

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2012 MAY -1 AM 9:14

FEC MAN CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

CITIZENS FOR PAUL HERCOURX

ADDRESS (number and street)

111 DIALLIERY ST

Check if different than previously reported. (ACC)

AITILIBIOIO MIA 02703

2. FEC IDENTIFICATION NUMBER C CITY STATE ZIP CODE STATE DISTRICT 3. IS THIS REPORT NEW OR AMENDED

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)

X 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 01/01/2012 through 03/31/2012

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 REBECCA KATZ

Signature of Treasurer [Handwritten Signature]

Date 04/09/2012

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

Table with 8 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

12030800961

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

CITIZENS FOR PAUL HERoux

Report Covering the Period: From:

M M / D D / Y Y Y Y  
0 1 / 0 1 / 2 0 1 2

To:

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 2

|  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....  | , 5,610.00              | , 15,660.00                        |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....  | , 3,995.00              | , 3,995.00                         |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | , , .                   | , , .                              |
| 7. Net Operating Expenditures  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....   | , 1,613.95              | , 11,665.90                        |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....  | , , .                   | , , .                              |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | , 1,613.95              | , 11,665.90                        |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....   | , , 41.30               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | , , .                   |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

12030800962

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

CITIZENS For Paul Heroux

Report Covering the Period: From: <sup>M</sup>0 / <sup>M</sup>1 / <sup>D</sup>01 / <sup>Y</sup>2012 To: <sup>M</sup>03 / <sup>D</sup>31 / <sup>Y</sup>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).....              | 3,700.00 | 13,200.00 |
| (ii) Unitemized.....                            | 1,910.00 | 1,960.00  |
| (iii) TOTAL of contributions from individuals ▶ | 5,610.00 | 15,660.00 |

(b) Political Party Committees.....

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

(d) The Candidate.....

|  |          |           |
|--|----------|-----------|
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 5,610.00 | 15,660.00 |
|--|----------|-----------|

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

13. LOANS:

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

(b) All Other Loans.....

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

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

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

|   |          |           |
|---|----------|-----------|
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 5,610.00 | 15,660.00 |
|---|----------|-----------|

12030800963

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

|  |          |           |
|--|----------|-----------|
| 17. OPERATING EXPENDITURES.....  | 1,613.95 | 11,663.90 |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                  |          |           |
| 19. LOAN REPAYMENTS:   |          |           |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....               |          |           |
| (b) Of All Other Loans .....   |          |           |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....            |          |           |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                       |          |           |
| (a) Individuals/Persons Other<br>Than Political Committees .....       | 3,955.00 | 3,955.00  |
| (b) Political Party Committees.....                                    |          |           |
| (c) Other Political Committees<br>(such as PACs).....                  |          |           |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c))..... | 3,955.00 | 3,955.00  |
| 21. OTHER DISBURSEMENTS .....  |          |           |
| 22. TOTAL DISBURSEMENTS<br>(add Lines 17, 18, 19(c), 20(d), and 21) ►  | 5,568.95 | 15,318.90 |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 50.25    |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 5,610.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 5,660.25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 5,568.95 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 91.30    |

12030800964

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

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

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER:                        |                              | PAGE                         | OF                           |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)

|  |                                   |   |
|--|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>A. <u>HERoux ROBERT E</u>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br><u>02 / 01 / 2012</u> |
| Mailing Address<br><u>190 ROCKLAWN AVE</u>   |                                   | Amount of Each Receipt this Period<br><br><u>, 500.00</u>       |
| City<br><u>ATTLEBORO</u>   | State Zip Code<br><u>MA 02703</u> |   |
| FEC ID number of contributing federal political committee.<br><u>C</u>   |                                   | Amount of Each Receipt this Period<br><br><u>, 3,000.00</u>     |
| Name of Employer<br><u>COUNTY SQUARE PHARMACY</u>  | Occupation<br><u>PHARMACIST</u>   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date            |   |

|  |                                   |   |
|--|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>B. <u>IRENE FISCHER-DAVIDSON</u>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br><u>01 / 13 / 2012</u> |
| Mailing Address<br><u>1733 NW 25TH AVE</u>   |                                   | Amount of Each Receipt this Period<br><br><u>, 1,000.00</u>     |
| City<br><u>PORTLAND</u>  | State Zip Code<br><u>OR 97210</u> |   |
| FEC ID number of contributing federal political committee.<br><u>C</u>   |                                   | Amount of Each Receipt this Period<br><br><u>, 1,000.00</u>     |
| Name of Employer<br><u>RETIRED</u>   | Occupation<br><u>RETIRED</u>      |   |
| Receipt For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date            |   |

|  |                                   |   |
|--|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>C. <u>JAN COTE</u>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br><u>01 / 17 / 2012</u> |
| Mailing Address<br><u>556 WELCOME WAY SE</u>   |                                   | Amount of Each Receipt this Period<br><br><u>, 1,000.00</u>     |
| City<br><u>SALEM</u>   | State Zip Code<br><u>OR 97302</u> |   |
| FEC ID number of contributing federal political committee.<br><u>C</u>   |                                   | Amount of Each Receipt this Period<br><br><u>, 1,000.00</u>     |
| Name of Employer<br><u>RETIRED</u>   | Occupation<br><u>RETIRED</u>      |   |
| Receipt For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date            |   |

|  |                   |
|--|-------------------|
| SUBTOTAL of Receipts This Page (optional).....           | <u>, 2,500.00</u> |
| TOTAL This Period (last page this line number only)..... | <u>, , .</u>      |

12030800965

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

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

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| FOR LINE NUMBER:                        |                              | PAGE                         |                              | OF                          |                              |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |                              |

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NAME OF COMMITTEE (In Full)

|  |                        |  |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial)<br>A. <del>STARR</del> KATZ STEVEN   |                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 24 2012 |
| Mailing Address<br>6835 SW 60 <sup>th</sup> AVE  |                        | Amount of Each Receipt this Period<br><br>, 1,000.00 |
| City<br>PORTLAND   | State<br>OR            |  |
| FEC ID number of contributing federal political committee.<br>C  |                        | Amount of Each Receipt this Period<br><br>, 1,000.00 |
| Name of Employer   | Occupation             |  |
| Receipt For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |

|  |                        |  |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial)<br>B. SUH DONGJIN  |                        | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 24 2012 |
| Mailing Address<br>410 ASYLUM ST   |                        | Amount of Each Receipt this Period<br><br>, 200.00   |
| City<br>HARTFORD   | State<br>CT            |  |
| FEC ID number of contributing federal political committee.<br>C  |                        | Amount of Each Receipt this Period<br><br>, 200.00   |
| Name of Employer   | Occupation             |  |
| Receipt For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |  |

|   |                        |   |
|---|------------------------|---|
| Full Name (Last, First, Middle Initial)<br>C.   |                        | Date of Receipt<br>M M / D D / Y Y Y Y          |
| Mailing Address   |                        | Amount of Each Receipt this Period<br><br>, , . |
| City  | State                  |   |
| FEC ID number of contributing federal political committee.<br>C   |                        | Amount of Each Receipt this Period<br><br>, , . |
| Name of Employer  | Occupation             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date |   |

|  |            |
|--|------------|
| SUBTOTAL of Receipts This Page (optional).....           | , 1,200.00 |
| TOTAL This Period (last page this line number only)..... | , , .      |

12030800966

**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

17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)

CITIZENS For PAUL Heroux

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 26 / 2012

A. STAPLES

Mailing Address

275 WASHINGTON ST

City

ATTLEBORO

State

MA

Zip Code

02703

Purpose of Disbursement

PALM CARDS

Candidate Name

PAUL Heroux

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify)

State: MA

District: 4TH

Amount of Each Disbursement this Period

, 329.31

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
02 / 06 / 2012

B. STAPLES

Mailing Address

275 WASHINGTON ST

City

ATTLEBORO

State

MA

Zip Code

02703

Purpose of Disbursement

PALM CARDS

Candidate Name

PAUL Heroux

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify)

State: MA

District: 4TH

Amount of Each Disbursement this Period

, 286.86

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
02 / 13 / 2012

C. STAPLES

Mailing Address

275 WASHINGTON ST

City

ATTLEBORO

State

MA

Zip Code

02703

Purpose of Disbursement

PALM CARDS

Candidate Name

PAUL Heroux

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify)

State: MA

District: 4TH

Amount of Each Disbursement this Period

, 215.15

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

, 831.32

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

, .

12030800967

**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

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)

**A.** HEUNING JEFF  
 Mailing Address: 1 EVERGREEN VALLEY DRIVE  
 City: DOVER State: NH Zip Code: 03820  
 Purpose of Disbursement: REFUND  
 Candidate Name: PAUL HERoux  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: MA District: 4TH

Date of Disbursement: 03/26/2012  
 Amount of Each Disbursement this Period: 750.00

**B.** KATZ STEVE  
 Mailing Address: 6835 SW 60TH AVE  
 City: PORTLAND State: OR Zip Code: 97219  
 Purpose of Disbursement: REFUND  
 Candidate Name: PAUL HERoux  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: MA District: 4

Date of Disbursement: 03/26/2012  
 Amount of Each Disbursement this Period: 1,000.00

**C.** IRENE FISCHER-DAVIDSON  
 Mailing Address: 1733 NW 25TH AVE  
 City: PORTLAND State: OR Zip Code: 97210  
 Purpose of Disbursement: REFUND  
 Candidate Name: PAUL HERoux  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: MA District: 4

Date of Disbursement: 03/26/2012  
 Amount of Each Disbursement this Period: 500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... 2,250.00  
**TOTAL** This Period (last page this line number only) .....

12030800968



**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 checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

CITIZENS FOR PAUL HEROUX

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. STANLEY JACQUELYN

M M / D D / Y Y Y Y  
03 / 16 / 2012

Mailing Address

175 UNION ST

City

ATTLEBORO

State

MA

Zip Code

02703

Amount of Each Disbursement this Period

, , 500.00

Purpose of Disbursement

REFUND

Candidate Name

PAUL HEROUX

Category/  
Type

Office Sought:

House

Disbursement For:

Primary

General

Senate

Other (specify)

President

State: MA

District: 4TH

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Heroux, LAUREN

M M / D D / Y Y Y Y  
03 / 16 / 2012

Mailing Address

140 ROCKLAWN AVE

City

ATTLEBORO

State

MA

Zip Code

02703

Amount of Each Disbursement this Period

, , 500.00

Purpose of Disbursement

REFUND

Candidate Name

PAUL HEROUX

Category/  
Type

Office Sought:

House

Disbursement For:

Primary

General

Senate

Other (specify)

President

State: MA

District: 4TH

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Heroux ROBERT

M M / D D / Y Y Y Y  
03 / 26 / 2012

Mailing Address

29 BUXUS STONE

City

SANDWICH

State

MA

Zip Code

02703

Amount of Each Disbursement this Period

, , 500.00

Purpose of Disbursement

REFUND

Candidate Name

PAUL HEROUX

Category/  
Type

Office Sought:

House

Disbursement For:

Primary

General

Senate

Other (specify)

President

State: MA

District: 4TH

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

, , 1,500.00

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

, , -

12030800969

**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)

13a  
 13b

NAME OF COMMITTEE (In Full)

CITIZENS For PAUL Heroux

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

No LOANS This Reporting Period

Election:

- Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (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)..... 0 ▶ , , 0 .

TOTALS This Period (last page in this line only)..... 0 ▶ , , 0 .

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

12030800970

**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)<br><b>CITIZENS FOR PAUL HERoux</b> | FEC IDENTIFICATION NUMBER<br><b>C</b> |
|--|---------------------------------------|

|   |                                       |                               |
|---|---------------------------------------|-------------------------------|
| LENDING INSTITUTION (LENDER)<br>Full Name | Amount of Loan<br>_____, _____, _____ | Interest Rate (APR)<br>_____% |
|---|---------------------------------------|-------------------------------|

|                     |   |
|---------------------|---|
| Mailing Address     | Date Incurred or Established<br>M M / D D / Y Y Y Y |
| City State Zip Code | Date Due<br>M M / D D / Y Y Y Y                     |

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

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

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:  
 M M / D D / Y Y Y Y

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<br>Typed Name<br>Signature | DATE<br>M M / D D / Y Y Y Y |
|---|-----------------------------|

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<br>Typed Name<br>Signature | DATE<br>M M / D D / Y Y Y Y |
| Title  |                             |

12030800971

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |                                      |                            |
|---|--------------------------------------|----------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE                                 | OF                         |
|   | FOR LINE NUMBER:<br>(check only one) | <input type="checkbox"/> 9 |

NAME OF COMMITTEE (In Full)  
**CITIZENS For Paul Hefoux**

|  |  |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose):<br><br><b>No DEBTS /<br/>OBLIGATIONS</b> |
| Mailing Address  |  |
| City State Zip Code  |  |

|   |                     |   |   |
|---|---------------------|---|---|
| Outstanding Balance Beginning This Period |                     |   |   |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |   |
| ,   | ,                   | ,   | , |

|  |                           |
|--|---------------------------|
| 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 |                     |   |   |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |   |
| ,   | ,                   | ,   | , |

|  |                           |
|--|---------------------------|
| 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 |                     |   |   |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |   |
| ,   | ,                   | ,   | , |

|   |  |  |   |
|---|--|--|---|
| 1) SUBTOTALS This Period This Page (optional) .....                                       |  |  | 0 |
| 2) TOTALS This Period (last page this line number only) .....                             |  |  | 0 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....                          |  |  | 0 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ |  |  | 0 |

12030800972

**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)<br><br><b>CITIZENS FOR PAUL<br/>HERoux</b> | Report Covering Period:<br>From: M M / D D / Y Y Y Y<br><b>0 1 / 0 1 / 2 0 1 2</b> | To: M M / D D / Y Y Y Y<br><b>0 3 / 3 1 / 2 0 1 2</b> |
|---|--|---|

| Committee Name                     | (a)<br>Line No. 11(a)<br>Total Contributions From<br>Indiv./Persons Other Than<br>Political Committees | (b)<br>Line No. 11(b)<br>Total Contributions<br>From Political Party<br>Committees |
|------------------------------------|--|--|
| A <b>CITIZENS FOR PAUL HERoux</b>  |  |  |
| B Column Total Last Page Only..... |  |  |

| A | (c)<br>Line No. 11(c)<br>Total Contributions<br>From Other Political<br>Committees                     | (d)<br>Line No. 11(d)<br>Total Contributions<br>From The<br>Candidate | (e)<br>Line No. 11(e)<br>Total<br>Contributions        | (f)<br>Line No. 12<br>Total Transfers<br>From Other Authorized<br>Committees     | (g)<br>Line No. 13(a)<br>Total Loans Made or<br>Guaranteed by<br>the Candidate          | (h)<br>Line No. 13(b)<br>Total All<br>Other Loans                                       |
|---|--|---|--|--|---|---|
| A | 0  | 0   | 5610.00  | 0  | 0   | 0   |
| B |  |   |  |  |   |   |
| A | (i)<br>Line No. 13(c)<br>Total<br>Loans  | (j)<br>Line No. 14<br>Total Offsets to<br>Operating<br>Expenditures   | (k)<br>Line No. 15<br>Total<br>Other<br>Receipts       | (l)<br>Line No. 16<br>Total<br>Receipts  | (m)<br>Line No. 17<br>Total<br>Operating<br>Expenditures                                | (n)<br>Line No. 18<br>Total Transfers to<br>Other Authorized<br>Committees              |
| A | 0  | 0   | 0  | 5610.00  | 1613.95   | 0   |
| B |  |   |  |  |   |   |
| A | (o)<br>Line No. 19(a)<br>Total Loan Repayments<br>of Loans Made or<br>Guaranteed by The Can-<br>didate | (p)<br>Line No. 19(b)<br>Total Loan Repayments<br>of All Other Loans  | (q)<br>Line No. 19(c)<br>Total Loan<br>Repayments      | (r)<br>Line No. 20(a)<br>Total Contribution<br>Refunds to<br>Individuals/Persons | (s)<br>Line No. 20(b)<br>Total Contribution<br>Refunds to Political<br>Party Committees | (t)<br>Line No. 20(c)<br>Total Contribution<br>Refunds to Other<br>Political Committees |
| A | 0  | 0   | 0  | 3955.00  | 0   | 0   |
| B |  |   |  |  |   |   |
| A | (u)<br>Line No. 20(d)<br>Total<br>Contribution<br>Refunds  | (v)<br>Line No. 21<br>Total Other<br>Disbursements                    | (w)<br>Line No. 22<br>Total<br>Disbursements           | (x)<br>Line No. 23<br>Cash on Hand<br>Beginning of<br>Reporting Period           | (y)<br>Line No. 27<br>Cash on Hand<br>Close of<br>Reporting Period                      | (z)<br>Line No. 9<br>Debts & Obligations<br>Owed TO the<br>Committee                    |
| A | 3955.00  | <del>5568.95</del>  | 5568.95  | 50.25  | 41.30   | 0   |
| B |  |   |  |  |   |   |
| A | (aa)<br>Line No. 10<br>Debts & Obligations<br>Owed BY the<br>Committee                                 | (bb)<br>Line No. 6(c)<br>Net Contributions                            | (cc)<br>Line No. 7(c)<br>Net Operating<br>Expenditures |  |   |   |
| A | 0  | 0   | 1613.95  |  |   |   |
| B |  |   |  |  |   |   |

12030800973

**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.

12030800974

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt                                     |
| <input checked="" type="checkbox"/> USPS First Class Mail                        | Postmarked  |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked  |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |   |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked  |
| <input checked="" type="checkbox"/> Postmark Illegible                           |   |
| <input type="checkbox"/> No Postmark   |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                                       |
|  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked                       |

*JMN*  
**PREPARER**  
 (3/2005)

*5/1/12*  
**DATE PREPARED**