

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED

2014 JUL 21 AM 10:27
Office Use Only

FEC MAIL CENTER

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

M A R K G R E E N E F O R C O N G R E S S C A M P A I G N C O M M I T T E E

ADDRESS (number and street)

P O B O X 3 4 7 7 4

F O R T W O R T H T X 7 6 1 6 2 - 4 7 7 4

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 5 4 7 4 7 1 NEW (N) OR AMENDED (A) STATE ▼ DISTRICT

T X 1 2

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

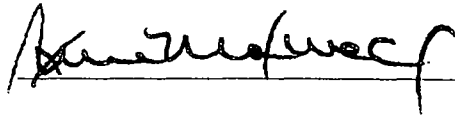
5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

0 4 / 0 1 / 2 0 1 4 through 0 6 / 3 0 / 2 0 1 4

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 STEPHEN MAXWELL

Signature of Treasurer



Date

M M / D D / Y Y Y Y

0 7 / 1 5 / 2 0 1 4

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									
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Report Covering the Period: From: ^{M M / D D} 0 4 / 0 1 ^{Y Y Y Y} 2 0 1 4 To: ^{M M / D D} 0 6 / 3 0 ^{Y Y Y Y} 2 0 1 4

	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))....	8,731.00	46,963.00
(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)).....	8,731.00	46,963.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	20,218.14	33,722.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20,218.14	33,722.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10,113.05	
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).....	0.00	

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 12/2003)

Page 3

Write or Type Committee Name

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Report Covering the Period: From: MM / DD / YYYY 04 / 01 / 2014 To: MM / DD / YYYY 06 / 30 / 2014

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).....	8,731.00	3,986.30
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	8,731.00	3,986.30
(b) Political Party Committees.....	0.00	7,100.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	1,000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8,731.00	4,697.30

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
---	------	------

13. LOANS:		
(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

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
---	------	------

15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
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16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8,731.00	4,697.30
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UNION BANK OF CALIFORNIA

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	2 0 2 1 8 1 4	3 3 7 2 2 1 2
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0 0 0	0 0 0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0 0 0	0 0 0
(b) Of All Other Loans	0 0 0	0 0 0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0 0 0	0 0 0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees.....	0 0 0	0 0 0
(c) Other Political Committees (such as PACs).....	0 0 0	0 0 0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0 0 0	0 0 0
21. OTHER DISBURSEMENTS	0 0 0	0 0 0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2 0 2 1 8 1 4	3 3 7 2 2 1 2

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2 1 6 0 0 1 9
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8 7 3 1 0 0
25. SUBTOTAL (add Line 23 and Line 24).....	3 0 3 3 1 1 9
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2 0 2 1 8 1 4
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1 0 1 1 3 0 5

**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 5 OF 83	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

11001-1001-1001

A. Full Name (Last, First, Middle Initial) GREENE, JULIE		Date of Receipt M M D D Y Y Y Y 0 4 0 1 2 0 1 4	
Mailing Address 1628 WEYLAND DR., APT. 2041			
City NORTH RICHLAND HILLS	State TX	Zip Code 76180	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5 6 0 0	
Name of Employer WALMART	Occupation BAKERY ASSOCIATE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 6 0 0		

B. Full Name (Last, First, Middle Initial) ABELE, GWEN		Date of Receipt M M D D Y Y Y Y 0 4 0 1 2 0 1 4	
Mailing Address 50 WAVERLEY OAKS RD			
City WALTHAM	State MA	Zip Code 02452	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 5 0 0	
Name of Employer SELF	Occupation CHILDCARE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0		

C. Full Name (Last, First, Middle Initial) PAYNE, WILLIAM		Date of Receipt M M D D Y Y Y Y 0 4 0 1 2 0 1 4	
Mailing Address 2724 LUBBOCK AVENUE			
City FORT WORTH	State TX	Zip Code 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 5 0 0	
Name of Employer FEDEX EXPRESS	Occupation COURIER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 3 5 0 0		

SUBTOTAL of Receipts This Page (optional).....	1 0 6 0 0
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 6 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) FUNAKURA, SONJA		Date of Receipt M M D D Y Y Y Y 0 4 0 2 2 0 1 4	
Mailing Address 4325 CR 610			
City ALVARADO	State TX	Zip Code 76009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 3 0 0 0	
Name of Employer SELF	Occupation FINANCIAL CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 3 0 0 0		

Full Name (Last, First, Middle Initial) LEONARD, LUANNE		Date of Receipt M M D D Y Y Y Y 0 4 0 2 2 0 1 4	
Mailing Address 901 W. WARDVILLE			
City CLEBURNE	State TX	Zip Code 76033	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 2 5 0 0	
Name of Employer ATTORNEY	Occupation PARALEGAL		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 2 5 0 0		

Full Name (Last, First, Middle Initial) HAYES, KRISTIE		Date of Receipt M M D D Y Y Y Y 0 4 0 2 2 0 1 4	
Mailing Address 3764 S. 56TH STREET			
City GREENFIELD	State WI	Zip Code 53220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1 0 0 0	
Name of Employer SURETY PRO	Occupation PHARMACY TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1 0 0 0		

SUBTOTAL of Receipts This Page (optional).....	, , 6 5 0 0
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 83				
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
		<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) EDWARDS, DUNCAN		Date of Receipt M M D D Y Y 0 4 0 2 2 0 1 4
Mailing Address 11039 CARISSA DR.		Amount of Each Receipt this Period 2 5 0 0
City DALLAS	State Zip Code TX 75218	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 5 0 0
Name of Employer C.C. YOUNG	Occupation SOCIAL WORKER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0	

Full Name (Last, First, Middle Initial) BAUER, TARI		Date of Receipt M M D D Y Y 0 4 0 3 2 0 1 4
Mailing Address 609 COLTS NECK CT		Amount of Each Receipt this Period 5 6 0 0
City COLLEYVILLE	State Zip Code TX 76034	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 6 0 0
Name of Employer FIRST UNITED METHODIST CHURCH	Occupation ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 6 0 0	

Full Name (Last, First, Middle Initial) JAQUESS, DON		Date of Receipt M M D D Y Y 0 4 0 3 2 0 1 4
Mailing Address 4408 THREE OAKS DR.		Amount of Each Receipt this Period 1 0 0 0 0
City ARLINGTON	State Zip Code TX 76016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0 0
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	1 8 1 0 0
TOTAL This Period (last page this line number only).....	

11039 CARISSA DR.

**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 83		
	<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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) KEMP, KRISTINA		Date of Receipt M M . D D . Y Y Y Y 0 4 . 0 4 . 2 0 1 4
Mailing Address 203 CR 3471		Amount of Each Receipt this Period 3 0 0 0
City PARADISE	State Zip Code TX 76073	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3 0 0 0
Name of Employer SELF	Occupation STUDENT	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3 0 0 0	

Full Name (Last, First, Middle Initial) YALE, ALY		Date of Receipt M M . D D . Y Y Y Y 0 4 . 0 4 . 2 0 1 4
Mailing Address 2069 JOYNER RANCH ROAD		Amount of Each Receipt this Period 1 0 0 0
City FORT WORTH	State Zip Code TX 76134	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0
Name of Employer SELF	Occupation WRITER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0	

Full Name (Last, First, Middle Initial) CROUCH, RON		Date of Receipt M M . D D . Y Y Y Y 0 4 . 0 5 . 2 0 1 4
Mailing Address 2018 SIXTH AVE.		Amount of Each Receipt this Period 3 0 0 0
City FORT WORTH	State Zip Code TX 76110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3 0 0 0
Name of Employer TEXTRON	Occupation SENIOR SYSTEMS ANALYST	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	7 0 0 0
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 9 OF 83				
	<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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) COWDIN, SHAWN			Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 4		
Mailing Address 5016 COCKRELL AVE.					
City	State	Zip Code			
FORT WORTH	TX	76133			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , , 5 6 0 0		
Name of Employer SELF		Occupation CONTRACTOR			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , , 5 6 0 0			

B. Full Name (Last, First, Middle Initial) MORTON, DON			Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 4		
Mailing Address 146 MARIAH					
City	State	Zip Code			
WEATHERFORD	TX	76087			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , , 3 0 0 0		
Name of Employer SELF		Occupation SELF			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , , 3 0 0 0			

C. Full Name (Last, First, Middle Initial) WADA, GEORGE			Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 4		
Mailing Address 2604 WHITE OAK CT.					
City	State	Zip Code			
ARLINGTON	TX	76012			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , , 1 0 0 0 0		
Name of Employer SELF		Occupation FILMMAKER/PHOTOGRAPHER			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , , 1 0 0 0 0			

SUBTOTAL of Receipts This Page (optional).....	, , , 1 8 6 0 0
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 10 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) A. WADA, EVE		Date of Receipt 0 4 / 0 5 / 2 0 1 4
Mailing Address 2604 WHITE OAK CT.		Amount of Each Receipt this Period 1 0 0 0 0
City ARLINGTON	State TX	
Zip Code 76012		Amount of Each Receipt this Period 1 0 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer CARTAMUNDI	Occupation ACCOUNT MANAGER	Amount of Each Receipt this Period 1 0 0 0 0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

Full Name (Last, First, Middle Initial) B. WARD, SALLIE		Date of Receipt 0 4 / 0 5 / 2 0 1 4
Mailing Address 6313 TALGARTH CT.		Amount of Each Receipt this Period 3 0 0 0 0
City FORT WORTH	State TX	
Zip Code 76133		Amount of Each Receipt this Period 9 0 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation NOT EMPLOYED	Amount of Each Receipt this Period 9 0 0 0 0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9 0 0 0 0	

Full Name (Last, First, Middle Initial) C. PARKEY, HAROLD		Date of Receipt 0 4 / 0 5 / 2 0 1 4
Mailing Address 6213 NORTH RIDGE RD.		Amount of Each Receipt this Period 5 0 0 0 0
City FORT WORTH	State TX	
Zip Code 76135		Amount of Each Receipt this Period 5 0 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN POSTAL WORKER UNION	Occupation STEWARD	Amount of Each Receipt this Period 5 0 0 0 0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	1 8 0 0 0
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 11 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) SMITH, DAVID		Date of Receipt M M D D Y Y Y Y 0 4 0 5 2 0 1 4
Mailing Address NA - MADE BEST EFFORT		
City NA - MBE	State NA - MBE	Amount of Each Receipt this Period , , 3 5 0 0
Zip Code NA - MBE		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 3 5 0 0
Name of Employer NA - MADE BEST EFFORT	Occupation NA - MADE BEST EFFORT	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 3 5 0 0	

B. Full Name (Last, First, Middle Initial) BURNAM, LON		Date of Receipt M M D D Y Y Y Y 0 4 0 5 2 0 1 4
Mailing Address 2103 6TH AVE.		
City FORT WORTH	State TX	Amount of Each Receipt this Period , , 2 0 0 0
Zip Code 76110		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 2 0 0 0
Name of Employer STATE OF TEXAS	Occupation LEGISLATOR	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 2 0 0 0	

C. Full Name (Last, First, Middle Initial) MCCOOL, PENNY		Date of Receipt M M D D Y Y Y Y 0 4 0 5 2 0 1 4
Mailing Address 700 BOLING RANCH RD.		
City AZLE	State TX	Amount of Each Receipt this Period , , 1 0 0 0 0
Zip Code 76020		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1 3 0 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1 3 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	, , 1 5 5 0 0
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 83				
	<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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) MCCLURE, ANN		Date of Receipt M M Y Y 0 4 0 5
Mailing Address 5212 PARK DRIVE		Amount of Each Receipt this Period 2 8 0 0
City FORT WORTH	State Zip Code TX 76114	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 8 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 8 0 0	

B. Full Name (Last, First, Middle Initial) CARD, DAVID		Date of Receipt M M Y Y 0 4 0 5
Mailing Address 5212 PARK DRIVE		Amount of Each Receipt this Period 2 8 0 0
City FORT WORTH	State Zip Code TX 76114	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 8 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 8 0 0	

C. Full Name (Last, First, Middle Initial) DAY, DOROTHY		Date of Receipt M M Y Y 0 4 0 5
Mailing Address 10124 STONELEIGH DR		Amount of Each Receipt this Period 3 0 0 0
City BENBROOK	State Zip Code TX 76126	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8 0 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	8 6 0 0
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 13 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) OULETTE, DEBRA		Date of Receipt M M . D D . Y Y . . 0 4 . 0 5 . 2 0 1 4	
Mailing Address 500 THROCKMORTON ST., APT. 2412			
City FORT WORTH	State TX	Zip Code 76102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , . 3 0 0 0	
Name of Employer NA - MADE BEST EFFORT	Occupation NA - MADE BEST EFFORT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , . 3 0 0 0		

Full Name (Last, First, Middle Initial) WOOD, CLAIRE		Date of Receipt M M . D D . Y Y . . 0 4 . 0 5 . 2 0 1 4	
Mailing Address 3428 WHARTON DRIVE			
City FORT WORTH	State TX	Zip Code 76133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , . 3 0 0 0	
Name of Employer HUMANA	Occupation CLAIMS ANALYST		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , . 2 5 5 0 0		

Full Name (Last, First, Middle Initial) REYNOLDS, JILLIAN		Date of Receipt M M . D D . Y Y . . 0 4 . 0 5 . 2 0 1 4	
Mailing Address 6126 GREEN JACKET #1015			
City FORT WORTH	State TX	Zip Code 76137	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , . 3 0 0 0	
Name of Employer SELF	Occupation REAL ESTATE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , . 3 0 0 0		

SUBTOTAL of Receipts This Page (optional).....	, . 9 0 0 0
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 14 OF 83						
	<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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) SEILER, MIKE		Date of Receipt 0 4 0 5 2 0 1 4	
Mailing Address PO BOX 181			
City CADDO	State TX	Zip Code 76429	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3 0 0 0	
Name of Employer OWNER	Occupation RANCHER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3 0 0 0		

Full Name (Last, First, Middle Initial) DRAIN, DON		Date of Receipt 0 4 0 5 2 0 1 4	
Mailing Address PO BOX 264			
City NEWARK	State TX	Zip Code 76071	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3 0 0 0	
Name of Employer NA	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3 0 0 0		

Full Name (Last, First, Middle Initial) BERTRAM, LYNDA		Date of Receipt 0 4 0 5 2 0 1 4	
Mailing Address 4000 EL CAMPO			
City FORT WORTH	State TX	Zip Code 76107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 0 0 0	
Name of Employer NA	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4 2 6 0 0		

SUBTOTAL of Receipts This Page (optional)	8 0 0 0
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 15 OF 83				
	<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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) CROUCH, RON			Date of Receipt M M . D D . Y Y Y Y 0 4 . 0 5 . 2 0 1 4		
Mailing Address 2018 SIXTH AVE					
City FORT WORTH	State TX	Zip Code 76110			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 3 0 0 0		
Name of Employer TEXTRON		Occupation SENIOR SYSTEMS ANALYST			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 6 0 0 0			

Full Name (Last, First, Middle Initial) WOODARD, WANDA			Date of Receipt M M . D D . Y Y Y Y 0 4 . 0 5 . 2 0 1 4		
Mailing Address 3921 STONEHENGE RD					
City FORT WORTH	State TX	Zip Code 76109			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 1 0 0 0 0		
Name of Employer NA		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 3 5 0 0 0			

Full Name (Last, First, Middle Initial) STELMAS, MARK			Date of Receipt M M . D D . Y Y Y Y 0 4 . 0 5 . 2 0 1 4		
Mailing Address 3237 WABASH AVE.					
City FORT WORTH	State TX	Zip Code 76109			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 5 0 0 0		
Name of Employer NA		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 5 0 0 0			

SUBTOTAL of Receipts This Page (optional).....	, , 1 8 0 0 0
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 33		
	<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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) VAN HORN, TERRY E.		Date of Receipt M M D D Y Y Y Y 0 4 0 5 2 0 1 4	
Mailing Address 1908 SEVILLA RD.			
City FORT WORTH	State TX	Zip Code 76116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3 0 0 0	
Name of Employer NA	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3 0 0 0		

Full Name (Last, First, Middle Initial) HENDERSON, LEE O.		Date of Receipt M M D D Y Y Y Y 0 4 0 5 2 0 1 4	
Mailing Address PO BOX 892			
City FORT WORTH	State TX	Zip Code 76102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3 5 0 0	
Name of Employer PLANNED PARENTHOOD	Occupation POLITICAL CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3 5 0 0		

Full Name (Last, First, Middle Initial) BRITT, ERIC G.		Date of Receipt M M D D Y Y Y Y 0 4 0 5 2 0 1 4	
Mailing Address 2015 MELISSA ST.			
City ARLINGTON	State TX	Zip Code 76010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 5 0 0 0	
Name of Employer THOMSON REUTERS	Occupation TECH SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0 0		

SUBTOTAL of Receipts This Page (optional).....	3 1 5 0 0
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 17 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) A. DELEON, SERGIO L.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 4	
Mailing Address 4521 DIAZ AVE.			
City FORT WORTH	State TX	Zip Code 76107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 5 0 0 0	
Name of Employer TARRANT COUNTY	Occupation JUSTICE OF THE PEACE, PCT. 5		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1 0 0 0 0		

Full Name (Last, First, Middle Initial) B. JAMES, CINDY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 4	
Mailing Address 5816 WEDGORTH RD.			
City FORT WORTH	State TX	Zip Code 76133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1 0 0 0 0	
Name of Employer NA	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1 5 0 0 0		

Full Name (Last, First, Middle Initial) C. SMITH, TRACY A.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 4	
Mailing Address 1562 CR 2625			
City DECATUR	State TX	Zip Code 76234	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1 0 0 0 0	
Name of Employer SMITH LANDSCAPES	Occupation SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1 5 6 0 0		

SUBTOTAL of Receipts This Page (optional).....	, , 2 5 0 0 0
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 18 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) HERNDON-JOHNSTON, BRENDA		Date of Receipt M M . D D . Y Y Y Y 0 4 . 0 5 . 2 0 1 4
Mailing Address 949 SPRINGHILL		Amount of Each Receipt this Period 1 0 0 0 0
City BURLESON	State TX	
Zip Code 76028		Amount of Each Receipt this Period 1 0 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer TARRANT COUNTY	Occupation SOCIAL WORKER	Amount of Each Receipt this Period 1 0 0 0 0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

B. Full Name (Last, First, Middle Initial) WARD, SALLIE		Date of Receipt M M . D D . Y Y Y Y 0 4 . 0 5 . 2 0 1 4
Mailing Address 6313 TALGARTH CT.		Amount of Each Receipt this Period 3 0 0 0 0
City FORT WORTH	State TX	
Zip Code 76133		Amount of Each Receipt this Period 1 4 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer PROGRESSIVE CONCEPTS, INC.	Occupation DIRECTOR OF CUSTOMER SERVICE	Amount of Each Receipt this Period 5 6 0 0 0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 4 0 0 0	

C. Full Name (Last, First, Middle Initial) CANDIA, PILAR		Date of Receipt M M . D D . Y Y Y Y 0 4 . 0 5 . 2 0 1 4
Mailing Address PO BOX 7472		Amount of Each Receipt this Period 5 6 0 0 0
City FORT WORTH	State TX	
Zip Code 76111		Amount of Each Receipt this Period 5 6 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation CONSULTANT	Amount of Each Receipt this Period 5 6 0 0 0
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 6 0 0 0	

SUBTOTAL of Receipts This Page (optional)	1 8 6 0 0
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 19 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) HART, JAMES		Date of Receipt M M D D Y Y Y Y 0 4 0 9 2 0 1 4	
Mailing Address 4502 FOX HOLLOW COURT			
City ARLINGTON	State TX	Zip Code 76016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5 0 0	
Name of Employer SELF	Occupation BOOKSELLER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4 0 0 0		

B. Full Name (Last, First, Middle Initial) ISGUR, REBECCA		Date of Receipt M M D D Y Y Y Y 0 4 1 8 2 0 1 4	
Mailing Address 2025 HUNTINGTON LANE			
City FORT WORTH	State TX	Zip Code 76110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 5 0 0 0	
Name of Employer NEW YORK LIFE	Occupation FINANCIAL SERVICES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0 0		

C. Full Name (Last, First, Middle Initial) JOHNSON, CHRIS		Date of Receipt M M D D Y Y Y Y 0 4 2 2 2 0 1 4	
Mailing Address 7705 PAMPAS			
City FORT WORTH	State TX	Zip Code 76133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 5 0 0	
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0		

SUBTOTAL of Receipts This Page (optional).....	2 8 0 0 0
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 20 OF 83
	<input checked="" 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 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) ROWELL, VERA		Date of Receipt
Mailing Address 4320 BELLAIRE DR. S #105		M M D D Y Y 0 4 2 3 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		1 0 0 0
Name of Employer NONE	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	1 4 6 0 0	

Full Name (Last, First, Middle Initial) BRENDER, ART		Date of Receipt
Mailing Address 4121 HAMPSHIRE BLVD.		M M D D Y Y 0 4 2 8 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		2 5 0 0 0
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	2 5 0 0 0	

Full Name (Last, First, Middle Initial) WARD, SALLIE		Date of Receipt
Mailing Address 6313 TALGARTH CT		M M D D Y Y 0 4 3 0 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		2 0 0 0
Name of Employer NOT EMPLOYED	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	1 6 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	2 8 0 0 0
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 21 OF 83
	<input checked="" 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 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) DAVIS, JEFF		Date of Receipt M M D D Y Y Y Y 0 5 0 4 2 0 1 4	
Mailing Address 2325 MISTLETOE DR.			
City FORT WORTH	State TX	Zip Code 76110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 1,000.00	
Name of Employer REPUBLIC TITLE	Occupation TITLE COMPANY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 2,000.00		

B. Full Name (Last, First, Middle Initial) PRITCHARD, DEAN		Date of Receipt M M D D Y Y Y Y 0 5 0 7 2 0 1 4	
Mailing Address PO BOX 100519			
City FORT WORTH	State TX	Zip Code 76185	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 2,000.00	
Name of Employer SELF	Occupation BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 4,000.00		

C. Full Name (Last, First, Middle Initial) WRIGHT, JAMES C.		Date of Receipt M M D D Y Y Y Y 0 5 0 7 2 0 1 4	
Mailing Address PO BOX 1413			
City FORT WORTH	State TX	Zip Code 76101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 1,000.00	
Name of Employer RETIRED	Occupation SPEAKER OF THE HOUSE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 2,000.00		

SUBTOTAL of Receipts This Page (optional)	, 2,200.00
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 22 OF 83
	<input checked="" 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 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) A. HART, JAMES		Date of Receipt M M . D D . Y Y Y Y 0 5 . 0 9 . 2 0 1 4
Mailing Address 4502 FOX HOLLOW COURT		Amount of Each Receipt this Period 5 0 0
City ARLINGTON	State Zip Code TX 76016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5 0 0 0
Name of Employer SELF	Occupation BOOKSELLER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4 5 0 0	

Full Name (Last, First, Middle Initial) B. GARRETT, JIMMY		Date of Receipt M M . D D . Y Y Y Y 0 5 . 1 1 . 2 0 1 4
Mailing Address 2528 HARVEST LN.		Amount of Each Receipt this Period 5 0 0 0 0
City FORT WORTH	State Zip Code TX 76133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5 5 0 0 0
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 5 0 0 0	

Full Name (Last, First, Middle Initial) C. MARTINEZ, MICHAEL R.		Date of Receipt M M . D D . Y Y Y Y 0 5 . 1 5 . 2 0 1 4
Mailing Address PO BOX 100523		Amount of Each Receipt this Period 2 0 0 0 0
City FORT WORTH	State Zip Code TX 76185	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2 0 0 0 0
Name of Employer EDGE RESOURCES	Occupation ENERGY EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 0 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	7 0 5 0 0
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 23 OF 83				
	<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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) ROBERTS, SAM		Date of Receipt MM DD YY 05 18 2014	
Mailing Address 7245 HIGHTOWER ST.			
City FORT WORTH	State TX	Zip Code 76112	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5 0 0 0	
Name of Employer NONE	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0 0		

Full Name (Last, First, Middle Initial) CARUTHERS, ROBERT		Date of Receipt MM DD YY 05 22 2014	
Mailing Address 3611 LATHAM RD.			
City GWYNN OAK	State MD	Zip Code 21207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0 0	
Name of Employer USAF	Occupation ACTIVE DUTY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 5 0 0 0		

Full Name (Last, First, Middle Initial) ROWELL, VERA		Date of Receipt MM DD YY 05 23 2014	
Mailing Address 4320 BELLAIRE DR. S #105			
City FORT WORTH	State TX	Zip Code 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0	
Name of Employer NONE	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 5 6 0 0		

SUBTOTAL of Receipts This Page (optional).....	1 6 0 0 0
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 24 OF 83				
	<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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) HART, JAMES		Date of Receipt M M Y Y 0 5 2 8 2 0 1 4
Mailing Address PO BOX 173214		Amount of Each Receipt this Period 2 0 0
City ARLINGTON	State Zip Code TX 76003	
FEC ID number of contributing federal political committee. C		, , 2 0 0
Name of Employer SELF	Occupation BOOKSELLER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4 7 0 0	

B. Full Name (Last, First, Middle Initial) GRANNAN, SHIRLEY		Date of Receipt M M Y Y 0 5 2 9 2 0 1 4
Mailing Address 2613 LIVE OAK LN.		Amount of Each Receipt this Period 1 0 0 0 0
City PLANO	State Zip Code TX 75075	
FEC ID number of contributing federal political committee. C		, , 1 0 0 0 0
Name of Employer STRONGVIEW	Occupation TECHNICAL WRITER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

C. Full Name (Last, First, Middle Initial) COFFEY, MARY CLAIRE		Date of Receipt M M Y Y 0 5 2 9 2 0 1 4
Mailing Address 12705 GORDON BLVD. #31		Amount of Each Receipt this Period 3 2 0 0
City WOODBIDGE	State Zip Code VA 22192	
FEC ID number of contributing federal political committee. C		, , 3 2 0 0
Name of Employer DODEA	Occupation SPEECH/LANGUAGE PATHOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 7 0 0	

SUBTOTAL of Receipts This Page (optional).....	, , 1 3 4 0 0
TOTAL This Period (last page this line number only).....	, ,

ITEMIZED RECEIPTS

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 OF 83	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) WARD, SALLIE WICKSTROM		Date of Receipt M M 0 5 3 1 2 0 1 4
Mailing Address 6313 TALGARTH CT.		Amount of Each Receipt this Period , 2 0 0 0
City FORT WORTH	State Zip Code TX 76133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 1 8 0 0 0
Name of Employer NONE	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 1 8 0 0 0	

Full Name (Last, First, Middle Initial) GREENWOOD, TOLBERT		Date of Receipt M M 0 5 3 1 2 0 1 4
Mailing Address 6728 KIRKWOOD RD		Amount of Each Receipt this Period , 1 0 0 0 0
City FORT WORTH	State Zip Code TX 76116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 1 0 0 0 0
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 1 0 0 0 0	

Full Name (Last, First, Middle Initial) ROWELL, VERA		Date of Receipt M M 0 5 3 1 2 0 1 4
Mailing Address 4320 BELLAIRE DR. S #105		Amount of Each Receipt this Period , 6 0 0 0
City FORT WORTH	State Zip Code TX 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 2 1 6 0 0
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 2 1 6 0 0	

SUBTOTAL of Receipts This Page (optional).....	, 1 8 0 0 0
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 26 OF 83
	<input checked="" 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 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial) MORRIS, JOHN R.		Date of Receipt
Mailing Address 4900 CALMONT AVE.		M M . D D . Y Y Y Y 0 6 . 0 4 . 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer SELF		3 0 0 0
Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		1 3 0 0 0

B.

Full Name (Last, First, Middle Initial) NOONE, GREG		Date of Receipt
Mailing Address 963 HIAWATHA LN.		M M . D D . Y Y Y Y 0 6 . 0 5 . 2 0 1 4
City	State	Zip Code
SAGINAW	TX	76131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer		3 0 0 0
Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		3 0 0 0

C.

Full Name (Last, First, Middle Initial) JOHNSON, CHRIS		Date of Receipt
Mailing Address 7705 PAMPAS		M M . D D . Y Y Y Y 0 6 . 0 6 . 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer NOT EMPLOYED		3 0 0 0
Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		5 5 0 0

SUBTOTAL of Receipts This Page (optional).....	9 0 0 0
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 27 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) WILLIAMS, MARTHA		Date of Receipt M M Y Y 0 6 0 8 2 0 1 4	
Mailing Address 8105 MOUNT SHASTA CIRCLE			
City FORT WORTH	State TX	Zip Code 76137	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 6 0 0 0	
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1 6 0 0 0		

Full Name (Last, First, Middle Initial) HART, JAMES		Date of Receipt M M Y Y 0 6 0 9 2 0 1 4	
Mailing Address 4502 FOX HOLLOW COURT			
City ARLINGTON	State TX	Zip Code 76016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 5 0 0 0	
Name of Employer SELF	Occupation BOOKSELLER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 5 2 0 0 0		

Full Name (Last, First, Middle Initial) SPARKS, TIFFANY		Date of Receipt M M Y Y 0 6 0 9 2 0 1 4	
Mailing Address 1106 W. INWOOD DR.			
City ARLINGTON	State TX	Zip Code 76013	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 3 0 0 0	
Name of Employer SELF	Occupation HOME EDUCATOR		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 3 0 0 0 0		

SUBTOTAL of Receipts This Page (optional).....	, , 9 5 0 0
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 28 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) TOVAR, RONALD		Date of Receipt M M / D D Y Y Y Y 0 6 / 0 9 2 0 1 4	
Mailing Address 5529 TAYLOR ROAD			
City RIVER OAKS	State TX	Zip Code 76114	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6 0 0 0	
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6 0 0 0		

B. Full Name (Last, First, Middle Initial) NORMAN, LYNN		Date of Receipt M M / D D Y Y Y Y 0 6 / 1 1 2 0 1 4	
Mailing Address 4808 SILENT RIDGE CT. E			
City FORT WORTH	State TX	Zip Code 76132	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3 0 0 0	
Name of Employer JODY'S GYM	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 6 0 0 0		

C. Full Name (Last, First, Middle Initial) FOUNTAIN, CINDY		Date of Receipt M M / D D Y Y Y Y 0 6 / 1 3 2 0 1 4	
Mailing Address 406 W. SMITH ST.			
City CLEBURNE	State TX	Zip Code 76033	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6 0 0 0	
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 3 5 0 0		

SUBTOTAL of Receipts This Page (optional).....	, , 1 5 0 0 0
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 29 OF 83	
	<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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) GREEN, THOMAS		Date of Receipt
Mailing Address 8553 TRINITY VISTA TRL.		M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 4
City	State	Zip Code
HURST	TX	76053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		3 0 0 0
Name of Employer	Occupation	
NATIONAL TUBE SUPPLY CO.	AREA SALES MANAGER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		3 0 0 0

Full Name (Last, First, Middle Initial) BARBRE, BETSY		Date of Receipt
Mailing Address 3808 SOUTH HILLS CIRCLE		M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		6 0 0 0
Name of Employer	Occupation	
NOT EMPLOYED	NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		6 0 0 0

Full Name (Last, First, Middle Initial) CULVER, DORIS		Date of Receipt
Mailing Address 7728 LAKEVIEW CIR.		M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76179
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		6 0 0 0
Name of Employer	Occupation	
NA	RETIRED TEACHER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		3 0 0 0

SUBTOTAL of Receipts This Page (optional).....	1 2 0 0 0
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 30 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) DYCUS, JOHN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 4	
Mailing Address 3607 SHADY PARK DRIVE			
City ARLINGTON	State TX	Zip Code 76013	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 5 0 0 0	
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 5 0 0 0		

B. Full Name (Last, First, Middle Initial) MCCOOL, PENNY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 4	
Mailing Address 700 BOLING RANCH RD.			
City AZLE	State TX	Zip Code 76020	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 3 0 0 0	
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1 6 0 0 0		

C. Full Name (Last, First, Middle Initial) KAY, ROBERT		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 4	
Mailing Address 4601 BOULDER RUN			
City FORT WORTH	State TX	Zip Code 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1 0 0 0 0 0	
Name of Employer RED GAP COMMUNICATION	Occupation PROGRAMMER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 3 6 0 0 0 0		

SUBTOTAL of Receipts This Page (optional).....	, , 1 0 8 0 0 0
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 31 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) WATTERSON, RALPH		Date of Receipt M M . D D . Y Y Y Y 0 6 . 1 8 . 2 0 1 4	
Mailing Address 1801 COLLEGE AVE.			
City FORT WORTH	State TX	Zip Code 76110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , . 2 0 0 0 0	
Name of Employer OLD HOME SUPPLY	Occupation BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , . 2 0 0 0 0		

B. Full Name (Last, First, Middle Initial) RENTA, JENNIFER		Date of Receipt M M . D D . Y Y Y Y 0 6 . 1 8 . 2 0 1 4	
Mailing Address 2701 6TH AVE			
City FORT WORTH	State TX	Zip Code 76110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , . 1 0 0 0 0	
Name of Employer SELF	Occupation LANDSCAPE ARCHITECT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , . 1 0 0 0 0		

C. Full Name (Last, First, Middle Initial) HANSEN, ERIK		Date of Receipt M M . D D . Y Y Y Y 0 6 . 1 8 . 2 0 1 4	
Mailing Address 2516 6TH AVE.			
City FORT WORTH	State TX	Zip Code 76110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , . 3 5 0 0	
Name of Employer SELF	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , . 3 5 0 0		

SUBTOTAL of Receipts This Page (optional).....	, . 3 3 5 0 0
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 32 OF 83
	<input checked="" 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 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) HANSEN, KATHRYN		Date of Receipt M M D D Y Y Y Y 0 6 1 8 2 0 1 4	
Mailing Address 2516 6TH AVE.			
City FORT WORTH	State TX	Zip Code 76110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 3 5 0 0	
Name of Employer SELF	Occupation OWNER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1 9 5 0 0	

Full Name (Last, First, Middle Initial) FLORES, CARL		Date of Receipt M M D D Y Y Y Y 0 6 1 8 2 0 1 4	
Mailing Address 8200 CR 107			
City GRANDVIEW	State TX	Zip Code 76050	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 6 0 0 0	
Name of Employer NA	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1 6 0 0 0	

Full Name (Last, First, Middle Initial) WOOD, CLAIRE		Date of Receipt M M D D Y Y Y Y 0 6 1 8 2 0 1 4	
Mailing Address 3428 WHARTON DR.			
City FORT WORTH	State TX	Zip Code 76133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 3 5 0 0	
Name of Employer HUMANA	Occupation CLAIMS ANALYST		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 2 9 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	, , 1 3 0 0 0
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 33 OF 83	
	<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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) RAMIREZ, ROBERT		Date of Receipt	
Mailing Address 3051 SCHADT ST.		M M D D Y Y Y Y 0 6 1 8 2 0 1 4	
City	State	Zip Code	
FORT WORTH	TX	76106	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
		, , 3 5 0 0	
Name of Employer NA	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 6 5 0 0		

B. Full Name (Last, First, Middle Initial) TESAR, JUDY		Date of Receipt	
Mailing Address 3509 MISSION		M M D D Y Y Y Y 0 6 1 8 2 0 1 4	
City	State	Zip Code	
FORT WORTH	TX	76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
		, , 3 5 0 0	
Name of Employer HUGULEY FITNESS CENTER	Occupation HOUSEKEEPER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 9 5 0 0		

C. Full Name (Last, First, Middle Initial) KELLY, ELIZABETH		Date of Receipt	
Mailing Address 6757 SEA TURTLE WAY		M M D D Y Y Y Y 0 6 1 8 2 0 1 4	
City	State	Zip Code	
FORT WORTH	TX	76135	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
		, , 3 5 0 0	
Name of Employer SELF	Occupation SALES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 3 5 0 0		

SUBTOTAL of Receipts This Page (optional).....	, , 1 0 5 0 0
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 34 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) VASQUEZ, CELINA		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 4	
Mailing Address 5020 FALL RIVER DRIVE			
City FORT WORTH	State TX	Zip Code 76103	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 3 5 0 0	
Name of Employer MOUNTAIN VIEW COLLEGE	Occupation COLLEGE PROFESSOR		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 3 5 0 0		

Full Name (Last, First, Middle Initial) PAYNE, BRUCE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 4	
Mailing Address 2701 BENBROOK BLVD			
City FORT WORTH	State TX	Zip Code 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 3 5 0 0	
Name of Employer FORT WORTH CAMERA	Occupation SALES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1 7 0 0 0		

Full Name (Last, First, Middle Initial) ZADEH, ANN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 4	
Mailing Address 3408 HARWEN TERR.			
City FORT WORTH	State TX	Zip Code 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 4 0 0 0	
Name of Employer NA	Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 4 0 0 0		

SUBTOTAL of Receipts This Page (optional).....	, , 1 1 0 0 0
TOTAL This Period (last page this line number only).....	, ,

110001-11-110001

**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 35 OF 83
	<input checked="" 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 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) DEFOOR, JIMMY A.		Date of Receipt M M D D Y Y Y Y 0 6 1 8 2 0 1 4	
Mailing Address 3812 BUSSERON DR.			
City BENBROOK	State TX	Zip Code 76116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 3 5 0 0	
Name of Employer CITIGROUP	Occupation ANALYST		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Election Cycle-to-Date , , 5 3 5 0 0		

B. Full Name (Last, First, Middle Initial) ROWELL, VERA		Date of Receipt M M D D Y Y Y Y 0 6 2 3 2 0 1 4	
Mailing Address 4320 BELLAIRE DR. S #105			
City FORT WORTH	State TX	Zip Code 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1 0 0 0	
Name of Employer NONE	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Election Cycle-to-Date , , 2 2 6 0 0		

C. Full Name (Last, First, Middle Initial) BUTTERFIELD, COLLEEN		Date of Receipt M M D D Y Y Y Y 0 6 2 3 2 0 1 4	
Mailing Address 1538 COUNTRY FOREST CT.			
City GRAPEVINE	State TX	Zip Code 76051	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 5 0 0 0	
Name of Employer RABBLEROUSER	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Election Cycle-to-Date , , 2 2 5 0 0		

SUBTOTAL of Receipts This Page (optional).....	, , 9 5 0 0
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 36 OF 83		
	<input checked="" 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	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) HUFFMAN, JOHN		Date of Receipt M M . D D . V V . Y Y 0 6 . 2 4 . 2 0 1 4
Mailing Address 3809 TRAIL LAKE DR.		Amount of Each Receipt this Period 5 0 0 0
City	State Zip Code FORT WORTH TX 76109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5 0 0 0
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 0 0 0	

B. Full Name (Last, First, Middle Initial) HART, JAMES		Date of Receipt M M . D D . V V . Y Y 0 6 . 2 8 . 2 0 1 4
Mailing Address PO BOX 173214		Amount of Each Receipt this Period 2 0 0
City	State Zip Code ARLINGTON TX 76003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5 4 0 0
Name of Employer SELF	Occupation BOOKSELLER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5 4 0 0	

C. Full Name (Last, First, Middle Initial) DEES, CONNIE		Date of Receipt M M . D D . V V . Y Y 0 6 . 2 9 . 2 0 1 4
Mailing Address 4067 BUNTING AVE.		Amount of Each Receipt this Period 2 5 0 0
City	State Zip Code FORT WORTH TX 76107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1 0 0 0 0
Name of Employer ORBITZ	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1 0 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	7 7 0 0
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 37 OF 83	
	<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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) WARD, SALLIE WICKSTROM		Date of Receipt
Mailing Address 6313 TALGARTH CT.		M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		2 0 0 0
Name of Employer NONE	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	2 0 0 0 0	

B. Full Name (Last, First, Middle Initial) WOOD, CLAIRE		Date of Receipt
Mailing Address 2428 WHARTON DRIVE		M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		1 5 0 0
Name of Employer HUMANA	Occupation CLAIMS ANALYST	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	3 0 5 0 0	

C. Full Name (Last, First, Middle Initial) BILZ, REED		Date of Receipt
Mailing Address 6130 HALEY LANE		M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		5 0 0 0
Name of Employer STATE BAR	Occupation PARALEGAL	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
	5 0 0 0	

SUBTOTAL of Receipts This Page (optional).....	8 5 0 0
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 38 OF 83				
	<input checked="" 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	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) TOVAR, RONALD		Date of Receipt M M Y Y 0 6 3 0 2 0 1 4
Mailing Address 529 TAYLOR ROAD		Amount of Each Receipt this Period , . 1 0 0 0 0
City RIVER OAKS	State TX	
Zip Code 76114		Amount of Each Receipt this Period , . 1 6 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer NOT EMPLOYED	Occupation NOT EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , . 1 6 0 0 0

B. Full Name (Last, First, Middle Initial) JOHNSON, LYNN		Date of Receipt M M Y Y 0 5 0 9 2 0 1 4
Mailing Address 1968 LIPSCOMB		Amount of Each Receipt this Period , . 2 5 0 0 0
City FORT WORTH	State TX	
Zip Code 76110		Amount of Each Receipt this Period , . 2 5 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer NA	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , . 2 5 0 0 0

C. Full Name (Last, First, Middle Initial) CANADA, RICHARD		Date of Receipt M M Y Y 0 5 1 8 2 0 1 4
Mailing Address 4148 HATHAWAY DR.		Amount of Each Receipt this Period , . 2 0 0 0 0
City GRAND PRAIRIE	State TX	
Zip Code 75052		Amount of Each Receipt this Period , . 2 0 0 0 0
FEC ID number of contributing federal political committee. C		
Name of Employer LOCKHEED MARTIN	Occupation ELECTRICAL ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , . 2 0 0 0 0

SUBTOTAL of Receipts This Page (optional).....	, . 1 4 5 0 0
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 39 OF 83	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) BRITT, ERIC		Date of Receipt
Mailing Address 2015 MELISSA ST.		M M D D Y Y 0 5 1 8 2 0 1 4
City	State	Zip Code
ARLINGTON	TX	76010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		2 0 0 0
Name of Employer THOMSON REUTERS	Occupation TECH SUPPORT	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 7 0 0 0	

B. Full Name (Last, First, Middle Initial) MOORE, ROBERT		Date of Receipt
Mailing Address 6036 COSTEN LANE		M M D D Y Y 0 6 2 0 2 0 1 4
City	State	Zip Code
FORT WORTH	TX	76114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		2 5 0 0
Name of Employer NA	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2 5 0 0	

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

SUBTOTAL of Receipts This Page (optional).....	4 5 0 0
TOTAL This Period (last page this line number only).....	8 7 3 1 0 0

**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 40 OF 83

<input checked="" 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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address
1601 WILLOW ROAD

City State Zip Code
MENLO PARK CA 94025

Purpose of Disbursement
ADVERTISING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

MMDDYY
04 02 2014

Amount of Each Disbursement this Period

7942

B. FACEBOOK

Mailing Address
1601 WILLOW ROAD

City State Zip Code
MENLO PARK TX 94025

Purpose of Disbursement
ADVERTISING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

MMDDYY
04 04 2014

Amount of Each Disbursement this Period

2521

C. TAYLOR'S RENTAL

Mailing Address
220 UNIVERSITY DR

City State Zip Code
FORT WORTH TX 76107

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

MMDDYY
04 04 2014

Amount of Each Disbursement this Period

28578

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

39041

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 41 OF 83

<input checked="" 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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. COSTCO

Mailing Address
5300 OVERTON RIDGE

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 4

Amount of Each Disbursement this Period

5 0 2 8

B. SAM'S CLUB

Mailing Address
4400 BRYANT IRVIN RD.

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
EVENT FOOD & BEVERAGE

Candidate Name
MARK GREENE

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 4

Amount of Each Disbursement this Period

9 5 9 6

C. TRACTOR SUPPLY

Mailing Address
9429 U.S. 377

City State Zip Code
BENBROOK TX 76126

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name
MARK GREENE

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 4

Amount of Each Disbursement this Period

3 2 4

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

1 4 9 4 8

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 42 OF 83

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. QUIKTRIP

Mailing Address
101 EVERMAN PKWY

City State Zip Code
FORT WORTH TX 76134

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M F D D Y V Y V
0 4 0 6 2 0 1 4

Amount of Each Disbursement this Period

5 7 6 2

Full Name (Last, First, Middle Initial)

B. KOOL KEG

Mailing Address
207 S EAST ST.

City State Zip Code
ARLINGTON TX 76010

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M F D D Y V Y V
0 4 0 7 2 0 1 4

Amount of Each Disbursement this Period

9 2 0 1

Full Name (Last, First, Middle Initial)

C. U-HAUL

Mailing Address
3019 ALTAMESA

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M F D D Y V Y V
0 4 0 7 2 0 1 4

Amount of Each Disbursement this Period

7 8 0 0

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

2 2 7 6 3

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 43 OF 83

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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUBWAY

Mailing Address
1200 8TH AVE

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y Y Y
0 4 0 9 2 0 1 4

Amount of Each Disbursement this Period

1 5 7 0

Full Name (Last, First, Middle Initial)

B. O'DELL DEAN

Mailing Address
8912 HUNTERS GLEN TRAIL

City State Zip Code
FORT WORTH TX 76120

Purpose of Disbursement
EVENT CATERING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y Y Y
0 4 0 9 2 0 1 4

Amount of Each Disbursement this Period

1 1 3 6 6 2

Full Name (Last, First, Middle Initial)

C. SUBWAY

Mailing Address
1200 8TH AVE

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y Y Y
0 4 1 0 2 0 1 4

Amount of Each Disbursement this Period

1 6 9 4

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

1 1 6 9 2 6

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 44 OF 83

<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)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. U-HAUL

Mailing Address
3019 ALTAMESA

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 4

Amount of Each Disbursement this Period

, , 5 8 7 3

Full Name (Last, First, Middle Initial)

B. SUBWAY

Mailing Address
1200 8TH AVE

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 4

Amount of Each Disbursement this Period

, , 8 3 4

Full Name (Last, First, Middle Initial)

C. COSTCO

Mailing Address
5300 OVERTON RIDGE

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 4

Amount of Each Disbursement this Period

, , 4 8 1 6

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

, , 1 1 5 2 3

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)

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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) A. HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 4
Mailing Address 7950 SOUTH FWY.		Amount of Each Disbursement this Period 1 5 7 4
City State Zip Code FORT WORTH TX 76134		
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name MARK GREENE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 12	

Full Name (Last, First, Middle Initial) B. DROPBOX		Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 4
Mailing Address 185 BERRY ST., SUITE 400		Amount of Each Disbursement this Period 9 9 9
City State Zip Code SAN FRANCISCO CA 94107		
Purpose of Disbursement CLOUD SERVICES	Candidate Name MARK GREENE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 12	

Full Name (Last, First, Middle Initial) C. DISCOUNT COMPUTER SYSTEMS		Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 4
Mailing Address 6206 SOUTH FWY		Amount of Each Disbursement this Period 9 9 1 5 7
City State Zip Code FORT WORTH TX 76134		
Purpose of Disbursement OFFICE COMPUTERS	Candidate Name MARK GREENE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 12	

SUBTOTAL of Disbursements This Page (optional).....	1 0 1 7 3 0
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
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FOR LINE NUMBER:
(check only one)

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<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)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. CELESTE GREENE

Mailing Address
7550 HILLSIDE RD., #1216

City State Zip Code
AMARILLO TX 79119

Purpose of Disbursement
ADMINISTRATIVE SERVICES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 4 / 1 5 2 0 1 4

Amount of Each Disbursement this Period

3 7 4 9 5

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address
7101 BRYANT IRVIN RD.

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
POSTAGE

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 4 / 1 5 2 0 1 4

Amount of Each Disbursement this Period

8 8 7

Full Name (Last, First, Middle Initial)

C. TARRANT COUNTY DEMOCRATIC PARTY

Mailing Address
2806 RACE ST

City State Zip Code
FORT WORTH TX 76111

Purpose of Disbursement
EVENT TICKET

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 4 / 1 5 2 0 1 4

Amount of Each Disbursement this Period

2 0 0 0

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

4 0 3 8 2

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
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FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. CONTI WAREHOUSES

Mailing Address
1905 WINDSOR ST

City State Zip Code
FORT WORTH TX 76110

Purpose of Disbursement
OFFICE RENT

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 4 / 1 5 2 0 1 4

Amount of Each Disbursement this Period

, 6 8 0 0 0

B. NATIONBUILDER

Mailing Address
448 S. HILL ST., SUITE 200

City State Zip Code
LOS ANGELES CA 90013

Purpose of Disbursement
WEB HOSTING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 4 / 1 6 2 0 1 4

Amount of Each Disbursement this Period

, , 3 8 0 0

C. STAPLES

Mailing Address
5650 OVERTON RIDGE BLVD

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 4 / 1 6 2 0 1 4

Amount of Each Disbursement this Period

, , 6 2 4 4 3

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

, 1 3 4 2 4 3

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)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address
5650 OVERTON RIDGE BLVD

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y
0 4 1 6 2 0 1 4

Amount of Each Disbursement this Period

8 6 5 8

Full Name (Last, First, Middle Initial)

B. SUBWAY

Mailing Address
1200 8TH AVE

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y
0 4 1 7 2 0 1 4

Amount of Each Disbursement this Period

1 4 6 1

Full Name (Last, First, Middle Initial)

C. MONTICELLO SPRING WATER

Mailing Address
3300 W. 5TH ST.

City State Zip Code
FORT WORTH TX 76107

Purpose of Disbursement
OFFICE WATER

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y
0 4 1 8 2 0 1 4

Amount of Each Disbursement this Period

6 5 5 3

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

1 6 6 7 2

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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. MEETUP.COM

Mailing Address
PO BOX 4668 #37895

City State Zip Code
NEW YORK NY 10163

Purpose of Disbursement
SERVICE FEE

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y / Y Y
0 4 / 2 1 / 2 0 1 4

Amount of Each Disbursement this Period

7 2 0 0

Full Name (Last, First, Middle Initial)

B. TARRANT COUNTY DEMOCRATIC WOMEN

Mailing Address
P.O. BOX 471181

City State Zip Code
FORT WORTH TX 76147

Purpose of Disbursement
EVENT TICKETS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y / Y Y
0 4 / 2 4 / 2 0 1 4

Amount of Each Disbursement this Period

1 0 0 0 0

Full Name (Last, First, Middle Initial)

C. COSTCO

Mailing Address
5300 OVERTON RIDGE

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y / Y Y
0 4 / 2 8 / 2 0 1 4

Amount of Each Disbursement this Period

5 3 9 4

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

2 2 5 9 4

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)

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. COMARK DIRECT

Mailing Address
507 S. MAIN STREET

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
PRINTING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y V V
0 4 / 2 8 2 0 1 4

Amount of Each Disbursement this Period

, , 9 3 8 4 7

Full Name (Last, First, Middle Initial)

B. SUBWAY

Mailing Address
1200 8TH AVE

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y V V
0 4 / 3 0 2 0 1 4

Amount of Each Disbursement this Period

, , 8 3 4

Full Name (Last, First, Middle Initial)

C. CHRIS JOHNSON

Mailing Address
7705 PAMPAS

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
CONTRACT LABOR - OFFICE MGMT

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y V V
0 4 / 3 0 2 0 1 4

Amount of Each Disbursement this Period

, , 1 5 0 0 0 0

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

, , 2 4 4 6 8 1

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Date of Disbursement

M M D D Y Y Y Y
0 5 0 1 2 0 1 4

Mailing Address
1601 WILLOW ROAD

City State Zip Code
MENLO PARK CA 94025

Amount of Each Disbursement this Period

4 5 0 0

Purpose of Disbursement
ADVERTISING

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. FIESTA MEXICAN RESTAURANT

Date of Disbursement

M M D D Y Y Y Y
0 5 0 1 2 0 1 4

Mailing Address
3233 HEMPHILL ST

City State Zip Code
FORT WORTH TX 76110

Amount of Each Disbursement this Period

1 5 0 0

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Date of Disbursement

M M D D Y Y Y Y
0 5 0 1 2 0 1 4

Mailing Address
1601 WILLOW ROAD

City State Zip Code
MENLO PARK CA 94025

Amount of Each Disbursement this Period

1 4 7 9

Purpose of Disbursement
ADVERTISING

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

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

7 4 7 9

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
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FOR LINE NUMBER:
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20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. COSTCO

Mailing Address
5300 OVERTON RIDGE

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 4

Amount of Each Disbursement this Period

, , 1 0 8 2 4

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address
4401 GREEN OAKS BLVD

City State Zip Code
FORT WORTH TX 76016

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 4

Amount of Each Disbursement this Period

, , 5 1 3 5

Full Name (Last, First, Middle Initial)

C. SUBWAY

Mailing Address
1200 8TH AVE

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
EVENT SNACKS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 4

Amount of Each Disbursement this Period

, , 5 0 8 8

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

, , 2 1 0 4 7

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)

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. MAYFEST INC

Date of Disbursement

M M / D D Y Y Y Y
0 5 / 0 5 2 0 1 4

Mailing Address

6115 CAMP BOWIE BLVD #160

City State Zip Code
FORT WORTH TX 76116

Amount of Each Disbursement this Period

6 4 0 0

Purpose of Disbursement
EVENT TICKETS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. DON CRUZ SEAFOOD

Date of Disbursement

M M / D D Y Y Y Y
0 5 / 0 6 2 0 1 4

Mailing Address

3155 DENTON HWY

City State Zip Code
HALTOM CITY TX 76117

Amount of Each Disbursement this Period

1 6 2 6

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. LOWES

Date of Disbursement

M M / D D Y Y Y Y
0 5 / 0 6 2 0 1 4

Mailing Address

4305 BRYANT IRVIN RD

City State Zip Code
FORT WORTH TX 76132

Amount of Each Disbursement this Period

1 4 0 3

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

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

9 4 2 9

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 54 OF 83

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUNDANCE SQUARE

Mailing Address
201 CALHOUN ST

City State Zip Code
FORT WORTH TX 76102

Purpose of Disbursement
PARKING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 4

Amount of Each Disbursement this Period

3 0 0

B. COMARK DIRECT

Mailing Address
507 S. MAIN STREET

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
PRINTING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 4

Amount of Each Disbursement this Period

1 0 1 4 8 4

C. DROPBOX

Mailing Address
185 BERRY ST., SUITE 400

City State Zip Code
SAN FRANCISCO CA 94107

Purpose of Disbursement
CLOUD SERVICES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 4

Amount of Each Disbursement this Period

9 9 9

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

1 0 2 7 8 3

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 55 OF 83

<input checked="" 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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. BUTTONS

Date of Disbursement

M M / D D Y Y Y Y
0 5 / 1 4 2 0 1 4

Mailing Address
4701 WEST FWY

City State Zip Code
FORT WORTH TX 76107

Amount of Each Disbursement this Period

2 0 0 0

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. TOMMY'S HAMBURGERS

Date of Disbursement

M M / D D Y Y Y Y
0 5 / 1 4 2 0 1 4

Mailing Address
2455 FOREST PARK BLVD.

City State Zip Code
FORT WORTH TX 76109

Amount of Each Disbursement this Period

2 4 7 2

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. DI ONE STOP

Date of Disbursement

M M / D D Y Y Y Y
0 5 / 1 5 2 0 1 4

Mailing Address
300 E. DIVISION ST

City State Zip Code
MUNSTER TX 76252

Amount of Each Disbursement this Period

5 3 0 0

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 12

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

9 7 7 2

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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address
7101 BRYANT IRVIN RD.

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
POSTAGE

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y Y Y
0 5 1 5 2 0 1 4

Amount of Each Disbursement this Period

5 6 1 9

Full Name (Last, First, Middle Initial)

B. DOC'S BAR & GRILL

Mailing Address
113 N. MAIN ST

City State Zip Code
MUNSTER TX 76252

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y Y Y
0 5 1 5 2 0 1 4

Amount of Each Disbursement this Period

4 0 0 0

Full Name (Last, First, Middle Initial)

C. NATIONBUILDER

Mailing Address
448 S. HILL ST., SUITE 200

City State Zip Code
LOS ANGELES CA 90013

Purpose of Disbursement
WEB HOSTING

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y Y Y
0 5 1 6 2 0 1 4

Amount of Each Disbursement this Period

3 8 0 0

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

1 3 4 1 9

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)

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<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)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK GREENE

Mailing Address
5209 WOODWAY DR

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
PAYROLL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 5 / 1 6 2 0 1 4

Amount of Each Disbursement this Period

1 0 8 7 5 9

Full Name (Last, First, Middle Initial)

B. CHRIS JOHNSON

Mailing Address
7705 PAMPAS

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
PAYROLL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 5 / 1 6 2 0 1 4

Amount of Each Disbursement this Period

6 7 6 . 4 0

Full Name (Last, First, Middle Initial)

C. CELESTE GREENE

Mailing Address
7550 HILLSIDE RD. #1216

City State Zip Code
AMARILLO TX 79119

Purpose of Disbursement
ADMINISTRATIVE SERVICES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 5 / 1 6 2 0 1 4

Amount of Each Disbursement this Period

3 0 0 0 0

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

2 0 6 3 9 9

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)

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. COSTCO

Date of Disbursement

M M . D D . Y Y Y Y
0 5 . 1 9 . 2 0 1 4

Mailing Address
5300 OVERTON RIDGE

City State Zip Code
FORT WORTH TX 76132

Amount of Each Disbursement this Period

, , 4 8 1 3

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

B. THE BEARDED LADY

Date of Disbursement

M M . D D . Y Y Y Y
0 5 . 1 9 . 2 0 1 4

Mailing Address
1229 7TH AVE

City State Zip Code
FORT WORTH TX 76104

Amount of Each Disbursement this Period

, , 2 4 0 0

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

C. MIMI'S CAFÉ

Date of Disbursement

M M . D D . Y Y Y Y
0 5 . 2 0 . 2 0 1 4

Mailing Address
5858 SW LOOP 820

City State Zip Code
FORT WORTH TX 76132

Amount of Each Disbursement this Period

, , 3 0 0 0

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

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

, , 1 0 2 1 3

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 59 OF 83

<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)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHARTER COMMUNICATIONS

Mailing Address
PO BOX 790261

City State Zip Code
ST. LOUIS MO 63179

Purpose of Disbursement
DATA SERVICES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D Y Y Y
0 5 2 0 2 0 1 4

Amount of Each Disbursement this Period

, , 2 3 1 1 7

B. ACE HARDWARE

Mailing Address
3548 SOUTH HILLS DR

City State Zip Code
FORT WORTH TX 76109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D Y Y Y
0 5 2 2 2 0 1 4

Amount of Each Disbursement this Period

, , 1 5 1 4

C. SAM'S CLUB

Mailing Address
4400 BRYANT IRVIN RD

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D Y Y Y
0 5 2 4 2 0 1 4

Amount of Each Disbursement this Period

, , 4 9 8 0

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

, , 2 9 6 1 1

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 60 OF 83

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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOE'S ITALIAN PIZZA

Date of Disbursement

M M D D Y Y Y Y
0 5 2 7 2 0 1 4

Mailing Address
1601 PARK PLACE AVE.

Amount of Each Disbursement this Period

1 5 5 0

City State Zip Code
FORT WORTH TX 76110

Purpose of Disbursement
VOLUNTEER MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. CENTRAL MARKET

Date of Disbursement

M M D D Y Y Y Y
0 5 2 9 2 0 1 4

Mailing Address
4651 WEST FWY

Amount of Each Disbursement this Period

2 1 5 7

City State Zip Code
FORT WORTH TX 76107

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. SAM'S CLUB

Date of Disbursement

M M D D Y Y Y Y
0 5 3 1 2 0 1 4

Mailing Address
4400 BRYANT IRVIN RD

Amount of Each Disbursement this Period

5 6 0 7

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

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

9 3 1 4

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)

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address
1660 S. UNIVERSITY DR.

City State Zip Code
FORT WORTH TX 76109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y V V
0 6 0 2 2 0 1 4

Amount of Each Disbursement this Period

1 5 1 5 0

B. AVOCA COFFEE

Mailing Address
1311 W MAGNOLIA

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y V V
0 6 0 2 2 0 1 4

Amount of Each Disbursement this Period

3 0 0

C. FACEBOOK

Mailing Address
1601 WILLOW ROAD

City State Zip Code
MENLO PARK CA 94025

Purpose of Disbursement
ADVERTISING

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y V V
0 6 0 2 2 0 1 4

Amount of Each Disbursement this Period

6 5 4 8

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

2 1 9 9 8

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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. MONTICELLO SPRING WATER

Date of Disbursement

M M . D D . Y Y Y Y
0 6 . 0 2 . 2 0 1 4

Mailing Address

3300 W. 5TH ST.

City State Zip Code
FORT WORTH TX 76107

Amount of Each Disbursement this Period

1 3 5 3

Purpose of Disbursement
WATER

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. SUNDANCE SQUARE

Date of Disbursement

M M . D D . Y Y Y Y
0 6 . 0 2 . 2 0 1 4

Mailing Address

201 CALHOUN ST

City State Zip Code
FORT WORTH TX 76102

Amount of Each Disbursement this Period

3 0 0

Purpose of Disbursement
PARKING

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. MARK GREENE

Date of Disbursement

M M . D D . Y Y Y Y
0 6 . 0 2 . 2 0 1 4

Mailing Address

5209 WOODWAY DR

City State Zip Code
FORT WORTH TX 76133

Amount of Each Disbursement this Period

1 0 8 7 5 9

Purpose of Disbursement
PAYROLL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

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

1 1 0 4 1 2

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHRIS JOHNSON

Mailing Address
7705 PAMPAS

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
PAYROLL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 4

Amount of Each Disbursement this Period

, , 6 7 6 4 0

Full Name (Last, First, Middle Initial)

B. JOE'S ITALIAN PIZZA

Mailing Address
1601 PARK PLACE AVE.

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
VOLUNTEER MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 4

Amount of Each Disbursement this Period

, , 3 8 8 1

Full Name (Last, First, Middle Initial)

C. LONE STAR BANNERS

Mailing Address
212 S MAIN ST.

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
PARADE SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 4

Amount of Each Disbursement this Period

, , 3 0 3 1

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

, , 7 4 5 5 2

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 64 OF 83

<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)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. SPIRAL DINER

Mailing Address
1314 W MAGNOLIA

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
VOLUNTEER MEALS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D . Y Y / Y Y
0 6 / 0 6 . 2 0 1 4

Amount of Each Disbursement this Period

, , 3 7 0 0

Full Name (Last, First, Middle Initial)

B. GODADDY.COM

Mailing Address
14455 N. HAYDEN RD., STE. 226

City State Zip Code
SCOTTSDALE AZ 85260

Purpose of Disbursement
HOSTING SERVICES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D . Y Y / Y Y
0 6 / 0 6 . 2 0 1 4

Amount of Each Disbursement this Period

, , 1 5 0 9 8

Full Name (Last, First, Middle Initial)

C. CAMPCO BUSINESS SYSTEMS

Mailing Address
11255 CAMP BOWIE WEST BLVD.

City State Zip Code
FORT WORTH TX 76008

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D . Y Y / Y Y
0 6 / 0 6 . 2 0 1 4

Amount of Each Disbursement this Period

, , 2 7 0 6 3

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

, , 4 5 8 6 1

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 65 OF 83

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. CONTI WAREHOUSES

Mailing Address
1905 WINDSOR ST

City State Zip Code
FORT WORTH TX 76110

Purpose of Disbursement
OFFICE RENT

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y
0 6 0 6 2 0 1 4

Amount of Each Disbursement this Period

, 1 3 6 0 0 0

Full Name (Last, First, Middle Initial)

B. COSTCO

Mailing Address
5300 OVERTON RIDGE

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y
0 6 0 8 2 0 1 4

Amount of Each Disbursement this Period

, 4 8 4 7

Full Name (Last, First, Middle Initial)

C. LOVE'S

Mailing Address
1124 CENTRAL E. FWY

City State Zip Code
WICHITA FALLS TX 76301

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y
0 6 0 8 2 0 1 4

Amount of Each Disbursement this Period

, 8 4 4

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

1 4 1 6 9 1

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 66 OF 83

<input checked="" 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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. TEXACO

Mailing Address
5829 CURZON

City State Zip Code
FORT WORTH TX 76107

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 4

Amount of Each Disbursement this Period

3 8 7 3

B. CHARTER COMMUNICATIONS

Mailing Address
PO BOX 790261

City State Zip Code
ST. LOUIS MO 63179

Purpose of Disbursement
DATA SERVICES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 4

Amount of Each Disbursement this Period

1 2 3 3 1

C. BIG TEXAS STEAK RANCH

Mailing Address
7701 INTERSTATE E 40

City State Zip Code
AMARILLO TX 79118

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 4

Amount of Each Disbursement this Period

2 8 0 0

SUBTOTAL of Disbursements This Page (optional)..... 1 9 0 0 4

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 67 OF 83

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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) A. TOOT & TOTUM		Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 4
Mailing Address 5900 S COULTER ST.		Amount of Each Disbursement this Period 4 1 0 0
City State Zip Code AMARILLO TX 79119		
Purpose of Disbursement FUEL	Category/ Type	
Candidate Name MARK GREENE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 12		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 4
Mailing Address 5650 OVERTON RIDGE BLVD		Amount of Each Disbursement this Period 2 4 8 9
City State Zip Code FORT WORTH TX 76132		
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	
Candidate Name MARK GREENE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 12		

Full Name (Last, First, Middle Initial) C. MARK GREENE		Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 4
Mailing Address 5209 WOODWAY DR		Amount of Each Disbursement this Period 2 9 6 2 0
City State Zip Code FORT WORTH TX 76133		
Purpose of Disbursement EXPENSE REIMBURSEMENT/MISC	Category/ Type	
Candidate Name MARK GREENE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 12		

SUBTOTAL of Disbursements This Page (optional).....	3 6 2 0 9
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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address
4600 SYCAMORE SCHOOL RD

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D . Y Y . Y Y
0 6 / 1 0 . 2 0 1 4

Amount of Each Disbursement this Period

, , 6 5 2 6

B. U-HAUL

Mailing Address
3019 ALTAMESA

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
PARADE SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D . Y Y . Y Y
0 6 / 1 0 . 2 0 1 4

Amount of Each Disbursement this Period

, , 4 1 0 3

C. SUBWAY

Mailing Address
701 W 11TH ST

City State Zip Code
QUANAH TX 79252

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D . Y Y . Y Y
0 6 / 1 0 . 2 0 1 4

Amount of Each Disbursement this Period

, , 7 6 9

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

, , 1 1 3 . 9 8

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)

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<input checked="" 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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. AUTO CARE CENTER

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 4

Mailing Address
5200 N WEDGMONT CIR

Amount of Each Disbursement this Period

3 9 7 5

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
PARADE VEHICLE INSPECTION

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. DON CRUZ SEAFOOD

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 4

Mailing Address
3155 DENTON HWY

Amount of Each Disbursement this Period

1 4 0 9

City State Zip Code
HALTOM CITY TX 76117

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. DROPBOX

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 4

Mailing Address
185 BERRY ST., SUITE 400

Amount of Each Disbursement this Period

9 9 9

City State Zip Code
SAN FRANCISCO CA 94107

Purpose of Disbursement
CLOUD SERVICES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

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

6 3 . 8 3

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)

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<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)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. CAVENDER 'S

Mailing Address
5600 SW LOOP 820

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
PARADE SUPPLIES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President
State: TX District: 12

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M M / D D : Y Y Y Y
0 6 / 1 1 : 2 0 1 4

Amount of Each Disbursement this Period

6 6 5 5

B. SUBWAY

Mailing Address
1200 8TH AVE

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President
State: TX District: 12

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M M / D D : Y Y Y Y
0 6 / 1 2 : 2 0 1 4

Amount of Each Disbursement this Period

8 3 9

C. CITYVIEW CAR WASH

Mailing Address
4665 BRYANT IRVIN RD

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
PARADE PREP

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President
State: TX District: 12

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M M / D D : Y Y Y Y
0 6 / 1 2 : 2 0 1 4

Amount of Each Disbursement this Period

1 0 0 0

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

8 4 9 4

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)

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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. PARTY WAREHOUSE

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 1 4

Mailing Address
6659 MCCART AVE.

Amount of Each Disbursement this Period

1 5 1 4

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
PARADE SUPPLIES

Category/
Type

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. ACE HARDWARE

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 1 4

Mailing Address
3548 SOUTH HILLS DR

Amount of Each Disbursement this Period

2 9 5 0

City State Zip Code
FORT WORTH TX 76109

Purpose of Disbursement
PARADE SUPPLIES

Category/
Type

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. CHRIS JOHNSON

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 1 4

Mailing Address
7705 PAMPAS

Amount of Each Disbursement this Period

1 9 0 9 6

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Category/
Type

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

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

2 3 5 6 0

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)

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. PORT PLASTICS

Mailing Address
6312 AIRPORT FWY

City State Zip Code
FORT WORTH TX 76117

Purpose of Disbursement
FLOAT SUPPLIES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y Y Y
0 6 1 3 2 0 1 4

Amount of Each Disbursement this Period

6 4 8 2

Full Name (Last, First, Middle Initial)

B. COSTCO

Mailing Address
5300 OVERTON RIDGE

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y Y Y
0 6 1 3 2 0 1 4

Amount of Each Disbursement this Period

6 9 0 5

Full Name (Last, First, Middle Initial)

C. LOWES

Mailing Address
4305 BRYANT IRVIN RD

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M D D Y Y Y Y
0 6 1 3 2 0 1 4

Amount of Each Disbursement this Period

6 3 0 6

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

1 9 6 9 3

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)

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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 4
Mailing Address 5650 OVERTON RIDGE BLVD		Amount of Each Disbursement this Period 7 8 9
City FORT WORTH	State TX	
Zip Code 76132	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name MARK GREENE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 12	

Full Name (Last, First, Middle Initial) B. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 4
Mailing Address 5300 OVERTON RIDGE		Amount of Each Disbursement this Period 7 3 5 6
City FORT WORTH	State TX	
Zip Code 76132	Purpose of Disbursement EVENT SUPPLIES	Category/ Type
Candidate Name MARK GREENE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 12	

Full Name (Last, First, Middle Initial) C. CHRIS JOHNSON		Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 4
Mailing Address 7705 PAMPAS		Amount of Each Disbursement this Period 6 7 6 4 0
City FORT WORTH	State TX	
Zip Code 76133	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name MARK GREENE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 12	

SUBTOTAL of Disbursements This Page (optional).....	7 5 7 8 5
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)

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<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)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK GREENE

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 4

Mailing Address
5209 WOODWAY DR

City State Zip Code
FORT WORTH TX 76133

Amount of Each Disbursement this Period

1 0 8 7 5 9

Purpose of Disbursement
PAYROLL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. LONE STAR BANNERS

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 4

Mailing Address
212 S MAIN ST.

City State Zip Code
FORT WORTH TX 76104

Amount of Each Disbursement this Period

3 7 6 7

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. PARTY WAREHOUSE

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 4

Mailing Address
6659 MCCART AVE.

City State Zip Code
FORT WORTH TX 76133

Amount of Each Disbursement this Period

1 5 1 4

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

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

1 1 4 0 4 0

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)

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. NATIONBUILDER

Mailing Address
448 S. HILL ST., SUITE 200

City State Zip Code
LOS ANGELES CA 90013

Purpose of Disbursement
WEB HOSTING

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 4

Amount of Each Disbursement this Period

6 0 0 5

Full Name (Last, First, Middle Initial)

B. WESTERN BEVERAGE

Mailing Address
5310 OVERTON RIDGE BLVD

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 4

Amount of Each Disbursement this Period

4 9 6

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address
5650 OVERTON RIDGE BLVD

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 4

Amount of Each Disbursement this Period

1 9 4 7

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

8 4 4 8

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 76 OF 83

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

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NAME OF COMMITTEE (in Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. CELESTE GREENE

Mailing Address
7550 HILLSIDE RD., #1216

City State Zip Code
AMARILLO TX 79119

Purpose of Disbursement
ADMINISTRATIVE SERVICES

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 6 / 1 8 2 0 1 4

Amount of Each Disbursement this Period

, , 3 0 0 0 0

Full Name (Last, First, Middle Initial)

B. JUNETEENTH COMMITTEE

Mailing Address
1115 EVANS AVENUE

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
PARADE ENTRY FEE

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 6 / 1 8 2 0 1 4

Amount of Each Disbursement this Period

, , 6 0 0 0 0

Full Name (Last, First, Middle Initial)

C. RAHR & SONS BREWING

Mailing Address
701 GALVESTON AVENUE

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
VENUE RENTAL

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D Y Y Y Y
0 6 / 1 9 2 0 1 4

Amount of Each Disbursement this Period

, , 5 0 0 0 0

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

, , 8 6 0 0 0

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 77 OF 83

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

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NAME OF COMMITTEE (In Full)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. ACADEMY

Date of Disbursement

M M / D D / Y Y / V V
0 6 / 2 0 / 2 0 1 4

Mailing Address
6101 I-20

City State Zip Code
FORT WORTH TX 76132

Amount of Each Disbursement this Period

9 7 4 1

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. COSTCO

Date of Disbursement

M M / D D / Y Y / V V
0 6 / 2 0 / 2 0 1 4

Mailing Address
5300 OVERTON RIDGE

City State Zip Code
FORT WORTH TX 76132

Amount of Each Disbursement this Period

3 0 7 3

Purpose of Disbursement
FUEL

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. MIMI'S CAFÉ

Date of Disbursement

M M / D D / Y Y / V V
0 6 / 2 5 / 2 0 1 4

Mailing Address
5858 SW LOOP 820

City State Zip Code
FORT WORTH TX 76132

Amount of Each Disbursement this Period

3 0 0 0

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

SUBTOTAL of Disbursements This Page (optional)..... 1 5 8 1 4

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)

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. TROPHY ARTS

Date of Disbursement

0 6 2 6 2 0 1 4

Mailing Address
519 PENNSYLVANIA AVE

Amount of Each Disbursement this Period

5 1 9 6

City State Zip Code
FORT WORTH TX 76104

Purpose of Disbursement
STAFF NAMETAGS

Category/
Type

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. COSTCO

Date of Disbursement

0 6 2 6 2 0 1 4

Mailing Address
5300 OVERTON RIDGE

Amount of Each Disbursement this Period

4 7 0 1

City State Zip Code
FORT WORTH TX 76132

Purpose of Disbursement
FUEL

Category/
Type

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Full Name (Last, First, Middle Initial)

C. SUBWAY

Date of Disbursement

0 6 2 8 2 0 1 4

Mailing Address
3524 ALTAMESA BLVD

Amount of Each Disbursement this Period

8 1 1

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
STAFF MEALS

Category/
Type

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

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

1 0 7 0 8

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 79 OF 83

17 18 19a 19b
 20a 20b 20c 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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. OMNI HOTEL

Mailing Address
555 S. LAMAR

City State Zip Code
DALLAS TX 75202

Purpose of Disbursement
CONVENTION PARKING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D . Y Y . Y Y
0 6 / 2 9 . 2 0 1 4

Amount of Each Disbursement this Period

, , 1 2 0 0

Full Name (Last, First, Middle Initial)

B. CITY OF DALLAS

Mailing Address
1500 MARILLA ST.

City State Zip Code
DALLAS TX 75201

Purpose of Disbursement
CONVENTION PARKING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D . Y Y . Y Y
0 6 / 2 9 . 2 0 1 4

Amount of Each Disbursement this Period

, , 1 2 0 0

Full Name (Last, First, Middle Initial)

C. ACE PARKING

Mailing Address
1717 N AKARD ST.

City State Zip Code
DALLAS TX 75201

Purpose of Disbursement
CONVENTION PARKING

Candidate Name
MARK GREENE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D . Y Y . Y Y
0 6 / 3 0 . 2 0 1 4

Amount of Each Disbursement this Period

, , 2 4 0 0

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

, , 4 8 0 0

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 80 OF 83

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

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NAME OF COMMITTEE (In Full)

MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. WHATABURGER

Mailing Address
3501 ALTAMESA BLVD

City State Zip Code
FORT WORTH TX 76133

Purpose of Disbursement
STAFF MEALS

Candidate Name
MARK GREENE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: TX District: 12

Date of Disbursement

M M / D D / Y Y
0 6 / 3 0 / 2 0 1 4

Amount of Each Disbursement this Period

1 9 9 5

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement

M M / D D / Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement

M M / D D / Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

1 9 9 5

TOTAL This Period (last page this line number only)

2 0 2 1 8 1 4

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)
MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input 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
0 0 0	0 0 0	0 0 0

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)	<input type="checkbox"/> Yes <input 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: 0 0 0
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0 0 0
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0 0 0
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0 0 0

SUBTOTALS This Period This Page (optional)..... ▶ 0 0 0

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE

A. 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		
0 0 0		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0 0 0	0 0 0	0 0 0

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		
0 0 0		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0 0 0	0 0 0	0 0 0

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		
0 0 0		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0 0 0	0 0 0	0 0 0

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

FEC FORM 3Z (File with Form 3)

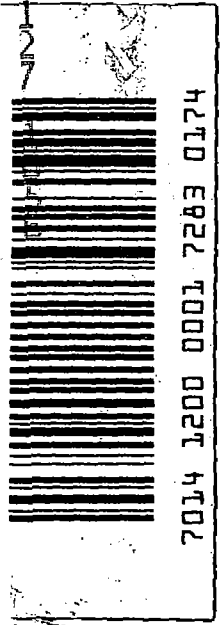
CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE		Report Covering Period: From: 0 4 0 1 2 0 1 4 To: 0 6 3 0 2 0 1 4				
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	MARK GREENE FOR CONGRESS CAMPAIGN COMMITTEE	8731.00			0.00	
B	Column Total Last Page Only.....	39,863.00			7,100.00	
	(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	0.00	0.00	8,731.00	0.00	0.00	0.00
B	0.00	10.00	46,973.00	0.00	0.00	0.00
	(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	0.00	0.00	0.00	8,731.00	20,218.14	0.00
B	0.00	0.00	0.00	46,973.00	33,722.12	0.00
	(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	0.00	0.00	0.00	0.00	0.00	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(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	0.00	0.00	20,218.14	---	---	0.00
B	0.00	0.00	33,722.12	21,600.19	10,113.05	---
	(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	0.00	8,731.00	20,218.14			
B	0.00	46,963.00	33,722.12			

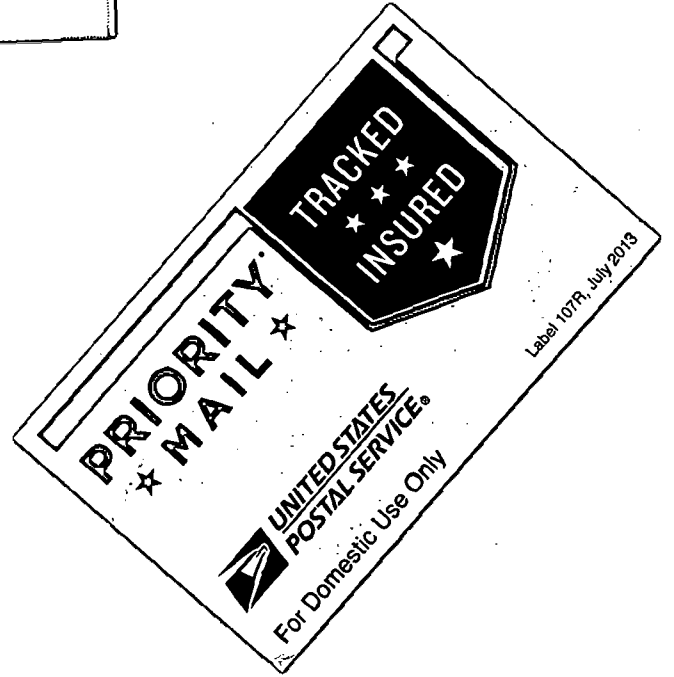
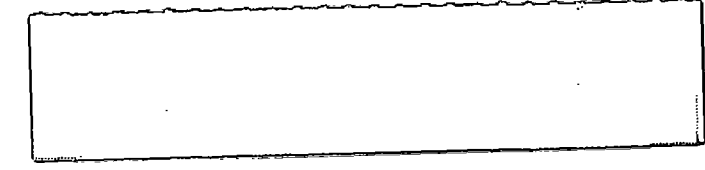
P.O. Box 34774
Fort Worth, TX
76162

RETURN RECEIPT
REQUESTED

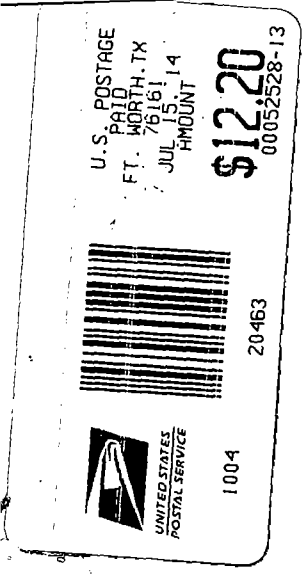


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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/15/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input 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


 PREPARER
 (8/2013)

7/21/14
 DATE PREPARED

FORM 1001-1004