

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
Argenziano for Congress

ADDRESS (number and street) 6135 St. Joe Rd
 Check if different than previously reported. (ACC) Tallahassee FL 32311

2. **FEC IDENTIFICATION NUMBER** ▼ C00502492 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
FL 02

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
10 / 01 / 2011 through 12 / 31 / 2011

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 Mr. Frank Harold Peterson
Signature of Treasurer Mr. Frank Harold Peterson *[Electronically Filed]* Date M M / D D / Y Y Y Y
01 / 31 / 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
Argenziano for 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))....	4080.00	15841.00
(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)).....	4080.00	15841.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7690.73	9566.18
(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)).....	7690.73	9566.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6274.82	
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).....	0.00	

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

Argenziano 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).....	2600.00	12600.00
(ii) Unitemized.....	1480.00	3241.00
(iii) TOTAL of contributions from individuals ▶	4080.00	15841.00
(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))..	4080.00	15841.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	4080.00	15841.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7690.73	9566.18
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) ►	7690.73	9566.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9885.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4080.00
25. SUBTOTAL (add Line 23 and Line 24).....	13965.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7690.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6274.82

**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 12
	<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)
Argenziano for Congress

A. Full Name (Last, First, Middle Initial)
James Bitter

Mailing Address 7330 S Conwell Pt

City Homosassa State FL Zip Code 34448

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2011

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Samantha Boge

Mailing Address 270 Rosehill Dr N

City Tallahassee State FL Zip Code 32312

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

Name of Employer State of Florida Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2011

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Gail Hill

Mailing Address 1373 Lloyd Cove Rd

City Tallahassee State FL Zip Code 32312

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

Name of Employer State of Florida Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2011

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period
 1500.00

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

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

2300.00

**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 12
	<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	

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NAME OF COMMITTEE (In Full)
Argenziano for Congress

A. Full Name (Last, First, Middle Initial)
Andrew John Lutostanski

Mailing Address 400 S Monroe St

City Tallahassee State FL Zip Code 32303

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

Name of Employer State of Florida Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2011

Transaction ID : SA11Al.4193

Amount of Each Receipt this Period
 300.00

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 M / D 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 M / D 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).....

300.00

2600.00

**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 7 OF 12	
	<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)
Argenziano for Congress

Full Name (Last, First, Middle Initial) A. Ms Nancy Argenziano		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2011
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 267.30 Transaction ID : SB17.4233
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	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: FL District: 02	

Full Name (Last, First, Middle Initial) B. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2011
Mailing Address 1400 Apalachee Pkwy		Amount of Each Disbursement this Period 284.53 Transaction ID : SB17.4224
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Computer Repairs	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2011
Mailing Address 1400 Apalachee Pkwy		Amount of Each Disbursement this Period 75.24 Transaction ID : SB17.4240
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Router	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	627.07
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 8 OF 12			
	<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)
Argenziano for Congress

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2011
Mailing Address 1400 Apalachee Pkwy		Amount of Each Disbursement this Period 181.88
City Tallahassee	State FL Zip Code 32301	
Purpose of Disbursement Access Program	Category/Type 001	Transaction ID : SB17.4244
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Leon County Clerk of Courts		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2011
Mailing Address 301 S Monroe St		Amount of Each Disbursement this Period 420.00
City Tallahassee	State FL Zip Code 32301	
Purpose of Disbursement Court Costs	Category/Type 001	Transaction ID : SB17.4236
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. MC Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address 516 E 1860 S		Amount of Each Disbursement this Period 469.40
City Provo	State UT Zip Code 84606	
Purpose of Disbursement Petition Cards	Category/Type 003	Transaction ID : SB17.4222
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1071.28
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 9 OF 12
	<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)
Argenziano for Congress

Full Name (Last, First, Middle Initial) A. Mr. Frank Harold Peterson		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 630.00 Transaction ID : SB17.4216
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Mr. Frank Harold Peterson		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2011
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 570.00 Transaction ID : SB17.4219
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. Mr. Frank Harold Peterson		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 315.00 Transaction ID : SB17.4220
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	1515.00
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 10 OF 12	
	<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)
Argenziano for Congress

Full Name (Last, First, Middle Initial) A. Mr. Frank Harold Peterson		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4221
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Mr. Frank Harold Peterson		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.4226
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. Mr. Frank Harold Peterson		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4230
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Cash Expenses	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	2370.00
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 11 OF 12			
	<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)
Argenziano for Congress

Full Name (Last, First, Middle Initial) A. Mr. Frank Harold Peterson			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2011		
Mailing Address 6135 St. Joe Rd			Amount of Each Disbursement this Period 105.04		
City Tallahassee	State FL	Zip Code 32311	Transaction ID : SB17.4231		
Purpose of Disbursement Office Expenses		Category/ Type 001			
Candidate Name					
Office Sought: <input 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: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Mr. Frank Harold Peterson			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2011		
Mailing Address 6135 St. Joe Rd			Amount of Each Disbursement this Period 202.50		
City Tallahassee	State FL	Zip Code 32311	Transaction ID : SB17.4232		
Purpose of Disbursement Consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input 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: _____	District: _____				

Full Name (Last, First, Middle Initial) C. Mr. Frank Harold Peterson			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011		
Mailing Address 6135 St. Joe Rd			Amount of Each Disbursement this Period 100.00		
City Tallahassee	State FL	Zip Code 32311	Transaction ID : SB17.4239		
Purpose of Disbursement Cash Expenses		Category/ Type 001			
Candidate Name					
Office Sought: <input 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: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	407.54
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 12 OF 12			
	<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)
Argenziano for Congress

Full Name (Last, First, Middle Initial) A. Mr. Frank Harold Peterson		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2011
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.4238
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Legal Service	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Mr. Frank Harold Peterson		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2011
Mailing Address 6135 St. Joe Rd		Amount of Each Disbursement this Period 467.50 Transaction ID : SB17.4241
City Tallahassee	State FL	
Zip Code 32311	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. The Sanders Group		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011
Mailing Address 3610 N Meridian St		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4242
City Indianapolis	State IN	
Zip Code 46208	Purpose of Disbursement IT Consulting	Category/ Type 001
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	1587.50
TOTAL This Period (last page this line number only).....	7578.39