

# 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)  1701 BENDING STREAM  
 Check if different than previously reported. (ACC)  
**FRIENDSWOOD TX 77546**  
CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER**  C C00502229  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
STATE DISTRICT  
**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  11 /  08 /  2022 in the State of  TX  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  10 /  01 /  2022 through  10 /  19 /  2022

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 **NOLEN, ROBERT, D., MR.,**

Signature of Treasurer **NOLEN, ROBERT, D., MR.,** [Electronically Filed] Date  10 /  27 /  2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	34536.16	865485.05
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	34536.16	860185.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	12799.02	683956.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3331.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12799.02	680625.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	537237.06	
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).....	124000.00	

**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 05/2016)

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).....	13435.00	535276.65
(ii) Unitemized.....	793.42	28884.69
(iii) TOTAL of contributions from individuals ▶	14228.42	564161.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	20307.74	301323.71
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34536.16	865485.05
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	3331.44
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	108841.76
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	34536.16	977658.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12799.02	683956.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	50.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	4300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5300.00
21. OTHER DISBURSEMENTS .....	3982.50	280814.09
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	16781.52	970120.82

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	519482.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34536.16
25. SUBTOTAL (add Line 23 and Line 24).....	554018.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16781.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	537237.06

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 34  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 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)  
**BARRY, JEFFREY, , ,**

Mailing Address 3503 BOXWOOD GATE TR

City PEARLAND State TX Zip Code 77581-2663

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

Name of Employer BERRY INSURANCE Occupation PRESIDENT

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2022

Transaction ID : SA11A.16273

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

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

Mailing Address 219 SOUTH WEST ROAD

City TEXAS CITY State TX Zip Code 77591-3258

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2022

Transaction ID : SA11A.16249

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2000 SHORT SUMMER DRIVE

City AUSTIN State TX Zip Code 78754-5857

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2022

Transaction ID : SA11A.16303

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 825.00

**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: PAGE 6 OF 34  
(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)  
**CIZMECI, NAZLI, , ,**

Mailing Address 310 ANNES WAY

City STAFFORD State TX Zip Code 77477-5441

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF INFORMATION REQUESTED PER BEST EFF

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2022

Transaction ID : SA11A.16304

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEMIRBAS, NEVZAT, Y., MR.,**

Mailing Address 327 LAKESIDE BLVD

City SUGAR LAND State TX Zip Code 77478-3959

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

Name of Employer Occupation  
ADIL PROPERTY INC AGENT

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2022

Transaction ID : SA11A.16300

Amount of Each Receipt this Period  
1500.00

Memo Item CONTRIBUTION

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

Mailing Address 1501 BIOVU DRIVE

City GALVESTON State TX Zip Code 77551-1471

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

Name of Employer Occupation  
FARMERS ALLOY METAL FABRICATION

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2022

Transaction ID : SA11A.15248

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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: PAGE 7 OF 34  
(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)  
**FENNELL, JIM, S., MR., JR.**

Mailing Address 6960 KILLARNEY DRIVE

City BEAUMONT	State TX	Zip Code 77706-4116
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2022

**Transaction ID : SA11A.15242**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 5716

City KINGWOOD	State TX	Zip Code 77325-5716
------------------	-------------	------------------------

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

Name of Employer ENTERPRISE PRODUCTS PARTNERS	Occupation DIRECTOR
--	------------------------

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2022

**Transaction ID : SA11A.16282**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 10539 SUGARBRIDGE TRAIL

City SUGAR LAND	State TX	Zip Code 77498-4083
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2022

**Transaction ID : SA11A.16305**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3100.00
<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 8 OF 34  
(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)  
**KUCUKOSMAN, ORHAN, , MR.,**  
 Mailing Address 311 S ESPLANADE LN  
 City STAFFORD State TX Zip Code 77477-5431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS TURKISH AMERICAN CHAMBER OF C Occupation PRESIDENT  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 17 2022  
**Transaction ID : SA11A.16301**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MAGLIOLO, COREY, , ,**  
 Mailing Address 711 BAYOU CREST DRIVE  
 City DICKINSON State TX Zip Code 77539-6103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GUZZETTA BENEFIT SERVICES Occupation PRESIDENT  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 11 2022  
**Transaction ID : SA11A.16271**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**NICANDROS, STEVE, C., MR.,**  
 Mailing Address 414 PINENEEDLE DR  
 City HOUSTON State TX Zip Code 77024-6604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FRONTERA RESOURCES Occupation CHAIRMAN/CEO  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 3900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 11 2022  
**Transaction ID : SA11A.16276**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**  
 SEE REATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**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: PAGE 9 OF 34  
(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)  
**NICANDROS, JENNIFER, , ,**

Mailing Address 414 PINENEEDLE DR

City HOUSTON State TX Zip Code 77024-6604

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2022

Transaction ID : SA11A.16285

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**NICANDROS, STEVE, C., MR.,**

Mailing Address 414 PINENEEDLE DR

City HOUSTON State TX Zip Code 77024-6604

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

Name of Employer Occupation  
FRONTERA RESOURCES CHAIRMAN/CEO

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2022

Transaction ID : SA11A.16285B

Amount of Each Receipt this Period  
- 1000.00

Memo Item  
CONTRIBUTION  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**POTTER, DWIGHT, M., MR.,**

Mailing Address 2229 PLEASANT HILL DRIVE

City FRIENDSWOOD State TX Zip Code 77546-2037

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1125.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2022

Transaction ID : SA11A.16272

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**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)  
 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)  
**TEAGUE, JIM, , ,**

Mailing Address 9210 HUDSON COURT

City HOUSTON State TX Zip Code 77024-7241

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

Name of Employer ENTERPRISE PRODUCTS Occupation CO-CEO

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2022

Transaction ID : SA11A.16284

Amount of Each Receipt this Period  
 2000.00

Memo Item CONTRIBUTION

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

Mailing Address 3503 BUCKHOLT STREET

City PEARLAND State TX Zip Code 77581-6221

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

Name of Employer HOUSTON PILOTS Occupation SHIP PILOT

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2022

Transaction ID : SA11A.15249

Amount of Each Receipt this Period  
 450.00

Memo Item CONTRIBUTION

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

Mailing Address 11507 SWIFTWATER BRIDGE LANE

City SUGAR LAND State TX Zip Code 77498-7050

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2022

Transaction ID : SA11A.16306

Amount of Each Receipt this Period  
 2000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4450.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 34  
(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)  
**WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6547.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 11 2022

**Transaction ID : SA11C.16286**

Amount of Each Receipt this Period  
519.50

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 2700 NORTH RANDOLPH STREET

City ARLINGTON State VA Zip Code 22207-5223

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

Name of Employer Occupation  
FIERCE GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 11 2022

**Transaction ID : SA11A.16297**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6547.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 18 2022

**Transaction ID : SA11C.16311**

Amount of Each Receipt this Period  
253.06

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 12 OF 34	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**DARIA, DOLLY, , ,**

Mailing Address P.O.BOX 5668

City BEAUMONT	State TX	Zip Code 77726-5668
------------------	-------------	------------------------

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

Name of Employer VILLAGE CHOICE HEALTH CARE INC	Occupation R.N.
--	--------------------

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  **350.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 18 / 2022

**Transaction ID : SA11A.16328**

Amount of Each Receipt this Period  
 ,  ,  **50.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

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

Mailing Address 115A N WALKER ST

City ANGLETON	State TX	Zip Code 77515-4213
------------------	-------------	------------------------

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

Name of Employer WIRELESS PROPERTIES INC	Occupation OFFICE MANAGER
---	------------------------------

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  **217.50**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 18 / 2022

**Transaction ID : SA11A.16319**

Amount of Each Receipt this Period  
 ,  ,  **10.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**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 / D D / Y Y Y Y Y Y
-------------------------

Amount of Each Receipt this Period  
 ,  ,

Memo Item

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

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

<b>60.00</b>
<b>13435.00</b>

**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 34	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION**

Mailing Address 4301 WILSON BLVD

City ARLINGTON	State VA	Zip Code 22203-4419
-------------------	-------------	------------------------

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

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2022

**Transaction ID : SA11C.16277**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE PRODUCTS PARTNERS, L.P. POLITICAL ACTION COMMITTE**

Mailing Address 1100 LOUISIANA ST

City HOUSTON	State TX	Zip Code 77002-5227
-----------------	-------------	------------------------

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

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2022

**Transaction ID : SA11C.16275**

Amount of Each Receipt this Period  
2000.00

Memo Item CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HCA GOOD GOVERNMENT FUND**

Mailing Address ONE PARK PLAZA, BUILDING 1 WEST 4T

City NASHVILLE	State TN	Zip Code 37202-
-------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00067231

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 10 / 2022

**Transaction ID : SA11C.16258**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4000.00
<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: (check only one)		PAGE 14 OF 34	
<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)  
**INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)**

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 200

City WASHINGTON	State DC	Zip Code 20004-2514
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00034405

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2022

**Transaction ID : SA11C.16307**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 55 WAUGH DR. STE 1000

City HOUSTON	State TX	Zip Code 77007-5834
-----------------	-------------	------------------------

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

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2022

**Transaction ID : SA11C.16274**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

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

Mailing Address P.O. BOX 871

City TULSA	State OK	Zip Code 74102-0871
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00215384

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2022

**Transaction ID : SA11C.16280**

Amount of Each Receipt this Period  
2000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5500.00
<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 15 OF 34  
(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)  
**POINT ACTION PAC, INC.**

Mailing Address PO BOX 420304

City ATLANTA State GA Zip Code 30342-0304

FEC ID number of contributing federal political committee. **C** C00738260

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 11 2022

**Transaction ID : SA11C.16281**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SPACE EXPLORATION TECHNOLOGIES CORP. PAC**

Mailing Address 1 ROCKET RD

City HAWTHORNE State CA Zip Code 90250-6844

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 11 2022

**Transaction ID : SA11C.16278**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TEXAS FARM BUREAU FRIENDS AGFUND, INC. (FEDERAL)**

Mailing Address P.O. BOX 2689

City WACO State TX Zip Code 76702-2689

FEC ID number of contributing federal political committee. **C** C00214981

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9623.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 06 2022

**Transaction ID : SA11C.16299**

Amount of Each Receipt this Period  
7.74

Memo Item  
CONTRIBUTION

IN-KIND CONTRIBUTION: WEBSITE/SOCIAL MEDIA ENDORSEMENT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5007.74

**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 16 OF 34	
<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 FARM BUREAU FRIENDS AGFUND, INC. (FEDERAL)**

Mailing Address P.O. BOX 2689

City WACO	State TX	Zip Code 76702-2689
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00214981

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9623.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2022

**Transaction ID : SA11C.16302**

Amount of Each Receipt this Period  
4800.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 13TH ST NW STE 350

City WASHINGTON	State DC	Zip Code 20005-6621
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00010470

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 10 / 2022

**Transaction ID : SA11C.16257**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20307.74



**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 17 OF 34			
	<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. WEBER, RANDY, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2022
Mailing Address 133 N. FRIENDSWOOD DR. #353		FEC Identification Number C
City FRIENDSWOOD	State TX	Zip Code 77546
Purpose of Disbursement REIMBURSEMENT	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 773.96	
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) ▼	Transaction ID : SB17.I6580
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2022
Mailing Address P.O. BOX 36647-1CR		FEC Identification Number C
City DALLAS,	State TX	Zip Code 75235
Purpose of Disbursement TRAVEL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 773.96	
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) ▼	Transaction ID : SB17.I6620
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ANEDOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2022
Mailing Address 1340 POYDRAS ST. STE. 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 19.80	
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) ▼	Transaction ID : SB17.I6581
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	793.76
<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 18 OF 34	
	<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. ANEDOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2022
Mailing Address 1340 POYDRAS ST. STE. 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 4.20
Candidate Name		Transaction ID : SB17.I6582
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANEDOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2022
Mailing Address 1340 POYDRAS ST. STE. 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 25.95
Candidate Name		Transaction ID : SB17.I6583
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ANEDOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2022
Mailing Address 1340 POYDRAS ST. STE. 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 19.13
Candidate Name		Transaction ID : SB17.I6584
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	49.28
<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 19 OF 34			
	<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. ANEDOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2022
Mailing Address 1340 POYDRAS ST. STE. 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 10.05
Candidate Name		Transaction ID : SB17.I6585
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANEDOT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2022
Mailing Address 1340 POYDRAS ST. STE. 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 19.80
Candidate Name		Transaction ID : SB17.I6586
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2022
Mailing Address 300 FIRST ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		Amount of Each Disbursement this Period 97.50
Candidate Name		Transaction ID : SB17.I6587
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	127.35
<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 20 OF 34			
	<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. CHICK-FIL-A</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2022
Mailing Address P.O. BOX 725489 (CORPORATE)		FEC Identification Number C
City ATLANTA	State GA	Zip Code 31139-9923
Purpose of Disbursement FOOD/BEVERAGES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 43.43	
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:	Transaction ID : SB17.I6588	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2022
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number C
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATABASE SUBSCRIPTION	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
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:	Transaction ID : SB17.I6589	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. COASTAL GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2022
Mailing Address 1827 STRAND ST		FEC Identification Number C
City GALVESTON	State TX	Zip Code 77550
Purpose of Disbursement FOOD/BEVERAGES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 27.73	
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:	Transaction ID : SB17.I6590	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1071.16
<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 21 OF 34	
	<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. HAPPY TAKOS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2022	
Mailing Address 1468 TX-35, STE A			FEC Identification Number C	
City ALVIN	State TX	Zip Code 77511	Amount of Each Disbursement this Period 24.00	
Purpose of Disbursement FOOD/BEVERAGES		Category/Type	Transaction ID : SB17.I6591	
Candidate Name		<input type="checkbox"/> Memo Item		
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. HONORE'S CAJUN CAFE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2022	
Mailing Address 517 N DOWNING			FEC Identification Number C	
City ANGLETON	State TX	Zip Code 77515	Amount of Each Disbursement this Period 32.37	
Purpose of Disbursement FOOD/BEVERAGES		Category/Type	Transaction ID : SB17.I6592	
Candidate Name		<input type="checkbox"/> Memo Item		
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. KLOWDTV</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2022	
Mailing Address 4757 MORENA BLVD			FEC Identification Number C	
City SAN DIEGO	State CA	Zip Code 92117-3462	Amount of Each Disbursement this Period 2.50	
Purpose of Disbursement SUBSCRIPTION		Category/Type	Transaction ID : SB17.I6593	
Candidate Name		<input type="checkbox"/> Memo Item		
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).....▶	58.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 34	
	<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. LA BRISA MEXICAN BAR &amp; GRILL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2022	
Mailing Address 501 N WESLEY DR.			FEC Identification Number C	
City LEAGUE CITY	State TX	Zip Code 77573	Amount of Each Disbursement this Period 88.78	
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	Transaction ID : SB17.I6594	
Candidate Name		<input type="checkbox"/> Memo Item		
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. LOGAN'S ROADHOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2022	
Mailing Address 3160 GULF FREEWAY SOUTH			FEC Identification Number C	
City LEAGUE CITY	State TX	Zip Code 77573	Amount of Each Disbursement this Period 16.66	
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	Transaction ID : SB17.I6595	
Candidate Name		<input type="checkbox"/> Memo Item		
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. LUNA'S MEXICAN RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2022	
Mailing Address 704 WEST PARKWOOD			FEC Identification Number C	
City FRIENDSWOOD	State TX	Zip Code 77546	Amount of Each Disbursement this Period 18.10	
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	Transaction ID : SB17.I6596	
Candidate Name		<input type="checkbox"/> Memo Item		
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).....▶	88.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. MEDIA PLACEMENT SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2022
Mailing Address P.O. BOX 753771		FEC Identification Number C
City LAS VEGAS	State NV	Zip Code 89136
Purpose of Disbursement DIGITAL ADS	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 6500.00	
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) ▼	Transaction ID : SB17.I6597
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. MICROSOFT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2022
Mailing Address ONE MICROSOFT WAY		FEC Identification Number C
City REDMOND	State VA	Zip Code 98052
Purpose of Disbursement SOFTWARE SERVICE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 40.59	
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) ▼	Transaction ID : SB17.I6598
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MOODY GARDENS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2022
Mailing Address ONE HOPE BLVD		FEC Identification Number C
City GALVESTON	State TX	Zip Code 77554
Purpose of Disbursement EVENT TICKET	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 17.95	
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) ▼	Transaction ID : SB17.I6599
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6558.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. MUG DOWN GALVESTON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2022		
Mailing Address 200 SEA WOLF PKWY			FEC Identification Number C		
City GALVESTON	State TX	Zip Code 77554	Amount of Each Disbursement this Period 9.00		
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	Transaction ID : SB17.I6600		
Candidate Name		<input type="checkbox"/> Memo Item			
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. MUG DOWN GALVESTON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2022		
Mailing Address 200 SEA WOLF PKWY			FEC Identification Number C		
City GALVESTON	State TX	Zip Code 77554	Amount of Each Disbursement this Period 7.00		
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	Transaction ID : SB17.I6601		
Candidate Name		<input type="checkbox"/> Memo Item			
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. NECHES RIVER WHEELHOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2022		
Mailing Address 720 LEE AVE			FEC Identification Number C		
City PORT NECHES	State TX	Zip Code 77651	Amount of Each Disbursement this Period 44.00		
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	Transaction ID : SB17.I6602		
Candidate Name		<input type="checkbox"/> Memo Item			
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).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. RED ROCK STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2022	
Mailing Address 9500 W FLAMINGO RD #203			FEC Identification Number C	
City LAS VEGAS	State NV	Zip Code 89147	Amount of Each Disbursement this Period 3592.70	
Purpose of Disbursement DIGITAL FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I6603	
Candidate Name		<input type="checkbox"/> Memo Item		
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. REPUBLICAN CONGRESSIONAL SPOUSES CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2022	
Mailing Address 2336 S QUEEN ST			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22202	Amount of Each Disbursement this Period 40.00	
Purpose of Disbursement EVENT REGISTRATION		Category/ Type	Transaction ID : SB17.I6604	
Candidate Name		<input type="checkbox"/> Memo Item		
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. SIMPLY SELF STORAGE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2022	
Mailing Address 141 MAPLE LEAF DR.			FEC Identification Number C	
City LEAGUE CITY	State TX	Zip Code 77573	Amount of Each Disbursement this Period 219.00	
Purpose of Disbursement STORAGE		Category/ Type	Transaction ID : SB17.I6605	
Candidate Name		<input type="checkbox"/> Memo Item		
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).....▶	3851.70
<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 26 OF 34	
	<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. SPOTIFY USA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2022
Mailing Address 4 WORLD TRADE CENTER, 150		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10011
Purpose of Disbursement EVENT ENTERTAINMENT SERVICES		Amount of Each Disbursement this Period 10.81
Candidate Name		Transaction ID : SB17.I6606
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2022
Mailing Address 19335 GULF FREEWAY		FEC Identification Number C
City WEBSTER	State TX	Zip Code 77598
Purpose of Disbursement PLANNER		Amount of Each Disbursement this Period 21.64
Candidate Name		Transaction ID : SB17.I6607
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. TOWN OF HUNTERSVILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2022
Mailing Address P.O. BOX 664		FEC Identification Number C
City HUNTERSVILLE	State NC	Zip Code 28070
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 21.95
Candidate Name		Transaction ID : SB17.I6608
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	54.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34			
	<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. WHATABURGER #1026</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2022		
Mailing Address 1134 PAT BOOKER RD.			FEC Identification Number C		
City UNIVERSAL CITY	State TX	Zip Code 78148	Amount of Each Disbursement this Period 20.63		
Purpose of Disbursement FOOD/BEVERAGES		Category/Type	Transaction ID : SB17.I6609		
Candidate Name		<input type="checkbox"/> Memo Item			
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. WINRED TECHNICAL SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2022		
Mailing Address 1776 WILSON BLVD STE 530 SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 20.48		
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Category/Type	Transaction ID : SB17.I6610		
Candidate Name		<input type="checkbox"/> Memo Item			
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. WINRED TECHNICAL SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2022		
Mailing Address 1776 WILSON BLVD STE 530 SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 36.33		
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Category/Type	Transaction ID : SB17.I6611		
Candidate Name		<input type="checkbox"/> Memo Item			
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).....▶	77.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 34			
	<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. TEXAS FARM BUREAU FRIENDS AGFUND, INC. (FEDERAL)</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2022	
Mailing Address P.O. BOX 2689			FEC Identification Number C C00214981	
City WACO	State TX	Zip Code 76702-2689	Amount of Each Disbursement this Period 7.74	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type	Transaction ID : SB17.16299	
Candidate Name		Memo Item IN-KIND CONTRIBUTION: WEBSITE/SOCIAL MEDIA		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" 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			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
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.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
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).....▶	7.74
<b>TOTAL</b> This Period (last page this line number only).....▶	12799.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34
	<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. CASSY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2022
Mailing Address P.O. BOX 450970		FEC Identification Number C C00797282
City LAREDO	State TX	Zip Code 78045
Purpose of Disbursement CAMPAIGN CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB21.I6614
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	GENERAL	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN JEWISH COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2022
Mailing Address P.O. BOX 7247		FEC Identification Number C
City PHILADELPHIA	State PA	Zip Code 19170-0001
Purpose of Disbursement CHARITABLE CONTRIBUTION		Amount of Each Disbursement this Period 1287.50
Candidate Name		Transaction ID : SB21.I6612
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ANCHOR POINT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2022
Mailing Address 103 DAVIS RD, STE B		FEC Identification Number C
City LEAGUE CITY	State TX	Zip Code 77573
Purpose of Disbursement CHARITABLE CONTRIBUTION		Amount of Each Disbursement this Period 50.00
Candidate Name		Transaction ID : SB21.I6613
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2337.50
<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 30 OF 34	
	<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. LAW ENFORCEMENT ALLIANCE FOR GALVESTON COUNTY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2022
Mailing Address 1252 BRIAR CREEK DR.		FEC Identification Number C
City FRIENDSWOOD	State TX	Zip Code 77546
Purpose of Disbursement CHARITABLE CONTRIBUTION		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB21.I6615
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. TERRI LEO WILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2022
Mailing Address 23 PIRATES BCH W		FEC Identification Number C
City GALVESTON	State TX	Zip Code 77554
Purpose of Disbursement CAMPAIGN CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB21.I6618
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. UNBOUND HOUSTON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2022
Mailing Address 1635 E BROADWAY STE 113		FEC Identification Number C
City PEARLAND	State TX	Zip Code 77581
Purpose of Disbursement CHARITABLE CONTRIBUTION		Amount of Each Disbursement this Period 100.00
Candidate Name		Transaction ID : SB21.I6619
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1600.00
<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)  
17 18 19a 19b  
20a 20b 20c  21

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

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN PARTY OF TEXAS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2022
Mailing Address P.O. BOX 2206			FEC Identification Number C C00143743
City AUSTIN	State TX	Zip Code 78768-2206	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement DONATION		Category/ Type	Transaction ID : SB21.I6616
Candidate Name			<input type="checkbox"/> Memo Item
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. REPUBLICAN PARTY OF TEXAS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2022
Mailing Address P.O. BOX 2206			FEC Identification Number C C00143743
City AUSTIN	State TX	Zip Code 78768-2206	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement DONATION		Category/ Type	Transaction ID : SB21.I6617
Candidate Name			<input type="checkbox"/> Memo Item
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			FEC Identification Number C
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
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).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3982.50

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC.1**  
**WEBER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Weber, Randy, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1327			
City Friendswood	State TX	ZIP Code 77549	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 33500.00	Balance Outstanding at Close of This Period 66500.00
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<b>TERMS</b>	Date Incurred M 12 <sup>M</sup> / D 30 <sup>D</sup> / Y 2011 Y	Date Due M M / D D / Y NONE Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	66500.00
<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.2**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Weber, Randy, , ,		Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1327		
City Friendswood	State TX	ZIP Code 77549
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	67500.00	32500.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 25 / Y 2012	M M / D D / Y NONE	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).....▶	32500.00
<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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 34 OF 34
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC.3**  
**WEBER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Weber, Randy, , ,		<input type="checkbox"/> Memo Item	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1327			
City Friendswood	State TX	ZIP Code 77549	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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<b>TERMS</b>	Date Incurred M 11 / D 03 / Y 2012	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	124000.00

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