

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 JUL 17 AM 7:11 Office Use Only MAIL CENTER

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

12FE4M5

FRYE FOR CONGRESS

ADDRESS (number and street)

908 RAMBLIN ROAD

Check if different than previously reported. (ACC)

GREENWOOD

GA 30614

2. FEC IDENTIFICATION NUMBER

00509760

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

GA 07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on MM/DD/YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period

04 01 2012 through 06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LINDA FLOYD

Signature of Treasurer

[Handwritten Signature]

Date

07

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)

1203084940

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**FRYE FOR CONGRESS**

Report Covering the Period: From:

**04 / 01 / 2012**

To:

**06 / 30 / 2012**

**COLUMN A**  
This Period

**COLUMN B**  
Election Cycle-to-Date

**6. Net Contributions (other than loans)**

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

**00**

**00**

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

**00**

**00**

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

**00**

**00**

**7. Net Operating Expenditures**

(a) Total Operating Expenditures  
(from Line 17) .....

**00**

**00**

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

**00**

**00**

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

**00**

**00**

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

**00**

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

**00**

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

**00**

**For further information contact:**

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

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

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

*FRYE FOR CONGRESS*

Report Covering the Period:

From:

04 ' 01 ' 2012

To:

06 ' 30 ' 2012

**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).....

0.0

0.0

(ii) Unitemized.....

0.0

0.0

(iii) TOTAL of contributions from individuals ▶

0.0

0.0

(b) Political Party Committees.....

0.0

0.0

(c) Other Political Committees (such as PACs).....

0.0

0.0

(d) The Candidate.....

0.0

0.0

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.0

0.0

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.0

0.0

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.0

0.0

(b) All Other Loans.....

0.0

0.0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.0

0.0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.0

0.0

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.0

0.0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

0.0

0.0

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

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

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0 0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0 0
25. SUBTOTAL (add Line 23 and Line 24).....	0 0
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0 0
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0 0

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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)  
**FRYE FOR CONGRESS**

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C00509760**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**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).....

00

00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 17	<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

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)

*FRYE For Congress*

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

*00*

Candidate Name

*FRYE*

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: *IN* District: *7*

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M	D D	Y Y Y Y
-----	-----	---------

Amount of Each Disbursement this Period

--

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M	D D	Y Y Y Y
-----	-----	---------

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M	D D	Y Y Y Y
-----	-----	---------

Amount of Each Disbursement this Period

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

00
----

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

00
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**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

NAME OF COMMITTEE (In Full)  
*FRYE FOR CONGRES*

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred:  /  /       Date Due:  /  /

Interest Rate:  % (apr)      Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/> 00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/> 00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/> 00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/> 00

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text"/> 00
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/> 00

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

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

Supplementary for  
 Information found on  
 Page \_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>FRVE For Congress</i>	FEC IDENTIFICATION NUMBER <b>C00509760</b>
---	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) <i>NA</i> %
Mailing Address	Date Incurred or Established	<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code	Date Due	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

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

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Date account established:  /  /

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

G. COMMITTEE TREASURER Typed Name Signature	DATE <input type="text"/> / <input type="text"/> / <input type="text"/>
---	--

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

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

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

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

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

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

Outstanding Balance Beginning This Period	<input type="text" value="00"/>
Amount Incurred This Period	<input type="text" value="00"/>
Payment This Period	<input type="text" value="00"/>
Outstanding Balance at Close of This Period	<input type="text" value="00"/>

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

Outstanding Balance Beginning This Period	<input type="text" value=""/>
Amount Incurred This Period	<input type="text" value=""/>
Payment This Period	<input type="text" value="00"/>
Outstanding Balance at Close of This Period	<input type="text" value="00"/>

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

Outstanding Balance Beginning This Period	<input type="text" value=""/>
Amount Incurred This Period	<input type="text" value=""/>
Payment This Period	<input type="text" value="00"/>
Outstanding Balance at Close of This Period	<input type="text" value="00"/>

1) SUBTOTALS This Period This Page (optional) .....	<input type="text" value="00"/>
2) TOTALS This Period (last page this line number only) .....	<input type="text" value="00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	<input type="text" value="00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text" value="00"/>

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**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>FRYE For Congress</i>		Report Covering Period: From: <i>04</i> / <i>01</i> / <i>2012</i> To: <i>06</i> / <i>30</i> / <i>2012</i>				
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A	<i>NA</i>	<i>0</i>	<i>0</i>			
B	Column Total Last Page Only..... <i>0</i>					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
7/12/12 ✓

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
PREPARER

7/17/12  
DATE PREPARED

12050824950