PAGE 1 / 8

FEC FORM 3		ND D	RT OF	SEM	IENTS			- Office Use Only
1. NAME OF COMMITTEE (in		TYPE OR PF	RINT V		nple: If typing the lines.	g, type	12FE4M5	
		RESS	1 1 1 1 1	over				
		6213 CHAF		JITE 112				
ADDRESS (number an Check if dif than previou reported. (A	ferent			· · · · ·			TN 3	37209 
2. FEC IDENTIFIC		MBER ▼	3. IS T REP		× NEW (N)	OR	AMENDE (A)	ED STATE ▼ DISTRICT
July 15	eports: Quarterly R Quarterly Re r 15 Quarterl	eport (Q1)	) Elec	tion on	lection Repo Primary (12P) Convention (1	2C)	General (12 Special (12	
Termina	tion Report (	(TER)			General (30G)		Runoff (30F	R) Special (30S) in the State of
5. Covering Period	M 07		/ Y Y Y Y 2018	Y	through	M 9	M / D D / 30	Y Y Y Y 2018
I certify that I have e Type or Print Name of Signature of Treasure	of Treasurer Arnoi		, Thomas, C, ,		wledge and b Electronically F		Date	complete.
NOTE: Submission of	false, errone	ous, or incon	nplete informatio	on may su	bject the pers	on signing	this Report to the	e penalties of 52 U.S.C. §30109.
Office Use Only								FEC FORM 3 (Revised 05/2016)

**SUMMARY PAGE** of Receipts and Disbursements

## Write or Type Committee Name LOU ANN FOR CONGRESS

FEC Form 3 (Revised 05/2016)

		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))	0.00	, 117791.03
	(b) Total Contribution Refunds (from Line 20(d))	0.00	2500.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	115291.03
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	344850.36
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	1687.65
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	343162.71
8.	Cash on Hand at Close of Reporting Period (from Line 27)	128.32	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	228000.00	

## For further information contact:

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

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

FEC Form 3 (Revised 05/20		D SUMMARY PAGE of Receipts	PAGE 3/8
Write or Type Committee Name			
LOU ANN FOR CONGR	ESS		
Report Covering the Period: F	From: 07 C	D / Y Y Y Y 2018	To: 09 / D D / Y Y Y Y 09 30 2018
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than lo	oans) FROM:		
(a) Individuals/Persons Other	Than		
Political Committees (i) Itemized (use Schedule	Δ	0.00	90869.30
		0.00	26921.73
(ii) Unitemized (iii) TOTAL of contributions		y         x         y         x	
from individuals	······ • •	0.00	117791.03
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) The Candidate		0.00	0.00
(e) TOTAL CONTRIBUTIONS			
(other than loans) (add Lines 11(a)(iii), (b), (c);	, and (d))	0.00	117791.03
12. TRANSFERS FROM OTHER			
AUTHORIZED COMMITTEES		0.00	0.00
13. LOANS:			
(a) Made or Guaranteed by th Candidate		0.00	228000.00
(b) All Other Loans		0.00	0.00
(c) TOTAL LOANS			228000.00
(add Lines 13(a) and (b))		0.00	228000.00
14. OFFSETS TO OPERATING EXPENDITURES			
(Refunds, Rebates, etc.)		0.00	1687.65
15. OTHER RECEIPTS			
(Dividends, Interest, etc.)		0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15)		0.00	347478.68
(Carry Total to Line 24, page 4)	/	, , , , , , , , , , , , , , , , , , , ,	

Image# 201811099133643859

FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 344850.36 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 1000.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 1500.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 2500.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 0.00 347350.36 (add Lines 17, 18, 19(c), 20(d), and 21)

## **III. CASH SUMMARY**

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	_	128.32
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		9		7	_	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	-	128.32
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	Γ.	,		7	_	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	[	7		7	_	128.32

## **DETAILED SUMMARY PAGE**

of Disbursements

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CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	<sup>1e</sup> (check only one) × 13a			
AME OF COMMITTEE (In Full) OU ANN FOR CONGRESS			Transac	tion ID : SC/10.4130			
LOAN SOURCE Full Name (Last, First, M LOU ANN FOR CONGRESS	iddle Initial)		🗌 Memo Item	Election: 2012 X Primary General			
Mailing Address 6213 CHARLOTTE AVE SUITE 112				Other (specify)			
City NASHVILLE	State TN	ZIP Code 37209	9	Y Personal Funds of the Candidate			
Original Amount of Loan 15000.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perioc 15000.00			
TERMS     Date Incurred       M05 <sup>M</sup> /       D31 <sup>D</sup> /       Y     Ž012	M M / D D	Date Due	Interest Rate (If none, enter 0.				
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source		Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:	y y y y			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation Amount				
City State	ZIP Code		Guaranteed	y			
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:	y y			
UBTOTALS This Period This Page (optional)	l  ly)			15000.00			

-							
CHEDULE C (FEC Form 3) DANS			Detailed Summary Page	8 13a 13b			
AME OF COMMITTEE (In Full) OU ANN FOR CONGRESS			Transaction ID : SC/10.4131				
LOAN SOURCE Full Name (Last, First, Mi LOU ANN FOR CONGRESS	ddle Initial)		Memo Item Election: 2012				
Mailing Address 6213 CHARLOTTE AVE SUITE 112			Other (specify) ▼				
City NASHVILLE	State TN	ZIP Code 37209	e	idate			
Original Amount of Loan 200000.00	Cumulative Pa	yment To D	Date Balance Outstanding at Close of This P 0.00 200000.00	'erio			
TERMS     Date Incurred       M06 <sup>M</sup> /       D29 <sup>D</sup> /       Y     Ž01Ž	M M / D D	Date Due	Interest Rate (If none, enter 0)     Secured:       Ŏ1/2Ŏ20 <sup>Y</sup> 0.00     % (apr)	No			
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source		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		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:				
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line on			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				

					-			
HEDULE C (FEC FO	orm 3)			Use separate schedule for each category of the Detailed Summary Pag	he (check only one) × 13a			
ME OF COMMITTEE (In Full) OU ANN FOR CONGF	RESS			Transac	ction ID : SC/10.4132			
LOAN SOURCE Full Name		dle Initial)		🗌 Memo Item	Election: 2012 X Primary General			
Mailing Address 6213 CHARLOTTE AVE SUITE	112				Other (specify)			
City NASHVILLE		State TN	ZIP Code 37209	•	Personal Funds of the Candidat			
Original Amount of Loan		Cumulative Pag	yment To D	ate Bala	ance Outstanding at Close of This Peric			
	8000.00			0.00	8000.00			
TERMS Date Incurred		C	Date Due	Interest Rate (If none, enter				
M08 <sup>M</sup> / D01 <sup>D</sup> / Y	ž01ž <sup>v</sup>	M M / D D	′ <sup>°</sup> 01/ð	0.	00 % (apr) Yes X No			
List All Endorsers or Guara	· · · ·	b Loan Source	<b>,</b>					
1. Full Name (Last, First, Mi	ddle Initial)			Name of Employer				
Mailing Address				Dccupation				
City	State	ZIP Code		Amount Guaranteed Dutstanding:	g			
2. Full Name (Last, First, Mic	Idle Initial)		1	Name of Employer				
Mailing Address			(	Occupation				
City State ZIP Code				Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Mic	Idle Initial)		1	Name of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y 1 1 y 1 1 x 1			
4. Full Name (Last, First, Mic	Idle Initial)		1	Name of Employer				
Mailing Address			(	Occupation				
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y			
JBTOTALS This Period This F					7 7 7			

					PAGE 8 OF 8			
SCHEDULE C (FEC Form 3) LOANS				Use separate schedule for each category of th Detailed Summary Pag	e(s) FOR LINE NUMBER: he (check only one)			
AME OF COMMITTE	· · ·			Transac	ction ID : SC/10.4133			
	Full Name (Last, First, Mid NR CONGRESS	ddle Initial)		🗌 Memo Item	Election: 2012 X Primary General			
Mailing Address 6213 CHARLOTTE	AVE SUITE 112				Other (specify) ▼			
City NASHVILLE		State TN	ZIP Code 37209	e	✗ Personal Funds of the Candidate			
Original Amount	of Loan 5000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Period 5000.00			
<sup>M</sup> 08 <sup>M</sup> / <sup>D</sup> 21		M M / D D	Date Due	Interest Rate (If none, enter 01/2020 <sup>Y</sup> 0.				
	s or Guarantors (if any) t st, First, Middle Initial)	o Loan Source		Name of Employer				
Mailing Addres	SS			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y . y			
2. Full Name (Las	t, First, Middle Initial)			Name of Employer				
Mailing Addres	S			Occupation Amount				
City	State	ZIP Code		Guaranteed	y			
3. Full Name (Las	t, First, Middle Initial)			Name of Employer				
Mailing Addres	S			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
4. Full Name (Las	t, First, Middle Initial)			Name of Employer				
Mailing Addres	S			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y			
SUBTOTALS This Pe	eriod This Page (optional).			······	5000.00			
OTALS This Period	(last page in this line only	y)		······	228000.00			
Carry outstanding b	alance only to LINE 3, Scl	nedule D, for this	s line. If no	o Schedule D, carry forv	vard to appropriate line of Summary.			