

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2012 JUL 18 PM 12:06
Office Use Only

12FE4M5
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

RON FOR CONGRESS

ADDRESS (number and street)

739 ASHLAND TERRACE #1110

Check if different than previously reported. (ACC)

CHATTANOOGA TN 37415-1

2. FEC IDENTIFICATION NUMBER ▼

C

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TN

03

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

MM

DD

YYYYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM

DD

YYYYYY

in the State of

5. Covering Period

MM DD YYYY

04 01 2012

through

MM DD YYYY

06 30 2012

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

BOB PALMER / RON BHALLA

Signature of Treasurer

[Handwritten Signature]

Date

MM DD YYYY

07 13 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

12030851885

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

RON FOR CONGRESS

Report Covering the Period: From:

MM ' DD ' YYYY
04 / 01 / 2012

To:

MM ' DD ' YYYY
06 / 30 / 2012

**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))....

4,400,00

(b) Total Contribution Refunds
(from Line 20(d))

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

4,400,00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

6,111,26

(b) Total Offsets to Operating
Expenditures (from Line 14)

0

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

6,111,26

8. Cash on Hand at Close of
Reporting Period (from Line 27)

27,855,71

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D)

28,256,41

For further information contact:

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

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

12030851886

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	6,111,26	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	
(b) Of All Other Loans	0	
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	
(b) Political Party Committees.....	0	
(c) Other Political Committees (such as PACs).....	0	
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	
21. OTHER DISBURSEMENTS	0	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6,111,26	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,310,56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32,656,41
25. SUBTOTAL (add Line 23 and Line 24).....	33,966,97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6,111,26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	27,855,71

12030851888

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full) **RAN FAR CONGRESS**

A. Full Name (Last, First, Middle Initial) **SUDHIR ARYA**

Mailing Address **312 MARIZAN CT**

City **EATON** State **PA** Zip Code **19341**

FEC ID number of contributing federal political committee. **C00519447**

Name of Employer **Self** Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **C0051100, NO**

Date of Receipt

Amount of Each Receipt this Period **1,100.00**

B. Full Name (Last, First, Middle Initial) **DR. MANUJ BASHAMBY**

Mailing Address **1300 W 94th ST APT 725**

City **CLEVELAND** State **OH** Zip Code **44113**

FEC ID number of contributing federal political committee. **C00519447**

Name of Employer **HOSPITAL CLEVELAND** Occupation **DR**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt

Amount of Each Receipt this Period **500.00**

C. Full Name (Last, First, Middle Initial) **PROMAD TREMAN**

Mailing Address **10203 TANK HOUSE DR**

City **STOCKTON** State **CA** Zip Code **95209**

FEC ID number of contributing federal political committee. **C00519447**

Name of Employer **Self** Occupation **BIAS STATION**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt

Amount of Each Receipt this Period **1,000.00**

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

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

12030851889

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

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

A. Full Name (Last, First, Middle Initial) **DR. MANAV NAYYAR**

Mailing Address **931 N. JEFFERSON AVE**

City **MASIN CITY** State **IA** Zip Code **50401**

FEC ID number of contributing federal political committee. **C00519447**

Name of Employer **HOSPITAL IA** Occupation **DR.**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period **200.00**

B. Full Name (Last, First, Middle Initial) **DR. MARK & MONICA MANOCHA**

Mailing Address **1218 WILMINGTON ISLAND RD**

City **SAVANNAH** State **GA** Zip Code **31410**

FEC ID number of contributing federal political committee. **C00519447**

Name of Employer **self** Occupation **DRS.**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period **750.00**

C. Full Name (Last, First, Middle Initial) **KAUSHIK PATEL**

Mailing Address **1717 SKYLINE DR.**

City **CHATT.** State **TN** Zip Code **37421**

FEC ID number of contributing federal political committee. **C00519447**

Name of Employer **self** Occupation **BODY SHOP**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period **250.00**

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

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

12030851890

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full) **RAN FOR CONGRESS SS**

A. Full Name (Last, First, Middle Initial) **DR. WAYNE SHEARER**

Mailing Address **122 VALLEYBROOK RD**

City **HIXSON** State **TN** Zip Code **37343**

FEC ID number of contributing federal political committee. **C00519447**

Name of Employer **Retired** Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period **100.00**

B. Full Name (Last, First, Middle Initial) **GAURAV TREHAN**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C00519447**

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period **100.00**

C. Full Name (Last, First, Middle Initial) **BILL BENNETT**

Mailing Address **5420 WOODBRIDGE DR.**

City **ROLTENAH** State **TN** Zip Code **37363**

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

Name of Employer **PROP. ASSESSOR** Occupation **CLATT. HAMILTON**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period **100.00**

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

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

12030851891

**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	OF
	<input 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) **RAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)
MEHUL PATEL

Mailing Address
8502 PERSHING RD

City **CHATT** State **TN** Zip Code **37421**

FEC ID number of contributing federal political committee. **C00519447**

Name of Employer **Self** Occupation **Stat Stahan**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period
300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

12030851892

**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	OF
	<input 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)
RAN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM/DD/YYYY **04/02/2012**

Mailing Address: **SOUTHERN PRINTING**
5399 WILBANKS DR

City: **HIXSON** State: **TN** Zip Code: **37343**

Purpose of Disbursement: **ADV**

Candidate Name: **RAN BHALLA** Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: **609.88**

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM/DD/YYYY **06/22/2012**

Mailing Address: **SOUTHERN PRINTING**
5399 WILBANKS DR

City: **HIXSON** State: **TN** Zip Code: **37343**

Purpose of Disbursement: **ADVERTISEMENTS**

Candidate Name: **RAN BHALLA** Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: **551.71**

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM/DD/YYYY **06/27/2012**

Mailing Address: **STAPLES**
5450 HWY 153

City: **HIXSON** State: **TN** Zip Code: **37343**

Purpose of Disbursement: **CARDS**

Candidate Name: **RAN BHALLA** Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: **714.98**

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

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

12030851893

**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 OF

<input 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)

RAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M ' D D ' Y Y Y Y Y Y
04 ' 04 ' 2012

Amount of Each Disbursement this Period

714.98

A.

STAPLES

Mailing Address

5450 HWY 153

City

CHATT.

State

TN

Zip Code

37343

Purpose of Disbursement

CARDS

Candidate Name

RAN BHALLA

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M ' D D ' Y Y Y Y Y Y
04 ' 04 ' 2012

Amount of Each Disbursement this Period

814.75

B.

JOE RAMSEY

Mailing Address

City

CHATT.

State

TN

Zip Code

37421

Purpose of Disbursement

SIGN FRAMES

Candidate Name

RAN BHALLA

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M ' D D ' Y Y Y Y Y Y
05 ' 09 ' 2012

Amount of Each Disbursement this Period

714.98

C.

STAPLES

Mailing Address

5450 HWY 153

City

CHATT.

State

TN

Zip Code

37343

Purpose of Disbursement

CARDS

Candidate Name

RAN BHALLA

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

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

.....

12030851894

**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 OF	
	<input 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) **RAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. ACCENT PRINTING INC.		<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
Mailing Address P.O. BOX 2318		Amount of Each Disbursement this Period
City CHATT. State TN Zip Code 37409	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	
Purpose of Disbursement SIGNS	Candidate Name RAN BHALLA	1,754.82
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. IMAGE PHOTOGRAPHY		<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
Mailing Address 1265 JOHNSON TERRACE		Amount of Each Disbursement this Period
City CHATTAHOOGA State TN Zip Code 37415	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	
Purpose of Disbursement SIGNS	Candidate Name RON BHALLA	1,638.6
Office Sought: <input checked="" 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)		Date of Disbursement
C. COMFORT INN (TN 130)		<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
Mailing Address 433 S. RUTGERS AVENUE		Amount of Each Disbursement this Period
City DAK RIDGE State TN Zip Code 37830	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	
Purpose of Disbursement ACCOMMODATION	Candidate Name RON BHALLA	803.3
Office Sought: <input checked="" 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).....
TOTAL This Period (last page this line number only).....

12030851895

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full)
RON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) SOMO PROPERTIES	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 739 ASHLAND TERRACE # 110	
City CHATTANOOGA	State TN
	ZIP Code 37415

Original Amount of Loan 825,641	Cumulative Payment To Date	Balance Outstanding at Close of This Period 825,641
---	----------------------------	---

TERMS	Date Incurred 06/29/2012	Date Due	Interest Rate 0.00% (apr)	Secured: <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 N/A	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address N/A	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address N/A	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address N/A	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	8,256,41
TOTALS This Period (last page in this line only).....	8,256,41

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

12030851896

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
RON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) RAM BASHAMBU	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 MULBERRY DRIVE	
City SAVANNAH State GA ZIP Code	

Original Amount of Loan 20,000.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 20,000.00
---	-----------------------------------	---

TERMS

Date Incurred MM/DD/YYYY: 06/29/2012 **Date Due** MM/DD/YYYY: **Interest Rate** % (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:
N/A	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
N/A	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
N/A	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
N/A	

SUBTOTALS This Period This Page (optional)..... ▶	20,000.00
TOTALS This Period (last page in this line only)..... ▶	20,000.00

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

12030851897

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) RON FOR CONGRESS		FEC IDENTIFICATION NUMBER C
--	--	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name SOMO PROPERTIES	Amount of Loan \$25,641	Interest Rate (APR) %
--	-----------------------------------	--------------------------

Mailing Address 739 ASHLAND TERRACE SUITE # 110	Date Incurred or Established	<input type="text"/>
City CHATTANOOGA State TN Zip Code 37415	Date Due	<input type="text"/>

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit; chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Location of account: _____
 Address: _____
 Date account established:
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name BOB PALMER / RON BITALLA Signature <i>[Signature]</i>	DATE <input type="text"/>
--	------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE <input type="text"/>
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12030851898

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

RON FOR CONGRESS

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

N/A

Outstanding Balance Beginning This Period

[Empty box]

Amount Incurred This Period

[Empty box]

Payment This Period

[Empty box]

Outstanding Balance at Close of This Period

[Empty box]

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

N/A

Outstanding Balance Beginning This Period

[Empty box]

Amount Incurred This Period

[Empty box]

Payment This Period

[Empty box]

Outstanding Balance at Close of This Period

[Empty box]

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

N/A

Outstanding Balance Beginning This Period

[Empty box]

Amount Incurred This Period

[Empty box]

Payment This Period

[Empty box]

Outstanding Balance at Close of This Period

[Empty box]

1) SUBTOTALS This Period This Page (optional)	[Empty box]
2) TOTALS This Period (last page this line number only)	[Empty box]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	[Empty box]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[Empty box]

N/A

12030851899

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9

NAME OF COMMITTEE (In Full)

RON FOR CONGRESS

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

N/A

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

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

N/A

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

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

N/A

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

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

12030851900

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)	Report Covering Period:
	From: M M M / D D D / Y Y Y Y Y Y Y Y
	To: M M M / D D D / Y Y Y Y Y Y Y Y

Committee Name RON FOR CONGRESS	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
---	--	--

A			
B	Column Total Last Page Only.....		

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	4,400.00	0	8,256.41	20,000.00
B						

	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	28,256.41	0	0	32,656.41	6,111.26	0
B						

	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	0
B						

	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0	0	6,111.26	1,310.56	27,855.71	0
B						

	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	28,256.41	4,400.00	6,111.26			
B						

12030851901

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/13/12
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2005)

7/18/12

DATE PREPARED

206158021