitchell

Mailing Address 7220 Craig Street

City Fort Worth State TX Zip Code 76112

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

Name of Employer Self Occupation Physician & Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **7933.75**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : SA11D.4162

Amount of Each Receipt this Period
 _____ 0.26

Memo Item

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

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

_____ 35.73

_____ 68.49

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<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)
M. Mark Mitchell for US Congress

Full Name (Last, First, Middle Initial) A. Monte Mark Mitchell		Date of Receipt			
Mailing Address 7220 Craig Street		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M M 05</td> <td style="width: 33%; text-align: center;">D D D 19</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2016</td> </tr> </table>	M M M 05	D D D 19	Y Y Y Y Y Y 2016
M M M 05	D D D 19	Y Y Y Y Y Y 2016			
City State Zip Code Fort Worth TX 76112		Transaction ID : SA13A.4160			
FEC ID number of contributing federal political committee. <input style="width: 100%;" type="text" value="C"/>		Amount of Each Receipt this Period <input style="width: 100%;" type="text" value="350.00"/>			
Name of Employer Self Occupation Self Physician & Attorney		<input type="checkbox"/> Memo Item <input type="checkbox"/> Loan for printing			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <input style="width: 100%;" type="text" value="7828.04"/>			

Full Name (Last, First, Middle Initial) B. Monte Mark Mitchell		Date of Receipt			
Mailing Address 7220 Craig Street		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M M 06</td> <td style="width: 33%; text-align: center;">D D D 23</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2016</td> </tr> </table>	M M M 06	D D D 23	Y Y Y Y Y Y 2016
M M M 06	D D D 23	Y Y Y Y Y Y 2016			
City State Zip Code Fort Worth TX 76112		Transaction ID : SA13A.4161			
FEC ID number of contributing federal political committee. <input style="width: 100%;" type="text" value="C"/>		Amount of Each Receipt this Period <input style="width: 100%;" type="text" value="50.00"/>			
Name of Employer Self Occupation Self Physician & Attorney		<input type="checkbox"/> Memo Item <input type="checkbox"/> Loan for advertisement			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <input style="width: 100%;" type="text" value="7933.49"/>			

Full Name (Last, First, Middle Initial) C.		Date of Receipt			
Mailing Address		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M M</td> <td style="width: 33%; text-align: center;">D D D</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y</td> </tr> </table>	M M M	D D D	Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y			
City State Zip Code					
FEC ID number of contributing federal political committee. <input style="width: 100%;" type="text" value="C"/>		Amount of Each Receipt this Period <input style="width: 100%;" type="text"/>			
Name of Employer Self Occupation		<input type="checkbox"/> Memo Item			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <input style="width: 100%;" type="text"/>			

SUBTOTAL of Receipts This Page (optional).....	<input style="width: 100%;" type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....	<input style="width: 100%;" type="text" value="400.00"/>

**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 9 OF 14			
	<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)
M. Mark Mitchell for US Congress

Full Name (Last, First, Middle Initial) A. Gotprint		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address 1001 Nolen Drive		Amount of Each Disbursement this Period 362.76
City Grapevine State TX Zip Code 76051	Purpose of Disbursement Flyer amd card printing	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4124
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	362.76
TOTAL This Period (last page this line number only).....	362.76

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4144**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Monte Mark Mitchell	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street	

City	State	ZIP Code
Fort Worth	TX	76112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3175.00	0.00	3175.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 11 / D 30 / Y 2015 Y	M M / D D / Y none Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	3175.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4148**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Monte Mark Mitchell
 Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
7220 Craig Street
 City State ZIP Code
 Fort Worth TX 76112

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS
 Date Incurred: M 02 / D 06 / Y 2016
 Date Due: M M / D D / Y none
 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)..... ▶ 2000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4159**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item Monte Mark Mitchell	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7220 Craig Street	

City	State	ZIP Code
Fort Worth	TX	76112

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 02 / 24 / 2016	M M / D D / Y Y Y Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	2000.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **M. Mark Mitchell for US Congress** Transaction ID : **SC/10.4160**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Monte Mark Mitchell

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 7220 Craig Street

City State ZIP Code
 Fort Worth TX 76112

Original Amount of Loan 350.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 350.00
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TERMS

Date Incurred: M 05 / D 19 / Y 2016
 Date Due: M / D / Y none
 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)..... ▶ 350.00

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/10.4161**

M. Mark Mitchell for US Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item

Monte Mark Mitchell

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address
7220 Craig Street

City State ZIP Code
Fort Worth TX 76112

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50.00 0.00 50.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

23

2016

none

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)..... 50.00
TOTALS This Period (last page in this line only)..... 7575.00

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