

# 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

WEBER FOR CONGRESS

ADDRESS (number and street)

PO Box 1327

Check if different than previously reported. (ACC)

Friendswood

TX

77549

2. FEC IDENTIFICATION NUMBER ▼

C C00502229

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TX

14

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Robert Nolen

Signature of Treasurer Robert Nolen

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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)

**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))....	135669.02	755052.64
(b) Total Contribution Refunds (from Line 20(d)) .....	500.00	6100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	135169.02	748952.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	46003.66	376595.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	204.00	517.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	45799.66	376077.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	414198.10	
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).....	67234.51	446341.16
(ii) Unitemized.....	1850.00	21427.14
(iii) TOTAL of contributions from individuals ▶	69084.51	467768.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	66584.51	286884.34
(d) The Candidate.....	0.00	400.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	135669.02	755052.64
<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>	204.00	517.97
<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>	135873.02	755570.61

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	46003.66	376595.13
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 .....	500.00	6100.00
(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)).....	500.00	6100.00
21. OTHER DISBURSEMENTS .....	14157.50	43702.56
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	60661.16	426397.69

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	338986.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	135873.02
25. SUBTOTAL (add Line 23 and Line 24).....	474859.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60661.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	414198.10

**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 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles E. Amato**

Mailing Address 9311 San Pedro Ave Ste 600

City San Antonio	State TX	Zip Code 78216
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FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest Business Corp Financial Serv	Occupation Owner/Chairman
--	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11Al.10679**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Paul Beard**

Mailing Address PO Box 1564

City Port Arthur	State TX	Zip Code 77641
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sabine Universal Products	Occupation Owner
---	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11Al.10680**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George F. Black**

Mailing Address 63 Lebrun Ct

City Galveston	State TX	Zip Code 77551
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FEC ID number of contributing federal political committee. **C**

Name of Employer RSA	Occupation President/CEO
-------------------------	-----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : SA11Al.10682**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 78
	<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. Michael Brown**

Mailing Address 708 Greenbriar Ave

City Friendswood State TX Zip Code 77546

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.10683**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 1201 Tremont St

City Galveston State TX Zip Code 77550

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

Name of Employer Carnes Brothers Funeral Home Occupation Funeral Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.10684**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James M Clements**

Mailing Address PO Box 988

City Carrabelle State FL Zip Code 32322

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

Name of Employer self Occupation commercial fisherman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10686**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

**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 78
	<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 R. Cochrane III**

Mailing Address 901 Teichman Road

City Galveston State TX Zip Code 77554

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

Name of Employer Southern Seafood LLC Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10687**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Kevin G. Corcoran**

Mailing Address 205 Salmon Creek Ln

City Friendswood State TX Zip Code 77546

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

Name of Employer Corcoran Law Firm Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : SA11AI.10689**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mitchell M. Dale**

Mailing Address PO Box 577

City Dickinson State TX Zip Code 77539

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

Name of Employer McRee Ford 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  
 08 / 22 / 2014

**Transaction ID : SA11AI.10690**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

**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 78
	<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. Rachel Delgado**

Mailing Address 1403 19th Ave N

City State Zip Code  
Texas City TX 77590

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

Name of Employer Occupation  
Self Real Estate Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2014

**Transaction ID : SA11AI.10692**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Lawrence J. Del Papa Jr.**

Mailing Address 6702 Broadway St

City State Zip Code  
Galveston TX 77554

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

Name of Employer Occupation  
Del Papa Distributing Co. Inc. Beer Distributor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2014

**Transaction ID : SA11AI.10691**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Billy W. Doornbos**

Mailing Address 1148 Helena Ave

City State Zip Code  
Nederland TX 77627

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

Name of Employer Occupation  
Doornbos Brothers LP Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.10693**

Amount of Each Receipt this Period  
100.00

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

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

3200.00



**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 78
	<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. C. Billy Doornbos**

Mailing Address PO Box 696

City: Nederland State: TX Zip Code: 77627

FEC ID number of contributing federal political committee: C

Name of Employer: C. Doornbos, Inc. Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 09 / 26 / 2014

**Transaction ID : SA11AI.10694**

Amount of Each Receipt this Period: 100.00

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

Mailing Address PO Box 696

City: Nederland State: TX Zip Code: 77627

FEC ID number of contributing federal political committee: C

Name of Employer: Doornbos Partners LP Occupation: investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 26 / 2014

**Transaction ID : SA11AI.10696**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jitendra Doshi**

Mailing Address 4890 Elmwood Ln

City: Beaumont State: TX Zip Code: 77706

FEC ID number of contributing federal political committee: C

Name of Employer: apb inc Occupation: CFP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 18 / 2014

**Transaction ID : SA11AI.10698**

Amount of Each Receipt this Period: 500.00

**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 10 OF 78
	<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. Charles T. Doyle**

Mailing Address 1526 19th Ave N

City Texas City	State TX	Zip Code 77590
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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  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : SA11AI.10699**

Amount of Each Receipt this Period  
500.00

**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
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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  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10700**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher Doyle**

Mailing Address 1518 23rd Ave N

City Texas City	State TX	Zip Code 77590
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FEC ID number of contributing federal political committee. **C**

Name of Employer Texas First Bank	Occupation banker
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.10702**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

**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 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**J.L. Dunn III**

Mailing Address 7107 Broadway St

City	State	Zip Code
Galveston	TX	77554

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

Name of Employer	Occupation
Self-Employed	Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.10703**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. F. Wayne Faircloth**

Mailing Address PO Box 1325

City	State	Zip Code
Dickinson	TX	77539

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

Name of Employer	Occupation
State Farm	Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10704**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Farhadian**

Mailing Address 152 W 57th St Fl 60

City	State	Zip Code
New York	NY	10019

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

Name of Employer	Occupation
Greystone Servicing Corporation	Real Estate Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.10706**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 1000.00

\_\_\_\_\_

**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 78
	<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. Donna Felt**

Mailing Address 14935 Jacintoport Blvd

City Houston State TX Zip Code 77015

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

Name of Employer Hunter Buildings International. LLC Occupation Executive Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.10708**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Tilman Fertitta**

Mailing Address 1510 West Loop South

City Houston State TX Zip Code 77027

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

Name of Employer Landry's Restaurants Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11AI.10710**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John Frankel**

Mailing Address 989 Avenue Of The Americas Fl 3

City New York State NY Zip Code 10018

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

Name of Employer ff Venture Capitalist Occupation founder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.10712**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

**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 13 OF 78
	<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. Richard Gagne**

Mailing Address PO Box 12099

City: Beaumont State: TX Zip Code: 77726

FEC ID number of contributing federal political committee: C

Name of Employer: Richard A. Gagne and Associates Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 25 / 2014

**Transaction ID : SA11AI.10714**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gregory Alan Gardner**

Mailing Address 13119 Highway 6

City: Santa Fe State: TX Zip Code: 77510

FEC ID number of contributing federal political committee: C

Name of Employer: Greg Gardner State Farm Insurance Occupation: Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 08 / 22 / 2014

**Transaction ID : SA11AI.10715**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**General Electric Company**

Mailing Address 1299 Pennsylvania Ave NW

City: Washington State: DC Zip Code: 20004

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 09 / 11 / 2014

**Transaction ID : SA11AI.10717**

Amount of Each Receipt this Period: 2500.00

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

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

4000.00

**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 78
	<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. Edgar Griffin**

Mailing Address 9015 Jamaica Bch

City Galveston State TX Zip Code 77554

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

Name of Employer Grifco Trasportation Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.10718**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Paul Grohman**

Mailing Address 2116 Kildare Dr

City Pearland State TX Zip Code 77581

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

Name of Employer Gromax Occupation project 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  
 09 / 22 / 2014

**Transaction ID : SA11AI.10720**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Kathleen 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  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10721**

Amount of Each Receipt this Period  
2600.00

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

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

3850.00

**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 78
	<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. Keith Guindon</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 1902 Wharf Rd		<b>Transaction ID : SA11AI.10722</b>
City Galveston	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Katies Seafood Market	Occupation Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7700.00	

Full Name (Last, First, Middle Initial) <b>Chris J. Gutierrez</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 314 Bora Bora Dr		<b>Transaction ID : SA11AI.10724</b>
City Tiki Island	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Texas City Harbor	Occupation Pilot	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Ms. Lisa Halili</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address PO Box 8448		<b>Transaction ID : SA11AI.10725</b>
City Bacliff	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Johnny's Oyster and Shrimp	Occupation Partner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<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: PAGE 16 OF 78  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy L. Hildenbrand**

Mailing Address PO Box 508

City State Zip Code  
Castroville TX 78009

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

Name of Employer Occupation  
Zachry Exploration, LLC Geological Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.10727**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Clifford E. Hillman**

Mailing Address 10138 Lazy Ln

City State Zip Code  
Dickinson TX 77539

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

Name of Employer Occupation  
Hillman Shrimp & Oyster Co. Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.10728**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Ari Hirt**

Mailing Address 15 Norfolk St

City State Zip Code  
Bergenfield NJ 07621

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

Name of Employer Occupation  
Mission Capital Advisors Commercial Real Estate Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.10730**

Amount of Each Receipt this Period  
1000.00

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

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

4600.00



**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 78
	<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. Ray Holbrook**

Mailing Address 1420 Avenue L

City Santa Fe State TX Zip Code 77510

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  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.10731**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James 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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.10733**

Amount of Each Receipt this Period  
250.00

**C.** 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  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11AI.10734**

Amount of Each Receipt this Period  
2000.00

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

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

2500.00

**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 78
	<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. David Krebs**

Mailing Address 712 Planet Dr

City Destin State FL Zip Code 32541

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

Name of Employer self Occupation commercial fisherman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10736**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles Berdon Lawrence**

Mailing Address 3707 Knollwood St

City Houston State TX Zip Code 77019

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

Name of Employer L3 Partners Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11AI.10738**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Paula Leger**

Mailing Address 3345 Roya Ct

City Port Arthur State TX Zip Code 77642

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

Name of Employer Soutex Surveyors Occupation Office Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.10739**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

**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 19 OF 78
	<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. Tim Levert**

Mailing Address 293 Merrison St

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Davidson Kempner Capital Management, L COO, Hedge Fund

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.10741**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Clive Lipshitz**

Mailing Address 616 Ogden Ave

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
BlueStar Global Investors LLC Advisory Board

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.10743**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard G. Mason**

Mailing Address 921 Hudson St

City State Zip Code  
Hoboken NJ 07030

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

Name of Employer Occupation  
Wachtell, Lipton, Rosen & Katz Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.10745**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 2005 Lanyard Pointe Cir

City State Zip Code  
League City TX 77573

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

Name of Employer Occupation  
Texas City Terminal Railway Co. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2014

**Transaction ID : SA11AI.10746**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Anthony McCorvey**

Mailing Address 10702 Munn St

City State Zip Code  
Houston TX 77029

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

Name of Employer Occupation  
McCorvey Sheet Metal Works, LP Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2014

**Transaction ID : SA11AI.10747**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. W.J. McFarland**

Mailing Address 13039 John Reynolds Rd

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  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2014

**Transaction ID : SA11AI.10748**

Amount of Each Receipt this Period  
500.00

**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 21 OF 78
	<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)  
**Jerry A. Mohn**

Mailing Address 4210 Silver Reef - PBW, No.1

City Galveston	State TX	Zip Code 77554
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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  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.10749**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Hon. John T. Montford**

Mailing Address 1 Buckingham Ct

City San Antonio	State TX	Zip Code 78257
---------------------	-------------	-------------------

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

Name of Employer JTM Consulting	Occupation President & CEO
------------------------------------	-------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.10751**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Isabelle Novak**

Mailing Address 9707 Saturn St

City Los Angeles	State CA	Zip Code 90035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Domestic Engineer
--------------------------	---------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.10753**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 22 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Lance Powell**

Mailing Address 5108 Hidden Brook Ln

City	State	Zip Code
League City	TX	77573

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

Name of Employer	Occupation
Pasadena Police Department	Detective

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.10754**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Arthur Riklin**

Mailing Address 122 Laburnum Dr

City	State	Zip Code
San Antonio	TX	78209

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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.10755**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Russell Ring**

Mailing Address 108 E Viejo

City	State	Zip Code
Friendswood	TX	77546

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

Name of Employer	Occupation
Kemlon Products	Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10756**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

**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 23 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher Robb**

Mailing Address 47 Pirates Bch W

City Galveston State TX Zip Code 77554

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

Name of Employer Ernst & Young Occupation CPA/partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10758**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. A.J. Rodriguez**

Mailing Address PO Box 240130

City San Antonio State TX Zip Code 78224

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

Name of Employer Zachry Holdings Inc. Occupation Executive Director, Continuum Fund

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.10760**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard R. Rogers**

Mailing Address 16251 Dallas Pkwy

City Addison State TX Zip Code 75001

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

Name of Employer Mary Kay Cosmetics Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.10762**

Amount of Each Receipt this Period  
2500.00

Redesignation to debt requested

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 24 OF 78  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Stuart Salter**

Mailing Address 3230 Central Mall Dr

City State Zip Code  
Port Arthur TX 77642

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

Name of Employer Occupation  
Self Employed Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11Al.10763**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Scalise for Congress**

Mailing Address 2900 Clearview Pkwy Ste 206

City State Zip Code  
Metairie LA 70006

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11Al.10765**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Yehuda Shmidman**

Mailing Address 376 W 245th St

City State Zip Code  
Bronx NY 10471

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

Name of Employer Occupation  
Sequential Brands Group CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11Al.10767**

Amount of Each Receipt this Period  
500.00

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

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

2750.00



**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 25 OF 78		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 11e 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Hobart Sibley**

Mailing Address 524 S Illinois Ave

City State Zip Code  
League City TX 77573

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

Name of Employer Occupation  
Baygas, Inc Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2014

**Transaction ID : SA11AI.10769**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Stein**

Mailing Address 3220 Arlington Ave

City State Zip Code  
Bronx NY 10463

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

Name of Employer Occupation  
Genie Energy Ltd. SVP of Business Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.10771**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick J. Studdert**

Mailing Address PO Box 5006

City State Zip Code  
Houston TX 77262

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

Name of Employer Occupation  
Buffalo Marine Service, Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2014

**Transaction ID : SA11AI.10773**

Amount of Each Receipt this Period  
2000.00

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

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

3300.00

**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 26 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Joe Taylor**

Mailing Address 6750 LBJ Freeway  
Ste 1100

City Dallas State TX Zip Code 75240

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

Name of Employer Brinker International Occupation VP Corporate Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
484.51

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.11040**

Amount of Each Receipt this Period  
484.51

In-kind - lunch for campaign event Maggiano's Dallas

**B.** Full Name (Last, First, Middle Initial)  
**T. Stephen Tomeny**

Mailing Address 140 Floatation Canal Rd

City Golden Meadow State LA Zip Code 70357

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

Name of Employer Self Occupation Commerical Fisherman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10775**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Margaret Ann Tuma**

Mailing Address 3932 18th St N

City Texas City State TX Zip Code 77590

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10776**

Amount of Each Receipt this Period  
100.00

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

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

1084.51

**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 27 OF 78
	<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. E.B. Vogelpohl Jr.**

Mailing Address 8 Adler Cir

City Galveston State TX Zip Code 77551

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11Al.10777**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Almeda Wallingford**

Mailing Address 89 Bayou Ln

City Kemah State TX Zip Code 77565

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11Al.10778**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Alan Waters**

Mailing Address 1 S Pintail St

City La Marque State TX Zip Code 77568

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

Name of Employer Houston Modular Svcs 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  
 08 / 12 / 2014

**Transaction ID : SA11Al.10780**

Amount of Each Receipt this Period  
1000.00

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

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

1250.00

**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 28 OF 78
	<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. David Weathers**

Mailing Address 13330 Settegast Rd

City	State	Zip Code
Galveston	TX	77554

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

Name of Employer	Occupation
American Maritime Officers	Marine Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10782**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Wayne Werner**

Mailing Address 16731 NW 173rd Ter

City	State	Zip Code
Alachua	FL	32615

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

Name of Employer	Occupation
DBA MV Sea Quest	Commercial Fisherman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10784**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 400.00

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

Mailing Address 5410 Tranquil Trce

City	State	Zip Code
Alvin	TX	77511

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

Name of Employer	Occupation
Williams Party Boats	Fisherman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.10785**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

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

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

\_\_\_\_\_ 3250.00

\_\_\_\_\_

**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 29 OF 78
	<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. May Youmans**

Mailing Address PO Box 696

City: Nederland State: TX Zip Code: 77627

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 26 / 2014

**Transaction ID : SA11Al.10787**

Amount of Each Receipt this Period: 250.00

**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).....

250.00

67234.51

**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 30 OF 78
	<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**

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

A. Mailing Address 4301 WILSON BOULEVARD

City	State	Zip Code
ARLINGTON	VA	22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		08		2014

Transaction ID : SA11C.10827

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3000.00

B. Full Name (Last, First, Middle Initial)  
**Aircraft Owners and Pilots Association (AOPA) PAC**

Mailing Address 421 Aviation Way

City	State	Zip Code
Frederick	MD	21701

FEC ID number of contributing federal political committee. **C** C70004585

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		31		2014

Transaction ID : SA11C.10828

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

C. Full Name (Last, First, Middle Initial)  
**American Medical Association (AMA PAC)**

Mailing Address 25 Massachusetts Ave NW Ste 600

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing federal political committee. **C** C30001309

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		13		2014

Transaction ID : SA11C.10829

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

\_\_\_\_\_ 5000.00

**TOTAL** 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 31 OF 78
	<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)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11C.10830**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Arkema PAC**

Mailing Address 2000 Market St

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C C00182980**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2014

**Transaction ID : SA11C.10831**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ASA Political Action Committee**

Mailing Address 1200 N Arlington Heights Rd

City State Zip Code  
Itasca IL 60143

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11C.10832**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

**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 32 OF 78
	<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)  
**BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 100 PARK AVENUE

City State Zip Code  
FLORHAM PARK NJ 07932

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : SA11C.10833**

Amount of Each Receipt this Period  
4000.00

**B.** Full Name (Last, First, Middle Initial)  
**BP North America Employee PAC**

Mailing Address 501 Westlake Park Blvd

City State Zip Code  
Houston TX 77079

FEC ID number of contributing federal political committee. **C** C00033530

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11C.10834**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**BRINKER INTERNATIONAL INC. POLITICAL ACTION COMMITTEE**

Mailing Address 6820 LBJ FREEWAY

City State Zip Code  
DALLAS TX 75240

FEC ID number of contributing federal political committee. **C** C00241851

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1135.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11C.10835**

Amount of Each Receipt this Period  
484.51

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

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

6484.51



**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 33 OF 78
	<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)  
**Chesapeake Energy Corporation Federal PAC**

Mailing Address PO Box 18576

City State Zip Code  
Oklahoma City OK 73154

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11C.10836**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**CHEVRON EMPLOYEES FED PAC**

Mailing Address Po Box 6016

City State Zip Code  
San Ramon CA 94583

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11C.10837**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EAGLE FORUM PAC**

Mailing Address P.O. BOX 618

City State Zip Code  
ALTON IL 62002

FEC ID number of contributing federal political committee. **C** C00103937

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11C.10838**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

**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 34 OF 78
	<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)  
**ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Mailing Address 1101 NEW YORK AVENUE, NW

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00227744

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11C.10839**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**ExxonMobil Corp. PAC**

Mailing Address 5959 Las Colinas Blvd, Suite 3150

City Irving	State TX	Zip Code 75039
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00095406

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11C.10840**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)**

Mailing Address 6700 LAS COLINAS BOULEVARD

City IRVING	State TX	Zip Code 75039
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00034132

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11C.10841**

Amount of Each Receipt this Period  
3500.00

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

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

11000.00

**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 35 OF 78
	<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)  
**Fulbright & Jaworski**

Mailing Address 300 Convent St Ste 2200

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00149013

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  
 08 / 28 / 2014

**Transaction ID : SA11C.10842**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Gulf States Toyota, Inc. Federal PAC**

Mailing Address 1375 Enclave Parkway

City Houston State TX Zip Code 77077

FEC ID number of contributing federal political committee. **C** C00349373

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  
 09 / 24 / 2014

**Transaction ID : SA11C.10843**

Amount of Each Receipt this Period  
 3000.00

**C.** Full Name (Last, First, Middle Initial)  
**HALLIBURTON COMPANY PAC**

Mailing Address 801 17th St NW Ste 1050

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00035691

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  
 09 / 08 / 2014

**Transaction ID : SA11C.10844**

Amount of Each Receipt this Period  
 1000.00

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

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

6600.00

**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 36 OF 78
	<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)  
**Hudson for Congress**

Mailing Address PO Box 5053

City State Zip Code  
Concord NC 28027

FEC ID number of contributing federal political committee. **C** C00504522

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11C.10845**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 601 Jefferson St-KT3746C

City State Zip Code  
Houston TX 77002

FEC ID number of contributing federal political committee. **C** C00431114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2014

**Transaction ID : SA11C.10846**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**KIRBY CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 55 WAUGH DRIVE  
SUITE 1000

City State Zip Code  
HOUSTON TX 77007

FEC ID number of contributing federal political committee. **C** C00250027

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2014

**Transaction ID : SA11C.10847**

Amount of Each Receipt this Period  
3000.00

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 37 OF 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** 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  
**7500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**09 24 2014**

**Transaction ID : SA11C.10848**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**OXBOW CARBON & MINERALS HOLDINGS, INC. PAC**

Mailing Address 1601 FORUM PLACE, SUITE 1400

City State Zip Code  
WEST PALM BEACH FL 33401

FEC ID number of contributing federal political committee. **C C00436550**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**09 08 2014**

**Transaction ID : SA11C.10849**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Realtors Political Action Committee (RPAC)**

Mailing Address 430 N Michigan Ave

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**08 25 2014**

**Transaction ID : SA11C.10850**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4500.00**

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

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

FOR LINE NUMBER: PAGE 38 OF 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A. Realtors Political Action Committee (RPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 N Michigan Ave  
 City State Zip Code  
 Chicago IL 60611  
 FEC ID number of contributing federal political committee. **C** C00030718  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11C.10851**  
 Amount of Each Receipt this Period  
 1000.00

**B. Sempra Energy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Ash St  
 City State Zip Code  
 San Diego CA 92101  
 FEC ID number of contributing federal political committee. **C** C00008748  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11C.10852**  
 Amount of Each Receipt this Period  
 1000.00

**C. SHELL OIL COMPANY EMPLOYEES' POLITICAL AWARENESS COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 K STREET NW, SUITE 700  
 City State Zip Code  
 WASHINGTON DC 20001  
 FEC ID number of contributing federal political committee. **C** C00039503  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2014  
**Transaction ID : SA11C.10853**  
 Amount of Each Receipt this Period  
 2500.00

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

4500.00

**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 39 OF 78
	<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)  
**Texas Association for Home Care and Hospice, Inc.PAC-State**

Mailing Address 3737 Executive Center Dr Ste 268

City Austin State TX Zip Code 78731

FEC ID number of contributing federal political committee. **C C00393728**

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 Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.10854**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)**

Mailing Address 2030 DOW CENTER

City MIDLAND State MI Zip Code 48674

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 Y Y  
 09 / 08 / 2014

**Transaction ID : SA11C.10855**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address ONE VALERO WAY

City SAN ANTONIO State TX Zip Code 78249

FEC ID number of contributing federal political committee. **C C00109546**

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 Y Y  
 09 / 26 / 2014

**Transaction ID : SA11C.10857**

Amount of Each Receipt this Period  
 3000.00

**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 40 OF 78
	<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**

Full Name (Last, First, Middle Initial) <b>Valero PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2014
Mailing Address 601 Pennsylvania Ave NW Ste 900		<b>Transaction ID : SA11C.10856</b>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C C00109546</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>van scoyoc</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2014
Mailing Address 101 Constitution Ave NW Ste 600W		<b>Transaction ID : SA11C.10858</b>
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C C00369058</b>	Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>Verizon Communications Inc. Good Government Club</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2014
Mailing Address 1106 Canyon Maple Rd		<b>Transaction ID : SA11C.10859</b>
City Pflugerville	State TX	Zip Code 78660
FEC ID number of contributing federal political committee. <b>C C00186288</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	66584.51



**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 41 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**AMTRAK**

Mailing Address 50 Massachusetts Ave, NW

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
204.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA14.11043**

Amount of Each Receipt this Period  
204.00

Refund - see Schedule B this report

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

204.00

204.00

**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 42 OF 78			
	<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. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 50 Massachusetts Ave, NW		Amount of Each Disbursement this Period 204.00 <b>Transaction ID : SB17.10863</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel DC to NY for fundraiser	
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. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 50 Massachusetts Ave, NW		Amount of Each Disbursement this Period 204.00 <b>Transaction ID : SB17.10864</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement RW train tickets from DC to NYC- CANCELED & REFUNDED	
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. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 50 Massachusetts Ave, NW		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.10865</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement travel	
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).....	433.00
<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 43 OF 78			
	<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 07 / 12 / 2014
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 362.52 <b>Transaction ID : SB17.10879</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Fundraising expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 155.76 <b>Transaction ID : SB17.10880</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Fundraising expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Crisis Pregnancy Support Center</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 6th Street North		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.10889</b>
City Texas City	State TX Zip Code 77590	
Purpose of Disbursement charitable contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1018.28
<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 44 OF 78			
	<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. Deluxe for Business</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014	
Mailing Address 3680 Victoria St North			Amount of Each Disbursement this Period 168.08	
City Shoreview	State MN	Zip Code 55126	Transaction ID : SB17.10890	
Purpose of Disbursement Campaign checks		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. Epiphany Productions</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 104 Hume Ave			Amount of Each Disbursement this Period 875.00	
City Alexandria	State VA	Zip Code 22301	Transaction ID : SB17.10892	
Purpose of Disbursement fundraising breakfast		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. Galveston Daily News</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 8522 Teichman Rd			Amount of Each Disbursement this Period 15.00	
City Galveston	State TX	Zip Code 77553	Transaction ID : SB17.10897	
Purpose of Disbursement newspaper subscription		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).....	1058.08
<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 45 OF 78			
	<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. Galveston Daily News</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 8522 Teichman Rd			Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.10898</b>
City Galveston	State TX	Zip Code 77553	
Purpose of Disbursement newspaper subscription		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. Galveston Daily News</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 8522 Teichman Rd			Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.10899</b>
City Galveston	State TX	Zip Code 77553	
Purpose of Disbursement newspaper subscription		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. Harris Teeter</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2014
Mailing Address 1350 Potomac Ave SE			Amount of Each Disbursement this Period 322.35 <b>Transaction ID : SB17.10882</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Office supplies - campaign credit card		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).....	352.35
<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 46 OF 78			
	<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. Harris Teeter</b>			Date of Disbursement MM / DD / YYYY 08 / 11 / 2014	
Mailing Address 1350 Potomac Ave SE			Amount of Each Disbursement this Period 376.66	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.10881	
Purpose of Disbursement Office supplies - campaign credit card		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. Harris Teeter</b>			Date of Disbursement MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1350 Potomac Ave SE			Amount of Each Disbursement this Period 111.34	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.10883	
Purpose of Disbursement Office supplies - campaign credit card		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. Lilly &amp; Company</b>			Date of Disbursement MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 1005 Congress Ave, Suite 910 Suite 910			Amount of Each Disbursement this Period 4817.62	
City Austin	State TX	Zip Code 78701	Transaction ID : SB17.10920	
Purpose of Disbursement Fundraising consulting-6/15-7/15/14		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).....	5305.62
<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 47 OF 78	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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 08 / 21 / 2014
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 5124.30 <b>Transaction ID : SB17.10919</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Fundraising consulting-7/15-8/15/14	
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 09 / 17 / 2014
Mailing Address 1005 Congress Ave, Suite 910 Suite 910		Amount of Each Disbursement this Period 10052.17 <b>Transaction ID : SB17.10918</b>
City Austin State TX Zip Code 78701	Purpose of Disbursement Fundraising consulting-8/15-9/15/14	
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>c. Mail Chimp</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2014
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 63.75 <b>Transaction ID : SB17.10921</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).....	15240.22
<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 48 OF 78			
	<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)		Date of Disbursement										
<b>A. Mail Chimp</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		19		2014
M M	/	D D	/	Y Y Y Y								
08		19		2014								
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period										
City Atlanta	State GA Zip Code 30318											
Purpose of Disbursement Campaign Mailings	Category/Type	63.75										
Candidate Name	Disbursement For:	<b>Transaction ID : SB17.10922</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Mail Chimp</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		18		2014
M M	/	D D	/	Y Y Y Y								
09		18		2014								
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period										
City Atlanta	State GA Zip Code 30318											
Purpose of Disbursement Campaign Mailings	Category/Type	63.75										
Candidate Name	Disbursement For:	<b>Transaction ID : SB17.10923</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Microsoft Online</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		25		2014
M M	/	D D	/	Y Y Y Y								
09		25		2014								
Mailing Address One Microsoft Way		Amount of Each Disbursement this Period										
City Redmond	State VA Zip Code 98052											
Purpose of Disbursement campaign technology services	Category/Type	458.78										
Candidate Name	Disbursement For:	<b>Transaction ID : SB17.10926</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	586.28
<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 49 OF 78	
	<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 08 / 11 / 2014
Mailing Address Po Box 7557		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.10927</b>
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement July & Aug 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 07 / 12 / 2014
Mailing Address 4151 Southwest Freeway Suite 625		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.10930</b>
City Houston	State TX	
Zip Code 77027	Purpose of Disbursement Legal and compliance July	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. Najvar Law Firm</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 4151 Southwest Freeway Suite 625		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.10928</b>
City Houston	State TX	
Zip Code 77027	Purpose of Disbursement Legal and compliance August	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).....	8800.00
<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 50 OF 78	
	<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. Najvar Law Firm</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 4151 Southwest Freeway Suite 625		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.10929</b>
City Houston	State TX Zip Code 77027	
Purpose of Disbursement Legal and compliance September		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. Occasions Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 655 Taylor St, NE		Amount of Each Disbursement this Period 575.70 <b>Transaction ID : SB17.10936</b>
City Washington	State DC Zip Code 20017	
Purpose of Disbursement event catering		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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 21.50 <b>Transaction ID : SB17.10969</b>
City San Fran	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).....	2997.20
<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 51 OF 78			
	<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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014		
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 43.00		
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10952		
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014		
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 43.00		
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10953		
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014		
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 21.50		
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10970		
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).....	107.50
<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 52 OF 78			
	<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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 86.00	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10947	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 86.00	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10948	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 43.00	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10954	
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).....	215.00
<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 53 OF 78			
	<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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 86.00
City San Fran State CA Zip Code 94105	Purpose of Disbursement transaction fee	
Candidate Name	Category/Type	<b>Transaction ID : SB17.10949</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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 21.50
City San Fran State CA Zip Code 94105	Purpose of Disbursement transaction fee	
Candidate Name	Category/Type	<b>Transaction ID : SB17.10971</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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 111.80
City San Fran State CA Zip Code 94105	Purpose of Disbursement transaction fee	
Candidate Name	Category/Type	<b>Transaction ID : SB17.10944</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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	219.30
<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 54 OF 78			
	<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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 111.80	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10945	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 21.50	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10972	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 1.08	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10983	
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).....	134.38
<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 55 OF 78			
	<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. RALLY/PIRYX</b>		Date of Disbursement
Mailing Address 144 Second Street		M M / D D / Y Y Y Y 09 / 11 / 2014
City San Fran	State CA	Zip Code 94105
Purpose of Disbursement transaction fee		Amount of Each Disbursement this Period 111.80
Candidate Name	Category/Type	<b>Transaction ID : SB17.10946</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. RALLY/PIRYX</b>		Date of Disbursement
Mailing Address 144 Second Street		M M / D D / Y Y Y Y 09 / 11 / 2014
City San Fran	State CA	Zip Code 94105
Purpose of Disbursement transaction fee		Amount of Each Disbursement this Period 43.00
Candidate Name	Category/Type	<b>Transaction ID : SB17.10955</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. RALLY/PIRYX</b>		Date of Disbursement
Mailing Address 144 Second Street		M M / D D / Y Y Y Y 09 / 11 / 2014
City San Fran	State CA	Zip Code 94105
Purpose of Disbursement transaction fee		Amount of Each Disbursement this Period 1.08
Candidate Name	Category/Type	<b>Transaction ID : SB17.10984</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	155.88
<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 56 OF 78			
	<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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 43.00
City San Fran State CA Zip Code 94105	Purpose of Disbursement transaction fee	
Candidate Name	Category/Type	<b>Transaction ID : SB17.10956</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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 32.25
City San Fran State CA Zip Code 94105	Purpose of Disbursement transaction fee	
Candidate Name	Category/Type	<b>Transaction ID : SB17.10964</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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 21.50
City San Fran State CA Zip Code 94105	Purpose of Disbursement transaction fee	
Candidate Name	Category/Type	<b>Transaction ID : SB17.10973</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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	96.75
<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 57 OF 78			
	<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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 10.75	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10975	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 10.75	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10976	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 8.60	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10979	
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).....	30.10
<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 58 OF 78			
	<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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 500.00	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10943	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 10.75	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10977	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 43.00	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10957	
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).....	553.75
<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 59 OF 78			
	<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. RALLY/PIRYX</b>		Date of Disbursement										
Mailing Address 144 Second Street		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>26</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		26		2014
M M	/	D D	/	Y Y Y Y								
09		26		2014								
City	State	Zip Code										
San Fran	CA	94105										
Purpose of Disbursement transaction fee	<table border="1"> <tr> <td>43.00</td> </tr> </table>		43.00									
43.00												
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>		Category/ Type									
Category/ Type												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

**Transaction ID : SB17.10958**

Full Name (Last, First, Middle Initial) <b>B. RALLY/PIRYX</b>		Date of Disbursement										
Mailing Address 144 Second Street		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>26</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		26		2014
M M	/	D D	/	Y Y Y Y								
09		26		2014								
City	State	Zip Code										
San Fran	CA	94105										
Purpose of Disbursement transaction fee	<table border="1"> <tr> <td>43.00</td> </tr> </table>		43.00									
43.00												
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>		Category/ Type									
Category/ Type												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

**Transaction ID : SB17.10959**

Full Name (Last, First, Middle Initial) <b>C. RALLY/PIRYX</b>		Date of Disbursement										
Mailing Address 144 Second Street		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>26</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		26		2014
M M	/	D D	/	Y Y Y Y								
09		26		2014								
City	State	Zip Code										
San Fran	CA	94105										
Purpose of Disbursement transaction fee	<table border="1"> <tr> <td>43.00</td> </tr> </table>		43.00									
43.00												
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>		Category/ Type									
Category/ Type												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

**Transaction ID : SB17.10960**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>129.00</td> </tr> </table>	129.00
129.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 60 OF 78			
	<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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 43.00 <b>Transaction ID : SB17.10961</b>
City San Fran 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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 43.00 <b>Transaction ID : SB17.10962</b>
City San Fran 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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 43.00 <b>Transaction ID : SB17.10963</b>
City San Fran 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).....	129.00
<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 61 OF 78	
	<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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 1.08 <b>Transaction ID : SB17.10985</b>
City San Fran 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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 1.08 <b>Transaction ID : SB17.10986</b>
City San Fran 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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 1.08 <b>Transaction ID : SB17.10987</b>
City San Fran 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).....	3.24
<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 62 OF 78	
	<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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 1.08	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10988	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 10.75	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10978	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 4.30	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10981	
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).....	16.13
<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 63 OF 78			
	<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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 4.30	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10982	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 1.08	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10989	
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. RALLY/PIRYX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 144 Second Street			Amount of Each Disbursement this Period 1.08	
City San Fran	State CA	Zip Code 94105	Transaction ID : SB17.10990	
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).....	6.46
<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 64 OF 78			
	<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. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 0.65 <b>Transaction ID : SB17.10991</b>
City San Fran	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. Soileau Printing INC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 1009 Orange S		Amount of Each Disbursement this Period 2998.52 <b>Transaction ID : SB17.11000</b>
City Beaumont	State TX Zip Code 77701	
Purpose of Disbursement Campaign signs	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. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 2702 Love Field Dr		Amount of Each Disbursement this Period 209.10 <b>Transaction ID : SB17.11001</b>
City Dallas	State TX Zip Code 75235	
Purpose of Disbursement Candidate airfare from Houston-NY for fundraising meeting	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).....	3208.27
<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 65 OF 78	
	<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. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 2702 Love Field Dr		Amount of Each Disbursement this Period 8.00 <b>Transaction ID : SB17.11002</b>
City Dallas	State TX Zip Code 75235	
Purpose of Disbursement WIFI during flight	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. Storage Choice</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 137.00 <b>Transaction ID : SB17.11003</b>
City League City	State TX Zip Code 77573	
Purpose of Disbursement campaign storage unit	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. Storage Choice</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 137.00 <b>Transaction ID : SB17.11004</b>
City League City	State TX Zip Code 77573	
Purpose of Disbursement campaign storage unit	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).....	282.00
<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 66 OF 78			
	<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. Storage Choice</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 141 Maple Leaf St		Amount of Each Disbursement this Period 137.00 <b>Transaction ID : SB17.11005</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		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joe Taylor</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 6750 LBJ Freeway Ste 1100		Amount of Each Disbursement this Period 484.51 <b>Transaction ID : SB17.11042</b>
City Dallas	State TX Zip Code 75240	
Purpose of Disbursement In-kind - lunch for campaign event Maggiano's Dallas	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Facts</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 720 S Main St		Amount of Each Disbursement this Period 168.00 <b>Transaction ID : SB17.11011</b>
City Clute	State TX Zip Code 77531	
Purpose of Disbursement Newspaper Subscription	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	789.51
<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 67 OF 78			
	<input checked="" type="checkbox"/> 17 <input 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	

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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 07 / 17 / 2014
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 22.80
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Purchased flags to donate as auction items	<b>Transaction ID : SB17.11020</b>
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. US House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 55.15
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Purchased flags to donate as auction items	<b>Transaction ID : SB17.11019</b>
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. US House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 101.40
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Purchased flags to donate as auction items	<b>Transaction ID : SB17.11017</b>
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).....	179.35
<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 68 OF 78			
	<input checked="" type="checkbox"/> 17 <input 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	

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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 09 / 11 / 2014
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 250.90 <b>Transaction ID : SB17.11016</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>B. US House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address US Capitol Room H154		Amount of Each Disbursement this Period 74.80 <b>Transaction ID : SB17.11018</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 07 / 28 / 2014
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.11033</b>
City Arlington	State VA Zip Code 22204	
Purpose of Disbursement subcontract labor: social media		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).....	525.70
<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 69 OF 78			
	<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. Courtney Weaver</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.11034</b>
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement subcontract labor: social media	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. Courtney Weaver</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 5353 Columbia Pike apt 407		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.11035</b>
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement subcontract labor: social media	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. RANDY WEBER</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address PO Box 1327		Amount of Each Disbursement this Period 117.70 <b>Transaction ID : SB17.11036</b>
City Friendswood	State TX	
Zip Code 77549	Purpose of Disbursement mileage reimb - Southeast Texas Gospel Music Ministry Event in Port Arthur, TX	Category/ Type
Candidate Name	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: TX District: 14	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	517.70
<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 70 OF 78			
	<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. Brooke Weddle</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.11030		
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:					

Full Name (Last, First, Middle Initial) <b>B. Brooke Weddle</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.11031		
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:					

Full Name (Last, First, Middle Initial) <b>c. Brooke Weddle</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014		
Mailing Address 1818 Oak Lake Cir			Amount of Each Disbursement this Period 400.00		
City Pearland	State TX	Zip Code 77581	Transaction ID : SB17.11032		
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).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	44290.05

**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 71 OF 78			
	<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				

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

Full Name (Last, First, Middle Initial) <b>A. RALLY/PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.10942</b>
City San Fran State CA Zip Code 94105	Purpose of Disbursement refund for Kevin Corcoran (accidently donated twice)	
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.</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) <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).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	500.00

**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 72 OF 78
	<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. Brazosport Rotary Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address PO Box 71		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.10874</b>
City Lake Jackson	State TX	
Zip Code 77566	Purpose of Disbursement Shrimp Boil 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. Brian Babin Campaign</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address PO Box 159		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.10876</b>
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement campaign 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:	

Full Name (Last, First, Middle Initial) <b>c. College of the Mainland Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 1200 Amburn Rd		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.10887</b>
City Texas City	State TX	
Zip Code 77591	Purpose of Disbursement Doyle Family Award event	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).....	2500.00
<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 73 OF 78			
	<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. Friendswood Chamber Of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address PO Box 11			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB21.10895</b>
City Friendswood	State TX	Zip Code 77549	
Purpose of Disbursement annual membership		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. Galveston Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 2228 Avenue C, Suite 101 Suite 101			Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.10896</b>
City Galveston	State TX	Zip Code 77550	
Purpose of Disbursement annual membership		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 Republican Women</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address 471 Pompano			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB21.10900</b>
City Galveston	State TX	Zip Code 77563	
Purpose of Disbursement October luncheon ticket		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).....	500.00
<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 74 OF 78	
	<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 09 / 06 / 2014	
Mailing Address 4749 Twin City Hwy, Ste 300 Ste 300			Amount of Each Disbursement this Period 25.00	
City Port Arthur	State TX	Zip Code 77642	Transaction ID : SB21.10901	
Purpose of Disbursement luncheon ticket		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. Ken Paxton Campaign</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address PO Box 3476			Amount of Each Disbursement this Period 500.00	
City McKinney	State TX	Zip Code 75070	Transaction ID : SB21.10913	
Purpose of Disbursement campaign 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:				

Full Name (Last, First, Middle Initial) <b>C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 320 FIRST STREET SE			Amount of Each Disbursement this Period 10000.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB21.10931	
Purpose of Disbursement 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).....	10525.00
<b>TOTAL</b> This Period (last page this line number only).....	13525.00

**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 M / D D / Y Y Y Y  
06 / 01 / 2012

Date Due

M M / D D / Y Y Y 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)..... ▶

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**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5921**  
**WEBER FOR CONGRESS**

<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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff _____
Mailing Address PO Box 1327		
City Friendswood	State TX	ZIP Code 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 06 / D 25 / Y 2012 Y Y	M M / D D / Y None Y 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).....	100000.00
<b>TOTALS</b> 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 Y	M M / D D / Y None Y 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.**