

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
PAUL ELLIOTT FOR CONGRESS

ADDRESS (number and street) PO BOX 274204
 Check if different than previously reported. (ACC) TAMPA FL 33688

2. **FEC IDENTIFICATION NUMBER** C C00523266 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 12

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of FL
11 / 06 / 2012

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
10 / 18 / 2012 through 11 / 26 / 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 RONALD M RICARDO

Signature of Treasurer RONALD M RICARDO [Electronically Filed] Date M M / D D / Y Y Y Y
11 / 30 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PAUL ELLIOTT 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))....	1055.00	20725.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1055.00	20725.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1877.88	31769.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	150.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1877.88	31619.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	605.81	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	11500.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

PAUL ELLIOTT FOR CONGRESS

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

11 / 06 / 2012 (date of general election)

11 / 07 / 2012 (date after general election)

through

11 / 26 / 2012 (last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
 - (i) Itemized (use Schedule A)

1055.00

20725.00

0.00

(ii) Unitemized

0.00

0.00

0.00

(iii) Total of contributions from individuals

1055.00

20725.00

0.00

(b) Political Party Committees

0.00

0.00

0.00

(c) Other Political Committees

0.00

0.00

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 13

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
1055.00	20725.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	11500.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	11500.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	150.70	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
1055.00	32375.70	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

PAUL ELLIOTT FOR CONGRESS

Report Covering the Period: From: / / To: / /

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="1877.88"/>	<input type="text" value="31769.89"/>	<input type="text" value="0.00"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 13

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

1877.88	31769.89	0.00
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

1055.00	20725.00	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1877.88	31619.19	0.00
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1428.69
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	1055.00
25. SUBTOTAL (add Line 23 and Line 24).....	2483.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1877.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	605.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
PAUL ELLIOTT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
G. EDWARD FUSIA

Mailing Address 1615 WEATHERFORD DRIVE

City State Zip Code
SUN CITY CENTER FL 33573

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period
250.00

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

Mailing Address 952 WICKETRUN DRIVE

City State Zip Code
BRANDON FL 33510

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

Name of Employer Occupation
SELF EMPLOYED REALTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SA11AI.4324

Amount of Each Receipt this Period
100.00

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

Mailing Address 7209 OCONTO DRIVE
APT 306

City State Zip Code
NEW PORT RICHEY FL 34655

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : SA11AI.4320

Amount of Each Receipt this Period
5.00

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

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

355.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL ELLIOTT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PATRICIA BUERKE MOLL

Mailing Address 4104 LYNN AVE

City TAMPA State FL Zip Code 33603

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
 100.00

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

Mailing Address 15100 HUTCHINSON ROAD

City TAMPA State FL Zip Code 33625

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

Name of Employer CORDOBA DEVELOPMENT Occupation DEVELOPER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
JUDITH E RICARDO

Mailing Address 1120 PARTRIDGE LANE

City WINSTON SALEM State NC Zip Code 27106

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

Name of Employer SELF EMPLOYED Occupation REALTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.4316

Amount of Each Receipt this Period
 300.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL ELLIOTT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK E. RICARDO

Mailing Address 4651 LONGSTREET LANE

City State Zip Code
ALEXANDRIA VA 22311

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.4312

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JOSEPH D. VALENTI

Mailing Address 4415 W. DALE AVE.

City State Zip Code
TAMPA FL 33609

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

Name of Employer Occupation
WELLS FARGO INVESTMENT ADVISOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.4314

Amount of Each Receipt this Period
25.00

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

Mailing Address 3806 GUNN HIGHWAY

City State Zip Code
TAMPA FL 33618

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

Name of Employer Occupation
CSM, INC. COMMUNICATIONS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period
25.00

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

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

100.00

1055.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13			
	<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)
PAUL ELLIOTT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CLEARCHANNEL BROADCASTING INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address PO BOX 406295		Amount of Each Disbursement this Period 95.00 Transaction ID : SB17.4327
City ATLANTA State GA Zip Code 30384	Purpose of Disbursement RADIO AD 004 Category/Type	
Candidate Name PAUL ELLIOTT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 12		

Full Name (Last, First, Middle Initial) B. CLEARCHANNEL MEDIA AND ENTERTAINMENT		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 4002 WEST GANDY BOULEVARD		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.4330
City TAMPA State FL Zip Code 33611	Purpose of Disbursement RADIO AD 004 Category/Type	
Candidate Name PAUL ELLIOTT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 12		

Full Name (Last, First, Middle Initial) C. CLEARCHANNEL MEDIA AND ENTERTAINMENT		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 4002 WEST GANDY BOULEVARD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4334
City TAMPA State FL Zip Code 33611	Purpose of Disbursement RADIO AD 004 Category/Type	
Candidate Name PAUL ELLIOTT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 12		

SUBTOTAL of Disbursements This Page (optional).....	1575.00
TOTAL 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 11 OF 13	
	<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)
PAUL ELLIOTT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GENESIS COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address P.O. BOX 25434		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4328
City TAMPA	State FL	
Zip Code 33622	Purpose of Disbursement RADIO AD	Category/ Type 004
Candidate Name PAUL ELLIOTT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 12	

Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK, N.A.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address PO BOX 6995		Amount of Each Disbursement this Period 2.88 Transaction ID : SB17.4339
City PORTLAND	State OR	
Zip Code 97228	Purpose of Disbursement SERVICE FEE	Category/ Type 001
Candidate Name PAUL ELLIOTT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 12	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	302.88
TOTAL This Period (last page this line number only).....	1877.88

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4121

PAUL ELLIOTT FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

PAUL S ELLIOTT

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 274204

City State ZIP Code
TAMPA FL 33688

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

06

2012

12/31/12

0.00

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 10000.00

TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **PAUL ELLIOTT FOR CONGRESS** Transaction ID : **SC/10.4254**

LOAN SOURCE Full Name (Last, First, Middle Initial) PAUL S ELLIOTT	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 274204		

City	State	ZIP Code
TAMPA	FL	33688

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 25 / 2012	12/31/12	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: []

SUBTOTALS This Period This Page (optional).....	▶	1500.00
TOTALS This Period (last page in this line only).....	▶	11500.00

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