

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
CONOVER FOR CONGRESS

ADDRESS (number and street) 17467 ASPEN ST
 Check if different than previously reported. (ACC) HESPERIA CA 92345

2. **FEC IDENTIFICATION NUMBER** C C00555128 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT
CA 08

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 06 / 03 / 2014 in the State of CA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 05 / 14 / 2014

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 Chris Marston
Signature of Treasurer Chris Marston [Electronically Filed] Date 07 / 12 / 2014

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
CONOVER 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))....	0.00	30505.05
(b) Total Contribution Refunds (from Line 20(d))	30530.05	30530.05
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-30530.05	-25.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	260.09	559.77
(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)).....	260.09	559.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5415.23	
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).....	11000.00	

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

CONOVER FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	29450.00
(ii) Unitemized.....	0.00	1055.05
(iii) TOTAL of contributions from individuals ▶	0.00	30505.05
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	30505.05
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	16000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	16000.00
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)..... ▶	0.00	46505.05

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	260.09	559.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	30530.05	30530.05
(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)).....	30530.05	30530.05
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	40790.14	41089.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	46205.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	46205.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40790.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5415.23

**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 5 OF 13		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

NAME OF COMMITTEE (In Full)
CONOVER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Democracy Engine LLC		Date of Disbursement
Mailing Address 850 Quincy St, NW #402		MM / DD / YYYY 04 / 02 / 2014
City Washington	State DC	Zip Code 20011
Purpose of Disbursement CC Processing	Candidate Name	Amount of Each Disbursement this Period 195.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014	Transaction ID : SB17.4204	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify)		
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	195.20
TOTAL This Period (last page this line number only).....	195.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONOVER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RODNEY LEE CONOVER		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 17467 ASPEN ST		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB19A.4207
City HESPERIA State CA Zip Code 92345	Purpose of Disbursement Repayment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 08		

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

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

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

**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 13			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
CONOVER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Michael Barnes			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014		
Mailing Address 100 Wilshire Ste 940			Amount of Each Disbursement this Period 1025.00		
City Santa Monica	State CA	Zip Code 90401	Transaction ID : SB20A.4215		
Purpose of Disbursement		Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Kay Conover			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014		
Mailing Address 5194 Kensington High St			Amount of Each Disbursement this Period 2600.00		
City Naples	State FL	Zip Code 43105	Transaction ID : SB20A.4220		
Purpose of Disbursement		Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Kay Conover			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014		
Mailing Address 5194 Kensington High St			Amount of Each Disbursement this Period 2600.00		
City Naples	State FL	Zip Code 43105	Transaction ID : SB20A.4221		
Purpose of Disbursement		Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	6225.00
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 8 OF 13			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
CONOVER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Richard Conover		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 15160 East Ave S		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4259
City Llano State CA Zip Code 93544	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Richard Conover		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 15160 East Ave S		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4260
City Llano State CA Zip Code 93544	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Ronald Gordon		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 43650 Diamondback Way		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4226
City Steamboat Springs State CO Zip Code 80487	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
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 9 OF 13			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
CONOVER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ronald Gordon		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 43650 Diamondback Way		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4227
City Steamboat Springs	State CO Zip Code 80487	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Leveraging Technologies LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 604 S Parkway Dr		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4205
City El Dorado	State AR Zip Code 71730	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Hiroko Pinto		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 23210 Maple Ave		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4239
City Torrance	State CA Zip Code 90505	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
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 13			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
CONOVER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hiroko Pinto			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 23210 Maple Ave			Amount of Each Disbursement this Period 2400.00	
City Torrance	State CA	Zip Code 90505	Transaction ID : SB20A.4240	
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. Stephen Pinto			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 23210 Maple Ave			Amount of Each Disbursement this Period 2600.00	
City Torrance	State CA	Zip Code 90505	Transaction ID : SB20A.4241	
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) C. Stephen Pinto			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 23210 Maple Ave			Amount of Each Disbursement this Period 2400.00	
City Torrance	State CA	Zip Code 90505	Transaction ID : SB20A.4242	
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	7400.00
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 13	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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)
CONOVER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Eric M Rhein		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 6897 W Main St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4263
City Belleville	State IL	
Zip Code 62223	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. angeleke saridakis		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 3288 amsterdam Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4246
City hollywood	State FL	
Zip Code 33026	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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:

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	29725.00

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **CONOVER FOR CONGRESS** Transaction ID : **SC/10.4189**

LOAN SOURCE Full Name (Last, First, Middle Initial) RODNEY LEE CONOVER	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 17467 ASPEN ST		

City	State	ZIP Code
HESPERIA	CA	92345

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16000.00	10000.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2014	M M / D D / Y 12/31/2014	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="6000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="6000.00"/>

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CONOVER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RODNEY LEE CONOVER		Nature of Debt (Purpose): Advances to be Reimbursed
Mailing Address 17467 ASPEN ST		
City State Zip Code HESPERIA CA 92345		

Outstanding Balance Beginning This Period 5000.00		Transaction ID : SD10.4190	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	5000.00
2) TOTALS This Period (last page this line number only)	5000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	6000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	11000.00