



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**WEBER 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))....	57037.21	472847.21
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	57037.21	467247.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	17505.99	260561.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	313.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17505.99	260247.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	270069.77	
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).....	226500.00	

**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

**WEBER FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40652.21	281313.98
(ii) Unitemized.....	4885.00	14212.14
(iii) TOTAL of contributions from individuals ▶	45537.21	295526.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11500.00	176921.09
(d) The Candidate.....	0.00	400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	57037.21	472847.21
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	313.97
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	57037.21	473161.18

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17505.99	260561.59
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	5600.00
(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	5600.00
21. OTHER DISBURSEMENTS .....	14845.00	21955.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	32350.99	288116.59

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	245383.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	57037.21
25. SUBTOTAL (add Line 23 and Line 24).....	302420.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32350.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	270069.77

**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 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Patricia Avery**

Mailing Address 333 Pinchback Rd

City State Zip Code  
Beaumont TX 77707

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

Name of Employer Occupation  
Total Petrochemicals Administration Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 30 / 2014

**Transaction ID : SA11AI.9913**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Franklin W. Carnes IV**

Mailing Address 1201 Tremont St

City State Zip Code  
Galveston TX 77550

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

Name of Employer Occupation  
Carnes Brothers Funeral Home Funeral Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 09 / 2014

**Transaction ID : SA11AI.9914**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Joy Crenshaw**

Mailing Address 11782 Brooks Rd

City State Zip Code  
Beaumont TX 77713

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

Name of Employer Occupation  
Housewife Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2014

**Transaction ID : SA11AI.10121**

Amount of Each Receipt this Period  
900.00

Redesignated from Will Crenshaw

**[MEMO ITEM]**

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

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

1100.00

**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 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Will Crenshaw**

Mailing Address **PO Box 790**

City **Beaumont** State **TX** Zip Code **77704**

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

Name of Employer **The Modern Group, Ltd.** Occupation **President & Chairman**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 21 / 2014**

**Transaction ID : SA11AI.9917**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **PO Box 790**

City **Beaumont** State **TX** Zip Code **77704**

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

Name of Employer **The Modern Group, Ltd.** Occupation **President & Chairman**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : SA11AI.10119**

Amount of Each Receipt this Period  
**-900.00**

Redesignated below to Joy Crenshaw  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Paul J. Cunningham**

Mailing Address **7103 Broadway St**

City **Galveston** State **TX** Zip Code **77554**

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

Name of Employer **Best efforts** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 21 / 2014**

**Transaction ID : SA11AI.9918**

Amount of Each Receipt this Period  
**200.00**

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

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

**2700.00**

**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 7 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Doornbos Brothers LP**

Mailing Address 1148 Helena Ave

City: Nederland State: TX Zip Code: 77627

FEC ID number of contributing federal political committee: C

Name of Employer: Doornbos Brothers LP Occupation: Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 21 / 2014

**Transaction ID : SA11AI.9919**

Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles T. Doyle**

Mailing Address 1526 19th Ave N

City: Texas City State: TX Zip Code: 77590

FEC ID number of contributing federal political committee: C

Name of Employer: Texas First Bank Occupation: Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 02 / 10 / 2014

**Transaction ID : SA11AI.9921**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles J. Giglio**

Mailing Address 3470 Brentwood Dr

City: Beaumont State: TX Zip Code: 77706

FEC ID number of contributing federal political committee: C

Name of Employer: Giglio Distributing Company Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3500.00

Date of Receipt: 01 / 21 / 2014

**Transaction ID : SA11AI.10134**

Amount of Each Receipt this Period: 500.00

Reattributed below

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

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

850.00

**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 8 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Charles J. Giglio**

Mailing Address 3470 Brentwood Dr

City Beaumont	State TX	Zip Code 77706
------------------	-------------	-------------------

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

Name of Employer Giglio Distributing Company	Occupation Owner
---	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.10135**

Amount of Each Receipt this Period  
 -500.00  
 reattributed

**[MEMO ITEM]**

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

Mailing Address 3470 Brentwood Dr

City Beaumont	State TX	Zip Code 77706
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FEC ID number of contributing federal political committee. **C**

Name of Employer Housewife	Occupation Housewife
-------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.10137**

Amount of Each Receipt this Period  
 500.00  
 Reattributed from Charles Giglio

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Hon. Carl R. Griffith Jr.**

Mailing Address 26985 1h 10

City Winnie	State TX	Zip Code 77665
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carl R. Griffith & Associates	Occupation President/CEO
---	-----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2014

**Transaction ID : SA11AI.9923**

Amount of Each Receipt this Period  
 250.00

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

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

250.00



**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 9 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Keith Guindon**

Mailing Address 1902 Wharf Rd

City Galveston State TX Zip Code 77550

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

Name of Employer: Katies Seafood Market Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5100.00

Date of Receipt: 01 / 14 / 2014

**Transaction ID : SA11AI.9924**

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 3020 Bridle Path Lane

City Friendswood State TX Zip Code 77546

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

Name of Employer: Self Employed Occupation: Owner of Hawkins Lease Service

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 01 / 21 / 2014

**Transaction ID : SA11AI.9926**

Amount of Each Receipt this Period: 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Nana Hornbeck**

Mailing Address PO Box 885

City Port Bolivar State TX Zip Code 77650

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 01 / 30 / 2014

**Transaction ID : SA11AI.9927**

Amount of Each Receipt this Period: 200.00

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

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

5400.00

**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 10 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Lora Jean Kilroy**

Mailing Address 3696 Willowick Rd

City Houston State TX Zip Code 77019

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.9928**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Abel R. Longoria II**

Mailing Address 6 Cadena Dr

City Galveston State TX Zip Code 77554

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

Name of Employer Greater Houston Emergency Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 06 / 2014

**Transaction ID : SA11AI.9930**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Mary Longoria**

Mailing Address 6 Cadena Dr

City Galveston State TX Zip Code 77554

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 06 / 2014

**Transaction ID : SA11AI.9932**

Amount of Each Receipt this Period  
2600.00

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

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

6200.00

**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 11 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. George W. Marcom**

Mailing Address 1904 Rampart St

City State Zip Code  
League City TX 77573

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

Name of Employer Occupation  
Retired Retired Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 21 / 2014

**Transaction ID : SA11AI.9933**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 4210 Silver Reef - PBW, No.1

City State Zip Code  
Galveston TX 77554

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 21 / 2014

**Transaction ID : SA11AI.9934**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Ted Moor III**

Mailing Address 1245 Nottingham Ln

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Talon Insurance Agency Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 21 / 2014

**Transaction ID : SA11AI.9935**

Amount of Each Receipt this Period  
1000.00

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

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

2700.00

**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 12 OF 35
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Mr. Bernard J. Morello</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2014
Mailing Address 5100 San Felipe St Unit 78E		<b>Transaction ID : SA11AI.9936</b>
City Houston	State TX	
Zip Code 77056	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Investments	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>Victor Pierson</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2014
Mailing Address 2302 Post Office St		<b>Transaction ID : SA11AI.9937</b>
City Galveston	State TX	
Zip Code 77550	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 452.21
Name of Employer Moody National Bank - Mayor of Jamaica	Occupation President	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>Mr. Donald Pollock</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2014
Mailing Address 3718 18th St N		<b>Transaction ID : SA11AI.9938</b>
City Texas City	State TX	
Zip Code 77590	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1152.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Ben Raimer**

Mailing Address 2900 Dominique Dr

City Galveston State TX Zip Code 77551

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

Name of Employer **UTMB** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 14 / 2014**

**Transaction ID : SA11AI.9939**

Amount of Each Receipt this Period  
**1500.00**

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

Mailing Address PO Box 3930

City Galveston State TX Zip Code 77552

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

Name of Employer **COASTAL SOLUTIONS, INC.** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 22 / 2014**

**Transaction ID : SA11AI.9940**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jon S Skeele**

Mailing Address PO Box 1447

City Friendswood State TX Zip Code 77549

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

Name of Employer **Bayway Homes** Occupation **Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 22 / 2014**

**Transaction ID : SA11AI.9941**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3500.00**

**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 14 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Cheryl Snider**

Mailing Address **PO Box 149**

City **Sabine Pass** State **TX** Zip Code **77655**

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

Name of Employer **Best efforts** Occupation **Best efforts**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 23 / 2014**

**Transaction ID : SA11AI.9943**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John R.A. Sullivan**

Mailing Address **PO Box 131486**

City **Houston** State **TX** Zip Code **77219**

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

Name of Employer **Sullivan Interests** Occupation **Vice President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4266.67**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 28 / 2014**

**Transaction ID : SA11AI.10124**

Amount of Each Receipt this Period  
**2600.00**

Redesignated below

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John R.A. Sullivan**

Mailing Address **PO Box 131486**

City **Houston** State **TX** Zip Code **77219**

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

Name of Employer **Sullivan Interests** Occupation **Vice President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 10 / 2014**

**Transaction ID : SA11AI.10125**

Amount of Each Receipt this Period  
**-1666.67**

Redesignated below

**[MEMO ITEM]**

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

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

**2900.00**

**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 15 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John R.A. Sullivan**

Mailing Address PO Box 131486

City Houston State TX Zip Code 77219

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

Name of Employer Sullivan Interests Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4266.67

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.10126**

Amount of Each Receipt this Period  
1666.67

Redesignated

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Todd P. Sullivan**

Mailing Address PO Box 131486

City Houston State TX Zip Code 77219

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

Name of Employer Sullivan Interests Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4266.66

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11AI.9946**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Todd P. Sullivan**

Mailing Address PO Box 131486

City Houston State TX Zip Code 77219

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

Name of Employer Sullivan Interests Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2599.99

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.10129**

Amount of Each Receipt this Period  
-1666.67

Redesignated below

**[MEMO ITEM]**

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

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

2600.00

**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 16 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Todd P. Sullivan**

Mailing Address PO Box 131486

City: Houston State: TX Zip Code: 77219

FEC ID number of contributing federal political committee: C

Name of Employer: Sullivan Interests Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4266.66

Date of Receipt: 02 / 10 / 2014

**Transaction ID : SA11AI.10130**

Amount of Each Receipt this Period: 1666.67

Redesignated from primary 2014

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William W. Sullivan**

Mailing Address PO Box 131486

City: Houston State: TX Zip Code: 77219

FEC ID number of contributing federal political committee: C

Name of Employer: Sullivan Interests Occupation: Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4266.67

Date of Receipt: 01 / 28 / 2014

**Transaction ID : SA11AI.9948**

Amount of Each Receipt this Period: 2600.00

Redesignation below

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William W. Sullivan**

Mailing Address PO Box 131486

City: Houston State: TX Zip Code: 77219

FEC ID number of contributing federal political committee: C

Name of Employer: Sullivan Interests Occupation: Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 02 / 10 / 2014

**Transaction ID : SA11AI.10132**

Amount of Each Receipt this Period: -1666.67

Redesignated below

**[MEMO ITEM]**

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

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

2600.00



**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 17 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William W. Sullivan**

Mailing Address PO Box 131486

City State Zip Code  
Houston TX 77219

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

Name of Employer Occupation  
Sullivan Interests Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4266.67

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : SA11AI.10133**

Amount of Each Receipt this Period  
1666.67

Redesignated from primary 2014

**[MEMO ITEM]**

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

Mailing Address 3302 Hampshire

City State Zip Code  
Pearland TX 77581

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 21 / 2014

**Transaction ID : SA11AI.9950**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Norm E. Weber**

Mailing Address 3302 Hampshire

City State Zip Code  
Pearland TX 77581

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 21 / 2014

**Transaction ID : SA11AI.9951**

Amount of Each Receipt this Period  
2600.00

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

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

5200.00

**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 18 OF 35
	<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)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Chad Wilbanks**

Mailing Address 3805 Kenora Ct

City Austin State TX Zip Code 78738

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11AI.9953**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 5555 Gladys Ave

City Beaumont State TX Zip Code 77706

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

Name of Employer Wright's Scrap Metal Occupation Adminisitrative Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 20 / 2014

**Transaction ID : SA11AI.9955**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Keith Zahar**

Mailing Address PO Box 1556

City Crystal Beach State TX Zip Code 77650

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

Name of Employer Crystal Beach Grocery Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : SA11AI.9956**

Amount of Each Receipt this Period  
 2500.00

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

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

3500.00

40652.21

**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 19 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A. Build PAC of the National Association of Home Builders**

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11C.10037**

Amount of Each Receipt this Period  
 1000.00

**B. Enterprise Products Partners, L.P. Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Louisiana St

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00496752

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11C.10038**

Amount of Each Receipt this Period  
 2500.00

**C. General Electric Company PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1299 Pennsylvania Ave NW Ste 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11C.10039**

Amount of Each Receipt this Period  
 2500.00

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

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

6000.00

**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 20 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**K&L Gates LLP Political Action Committee**

Mailing Address 1717 Main St Ste 2800

City	State	Zip Code
Dallas	TX	75201

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : SA11C.10040**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Association PAC**

Mailing Address 1101 King St Ste 600

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11C.10041**

Amount of Each Receipt this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
**The Dow Chemical Company Employees PAC (DowPAC)**

Mailing Address 604 W 14th St

City	State	Zip Code
Austin	TX	78701

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11C.10042**

Amount of Each Receipt this Period

2000.00

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

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

5500.00

11500.00

**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 21 OF 35	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014	
Mailing Address 300 First St., SE			Amount of Each Disbursement this Period 1382.23	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.10085	
Purpose of Disbursement Fundraising expense		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. Creative Photography</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 6428 Stewart Rd			Amount of Each Disbursement this Period 373.46	
City Galveston	State TX	Zip Code 77551	Transaction ID : SB17.10058	
Purpose of Disbursement campaign photography for mailpieces		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. Economic Development Alliance Brazoria County</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 4005 Technology Drive, Suite 100 Suite 1010			Amount of Each Disbursement this Period 210.00	
City Angelton	State TX	Zip Code 77515	Transaction ID : SB17.10061	
Purpose of Disbursement annual membership		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).....	1965.69
<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 22 OF 35	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Economic Development Alliance Brazoria County</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 4005 Technology Drive, Suite 100 Suite 1010		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.10069</b>
City Angelton State TX Zip Code 77515	Purpose of Disbursement membership Feb 2014- Jan 2015	
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>B. High Point Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 1250 League City Pkwy		Amount of Each Disbursement this Period 79.00 <b>Transaction ID : SB17.10055</b>
City League City State TX Zip Code 77573	Purpose of Disbursement Campaign storage unit	
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. High Point Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1250 League City Pkwy		Amount of Each Disbursement this Period 79.00 <b>Transaction ID : SB17.10115</b>
City League City State TX Zip Code 77573	Purpose of Disbursement monthly fee for campaign storage unit	
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).....	368.00
<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 35	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 1005 Congress Ave, Suite 910		Amount of Each Disbursement this Period 5102.70 <b>Transaction ID : SB17.10068</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Fundraising consultant-monthly retainer for 12/15/13-1/15/14	
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>B. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 1005 Congress Ave, Suite 910		Amount of Each Disbursement this Period 1287.42 <b>Transaction ID : SB17.10084</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement reimbursement for direct mailer	
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. Mail Chimp</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 63.75 <b>Transaction ID : SB17.10075</b>
City Atlanta State GA Zip Code 30318	Purpose of Disbursement Campaign Mailings	
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).....	6453.87
<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 35			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Miller Spencer Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address Po Box 7557		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.10107</b>
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Fundraising consulting-Jan & Feb retainer	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. Najvar Law Firm</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address One Greenway Plaza Suite 100		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.10074</b>
City Houston	State TX	
Zip Code 77046	Purpose of Disbursement Compliance and House ethics as related to campaign- january	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. Pay Pal</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 12312 Port Grace Blvd		Amount of Each Disbursement this Period 890.00 <b>Transaction ID : SB17.10089</b>
City La Vista	State NE	
Zip Code 68128	Purpose of Disbursement Transaction Fee	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).....	7290.00
<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 35			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 111.80 <b>Transaction ID : SB17.10092</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement transaction fee	
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>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 111.80 <b>Transaction ID : SB17.10093</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement transaction fee	
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. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 111.80 <b>Transaction ID : SB17.10094</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement transaction fee	
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).....	335.40
<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 26 OF 35			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 107.50 <b>Transaction ID : SB17.10095</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	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. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 1.08 <b>Transaction ID : SB17.10096</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	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. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2014
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.30 <b>Transaction ID : SB17.10113</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement transaction fee	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).....	112.88
<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 35	
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address House Office Building		Amount of Each Disbursement this Period 70.75 <b>Transaction ID : SB17.10063</b>
City Washington	State DC Zip Code 20515	
Purpose of Disbursement auction flags-DAR, Lincoln Day Dinner, Sweeny Chamber banquet, Hitchcock Chamber banquet		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. US House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address House Office Building		Amount of Each Disbursement this Period 22.80 <b>Transaction ID : SB17.10090</b>
City Washington	State DC Zip Code 20515	
Purpose of Disbursement Purchased flags to donate as auction items		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. Courtney Weaver</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.10118</b>
City Arlington	State VA Zip Code 22204	
Purpose of Disbursement Campaign services		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) .....	293.55
<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 35			
	<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)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 2900 South Gordon St		Amount of Each Disbursement this Period 3.00
City Alvin State TX Zip Code 77511	Purpose of Disbursement banking fees	
Candidate Name	Category/Type	<b>Transaction ID : SB17.10054</b>
Office Sought: <input type="checkbox"/> House <input 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. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 2900 South Gordon St		Amount of Each Disbursement this Period 18.00
City Alvin State TX Zip Code 77511	Purpose of Disbursement bank transaction fee	
Candidate Name	Category/Type	<b>Transaction ID : SB17.10106</b>
Office Sought: <input type="checkbox"/> House <input 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.</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	
Office Sought: <input type="checkbox"/> House <input 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).....	21.00
<b>TOTAL</b> This Period (last page this line number only).....	16840.39

**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 35			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Forgotten Angels</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 7918 Broadway St Suite106		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.10048</b>
City Pearlland State TX Zip Code 77581	Purpose of Disbursement contribution	
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>B. Friends of the River- San Bernard</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address PO Box 93		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.10117</b>
City Brazoria State TX Zip Code 77422	Purpose of Disbursement river regatta sponsorship	
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. Galveston Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 2228 Avenue C, Suite 101		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.10114</b>
City Galveston State TX Zip Code 77550	Purpose of Disbursement job fair sponsorship	
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).....	1300.00
<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 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Greater Port Arthur Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 4749 Twin City Hwy, Ste 300 Ste 300		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB21.10049</b>
City Port Arthur	State TX Zip Code 77642	
Purpose of Disbursement Annual Banquet Sponsorship		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. League City Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 1101 W Main Street #R		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB21.10077</b>
City League City	State TX Zip Code 77573	
Purpose of Disbursement 2 tickets to the chamber annual celebration		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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : SB21.10105</b>
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement Young Guns Contribution		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).....	12210.00
<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 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Republican Party of Texas</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1108 Lavaca St Ste 500		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.10045</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement membership dues	
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>B. Texas City La Marque Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address Po Box 1717		Amount of Each Disbursement this Period 185.00 <b>Transaction ID : SB21.10046</b>
City Texas City State TX Zip Code 77592	Purpose of Disbursement annual membership 1/1/14-12/31/14	
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.</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	
Office Sought: <input type="checkbox"/> House <input 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).....	685.00
<b>TOTAL</b> This Period (last page this line number only).....	14195.00

# 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/10.4842

**WEBER FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2012

**RANDY WEBER**

Primary

General

Other (specify) ▼

Mailing Address

PO Box 1327

City

State

ZIP Code

Friendswood

TX

77549

Original Amount of Loan

100000.00

Cumulative Payment To Date

11000.00

Balance Outstanding at Close of This Period

89000.00

### TERMS

Date Incurred

M 12 / D 30 / Y 2011

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)..... ▶

89000.00

**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/10.5920

**WEBER FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2012

**RANDY WEBER**

Primary

General

Other (specify) ▼

Runoff

Mailing Address

PO Box 1327

City

State

ZIP Code

Friendswood

TX

77549

Original Amount of Loan

25000.00

Cumulative Payment To Date

12500.00

Balance Outstanding at Close of This Period

12500.00

**TERMS**

Date Incurred

M 06 / D 01 / Y 2012 Y

Date Due

M / D / Y None 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)..... ▶

12500.00

**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/10.5921

**WEBER FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2012

**RANDY WEBER**

Primary

General

Other (specify) ▼

Runoff

Mailing Address

PO Box 1327

City

State

ZIP Code

Friendswood

TX

77549

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 25 / 2012

M M / D D / Y Y Y Y  
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)..... ▶

100000.00

**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) **WEBER FOR CONGRESS** Transaction ID : **SC/10.7910**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>RANDY WEBER</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1327		

City	State	ZIP Code
Friendswood	TX	77549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 03 / Y 2012 Y	M M / D D / Y None 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	226500.00

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