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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Co	mmittee	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		Example: If typing, type over the lines.	12FE4M5	
Thomas Brown for	Congress				
ADDRESS (number and stre	P.O. Box 611				
Check if different than previously reported. (ACC)	Stone Mounta	ain 		GA 3008	6
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY		STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00551135		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	GA 04
4. TYPE OF REPOR	T (Choose One)	(b) 10 D. D	DE Clastica December to the		
(a) Quarterly Reports	s:	(b) 12-Day PI	RE -Election Report for the		
April 15 Qua	rterly Report (Q1)	L	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quar	terly Report (Q2)	L	Convention (12C)	Special (12S)	
	Quarterly Report (Q3)	Election of	on	/ Y Y Y Y Y	in the State of
January 31 Y	'ear-End Report (YE)	(c) 30-Day P (DST -Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
X Termination F	Report (TER)	Election	on	/	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y Y 2015	through	05 / D D / Y	y y y 2015
I certify that I have examin	ned this Report and t	o the best of my	knowledge and belief it	is true, correct and cor	mplete.
Type or Print Name of Tre	easurer DR COLETT	I DENETRIUS NO	JR COLETTI		
Signature of Treasurer	DR COLETTI DENETI	RIUS NOUR	[Electronically Filed]	Date 05	07 / Y Y Y Y Y Y 2015
NOTE: Submission of false,		ete information ma	ay subject the person sign	ning this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Thomas Brown for Congress

2015 01 05 07 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 277543.57 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 2900.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 274643.57 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 252980.94 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 252980.94 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 9785.53 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 10000.00 Schedule C and/or Schedule D).....

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

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Thomas Brown for Congress

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	0.00	257686.57	
	(ii) Unitemized	0.00	15307.00	
	(iii) TOTAL of contributions from individuals	0.00	272993.57	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	4550.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	277543.57	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
13.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	20000.00	
	(b) All Other Loans	0.00	0.00	
((c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	20000.00	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	765.32	
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)		0.00	298308.89	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPI	ERATING EXPENDITURES	0.00	252980.94	
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00	
19.	LOA	AN REPAYMENTS:			
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	10000.00	
	(b)	Of All Other Loans	0.00	0.00	
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	10000.00	
20.	REF	FUNDS OF CONTRIBUTIONS TO:			
	(a)	Individuals/Persons Other Than Political Committees	0.00	2900.00	
	(1.)		0.00	0.00	
	(b)	Political Party Committees Other Political Committees			
		(such as PACs)	0.00	0.00	
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	2900.00	
21.	OTI	HER DISBURSEMENTS	0.00	22642.42	
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	288523.36	
		III. CASH SU	IMMARY		
23.	. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		9785.53		
24	4 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)			0.00	
25.	5. SUBTOTAL (add Line 23 and Line 24)			9785.53	
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)			0.00	
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)				9785.53	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

×	13a
	13b

5

(check only one) Detailed Summary Page Transaction ID: SC/10.4420 NAME OF COMMITTEE (In Full) Thomas Brown for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Thomas Brown for Congress General Mailing Address Other (specify) \blacktriangledown P.O. Box 611 City State ZIP Code GΑ 30086 Stone Mountain Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 20000.00 10000.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M 20 2013 0.00 06/01/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) 10000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.