

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Tim Griffin for Congress

ADDRESS (number and street)

P.O. BOX 7526

Check if different than previously reported. (ACC)

LITTLE ROCK

AR

72217

2. FEC IDENTIFICATION NUMBER ▼

C C00468116

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AR

02

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 / 11

D D / 06

Y Y Y Y / 2012

in the State of

AR

5. Covering Period

M M / 10

D D / 18

Y Y Y Y / 2012

through

M M / 11

D D / 26

Y Y Y Y / 2012

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

Type or Print Name of Treasurer Todd Hart

Signature of Treasurer Todd Hart

[Electronically Filed]

Date

M M / 12

D D / 06

Y Y Y Y / 2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Tim Griffin for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	65775.00	1570159.12
(b) Total Contribution Refunds (from Line 20(d)) .....	3000.00	10200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	62775.00	1559959.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	321116.94	1396039.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	23288.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	321116.94	1372750.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	87461.14	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

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

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

Write or Type Committee Name  
**Tim Griffin for Congress**

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="MM 11"/> / <input type="text" value="DD 06"/> / <input type="text" value="YYYY 2012"/> (date of general election)	COLUMN C Total for <input type="text" value="MM 11"/> / <input type="text" value="DD 07"/> / <input type="text" value="YYYY 2012"/> (date after general election)  through <input type="text" value="MM 11"/> / <input type="text" value="DD 26"/> / <input type="text" value="YYYY 2012"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="31450.00"/>	<input type="text" value="982887.69"/>	<input type="text" value="2825.00"/>
(ii) Unitemized		
<input type="text" value="3125.00"/>	<input type="text" value="55903.11"/>	<input type="text" value="50.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="34575.00"/>	<input type="text" value="1038790.80"/>	<input type="text" value="2875.00"/>
(b) Political Party Committees		
<input type="text" value="100.00"/>	<input type="text" value="100.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="31100.00"/>	<input type="text" value="531268.32"/>	<input type="text" value="1500.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 66

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
65775.00	1570159.12	4375.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	17043.60	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	23288.09	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	105.55	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
65775.00	1610596.36	4375.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 66

Write or Type Committee Name

Tim Griffin for Congress

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

**II. DISBURSEMENTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="321116.94"/>	<input type="text" value="1396039.07"/>	<input type="text" value="82609.27"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="10200.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 66

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

3000.00	0.00	3000.00
---------	------	---------

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

3000.00	10200.00	3000.00
---------	----------	---------

**21. OTHER DISBURSEMENTS**

18500.00	107400.00	9500.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

342616.94	1513639.07	95109.27
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

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

62775.00	1559959.12	1375.00
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**IV. NET OPERATING EXPENDITURES**

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

321116.94	1372750.98	82609.27
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	364303.08
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	65775.00
25. SUBTOTAL (add Line 23 and Line 24).....	430078.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	342616.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	87461.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

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

Mailing Address **603 W. SEVIER STREET**

City **BENTON** State **AR** Zip Code **72015-4217**

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

Name of Employer **SALINE COUNTY** Occupation **COUNTY COLLECTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : SA11.6658**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BILL BARNES**

Mailing Address **P.O. BOX 1268**

City **MOUNT IDA** State **AR** Zip Code **71957**

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

Name of Employer **MOUNTAIN HARBOR RESORT** Occupation **RESORT OPERATOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA116811**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT BEARDSLEY**

Mailing Address **126 BALD EAGLE**

City **PARON** State **AR** Zip Code **72122**

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

Name of Employer **CREWS & ASSOCIATES** Occupation **INVESTMENT BANKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA116810**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address **10 NORTHWEST COURT**

City **LITTLE ROCK** State **AR** Zip Code **72212-1514**

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

Name of Employer **SPEKIN FORENSIC LABORATORIES** Occupation **LABORATORY DIRECTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11.6639**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL BOYCE**

Mailing Address **17200 CHENAL PARKWAY  
STE 300 #138**

City **LITTLE ROCK** State **AR** Zip Code **72223**

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

Name of Employer **SELF-EMPLOYED** Occupation **INSURANCE SALESMAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA116808**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LANEY N. BRIGGS**

Mailing Address **1 LENON DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72207-5134**

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

Name of Employer **KING COAL** Occupation **DIRECTOR OF BUSINESS AFFAIRS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 06 / 2012**

**Transaction ID : SA11.6719**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

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

**2500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address P.O. BOX 18338

City MEMPHIS State TN Zip Code 38181-0338

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.6645**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS J. BRYCE**

Mailing Address P.O. BOX 18338

City MEMPHIS State TN Zip Code 38181-0338

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

Name of Employer **BRYCE CORPORATION** Occupation **CHIEF EXECUTIVE OFFICER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

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

**Transaction ID : SA11.6643**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RAYMOND K. CHAFIN**

Mailing Address 3060 WINDCREST DRIVE

City CONWAY State AR Zip Code 72034-3484

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SA11.6649**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

5100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

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

Mailing Address 112 CORONDELET

City MAUMELLE State AR Zip Code 72113

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

Name of Employer STATE OF ARKANSAS LAND OFFICE Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2012

**Transaction ID : SA116814**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DON N. CURDIE**

Mailing Address 23 WALNUT VALLEY DRIVE

City LITTLE ROCK State AR Zip Code 72211-1837

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

Name of Employer U.S. GOVERNMENT Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11.6690**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE H. DAVIS**

Mailing Address 35 PINE MANOR DRIVE

City LITTLE ROCK State AR Zip Code 72207-5136

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SA11.6668**

Amount of Each Receipt this Period  
**400.00**  
 CONTRIBUTION

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

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

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

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

Mailing Address **6 W PALISADES DR**

City **LITTLE ROCK** State **AR** Zip Code **72207-1854**

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

Name of Employer **MCGEORGE CONTRACTING, INC.** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

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

**Transaction ID : SA11.6641**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RAY C. DILLON**

Mailing Address **57 SOLOGNE CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72223-8913**

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

Name of Employer **DELTIC TIMBER CORPORATION** Occupation **PRESIDENT AND CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : SA11.6675**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LEON THOMAS DIXON SR.**

Mailing Address **12112 CHICOT ROAD**

City **MABELVALE** State **AR** Zip Code **72103-2815**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.6710**

Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

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

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

**2275.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

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

Mailing Address **3768 LEAWOOD WAY**

City **FAYETTEVILLE** State **AR** Zip Code **72703-4841**

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

Name of Employer **FREZ-N-STORE** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.6701**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRANK FLETCHER JR.**

Mailing Address **808 SILVERWOOD TRAIL**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-5132**

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

Name of Employer **FRANK FLETCHER COMPANIES, LTD** Occupation **CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.6700**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELMER L. FLUCHT**

Mailing Address **136 CHEROKEE DRIVE**

City **MAUMELLE** State **AR** Zip Code **72113-7402**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : SA11.6664**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**2350.00**

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

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

FOR LINE NUMBER: PAGE 13 OF 66  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

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

Mailing Address 136 CHEROKEE DRIVE

City State Zip Code  
MAUMELLE AR 72113-7402

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2012

**Transaction ID : SA11.6663**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMIE FLY**

Mailing Address 232 TENNESSEE AVENUE

City State Zip Code  
ALEXANDRIA VA 22305-1941

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

Name of Employer Occupation  
FOREIGN POLICY INITIATIVE EXECUTIVE DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.6632**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CYNTHIA FRAZIER**

Mailing Address 4600 CRESTWOOD DRIVE

City State Zip Code  
LITTLE ROCK AR 72207-5434

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2012

**Transaction ID : SA11.6683**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address **1 FRENCH HILL ROAD**

City **MORRILTON** State **AR** Zip Code **72110-9255**

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

Name of Employer **MOBLEY CONTRACTORS, INC.** Occupation **VICE PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11.6630**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. C.J. FULLER**

Mailing Address **2 PEBBLE BEACH DRIVE**

City **LITTLE ROCK** State **AR** Zip Code **72212-2805**

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

Name of Employer **RADIOLOGY CONSULTANTS** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : SA11.6667**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD H. HAMM**

Mailing Address **243 S. BEACH ROAD**

City **HOBE SOUND** State **FL** Zip Code **33455-2512**

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

Name of Employer **ACOMA OIL CORPORATION** Occupation **PARTNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 06 / 2012**

**Transaction ID : SA11.6718**

Amount of Each Receipt this Period  
**400.00**  
 CONTRIBUTION

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

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

**1450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address **2020 NORTH SPRUCE**

City **LITTLE ROCK** State **AR** Zip Code **72207-4728**

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

Name of Employer **ANNA'S ESTATE SALES** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 06 / 2012**

**Transaction ID : SA11.6723**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BEN E. HEFNER SR.**

Mailing Address **701 MAGNOLIA STREET**

City **BEEBE** State **AR** Zip Code **72012-2629**

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

Name of Employer **BEN'S BAIL BOND** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : SA11.6687**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address **3 UTRERA LN**

City **HOT SPRINGS VILLAGE** State **AR** Zip Code **71909-7895**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : SA11.6673**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**2200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 66
	<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)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**J. NATHAN HOLMES II**

Mailing Address **612 CHERRY HILL DRIVE**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-9130**

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

Name of Employer **FIRST PENTECOSTAL CHURCH** Occupation **PASTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.6694**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GARY HOUSTON**

Mailing Address **2 LONGFELLOW CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72207-3720**

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

Name of Employer **GARY HOUSTON ELECTRIC CO.** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 07 / 2012**

**Transaction ID : SA11.6738**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM A. ISELY**

Mailing Address **P.O. BOX 309**

City **DANVILLE** State **AR** Zip Code **72833-0309**

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

Name of Employer **CHAMBERS MEMORIAL HOSPITAL** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.6703**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**400.00**



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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

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

Mailing Address 3704 POPLAR

City State Zip Code  
PINE BLUFF AR 71603

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

Name of Employer Occupation  
U.S. TREASURY U.S. GOVERNMENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA116809**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**OLETA L. KIMBROUGH**

Mailing Address 12 MCKEE CIRCLE

City State Zip Code  
NORTH LITTLE ROCK AR 72116-7004

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : SA11.6682**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KARL R. KULLANDER**

Mailing Address 6609 PLEASANT PLACE

City State Zip Code  
LITTLE ROCK AR 72205-2868

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SA11.6691**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

450.00

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

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

Mailing Address 5417 COUNTRY CLUB BLVD

City State Zip Code  
LITTLE ROCK AR 72207-4514

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

Name of Employer Occupation  
SATTERFIELD MOTOR CO. OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 31 2012

**Transaction ID : SA11.6707**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN LANDREAUX**

Mailing Address 5417 COUNTRY CLUB BLVD

City State Zip Code  
LITTLE ROCK AR 72207-4514

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

Name of Employer Occupation  
SATTERFIELD MOTOR CO. OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 31 2012

**Transaction ID : SA11.6708**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CARL LINDSEY JR.**

Mailing Address 64 COUNTRY CLUB CIRCLE

City State Zip Code  
SEARCY AR 72143-8904

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 30 2012

**Transaction ID : SA11.6677**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address 605 EAST RACE

City State Zip Code  
SEARCY AR 72143-4418

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 07 / 2012

**Transaction ID : SA11.6739**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN T. LOWERY JR.**

Mailing Address 200 N JEFFERSON SUITE 620

City State Zip Code  
EL DORADO AR 71730-5856

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.6646**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN MAHER**

Mailing Address 2033 WEST ROSCOE STREET

City State Zip Code  
CHICAGO IL 60618-6386

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

Name of Employer Occupation  
THE JOHN MARSHALL LAW SCHOOL ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2012

**Transaction ID : SA11.6633**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address 2111 COUNTRY CLUB LANE

City State Zip Code  
PINE BLUFF AR 71603-6923

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

Name of Employer Occupation  
SIMMONS FIRST NATIONAL BANK CHIEF EXECUTIVE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2012

**Transaction ID : SA11.6742**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JUDY K. MCCONNELL**

Mailing Address 350 KATIE LANE

City State Zip Code  
CONWAY AR 72034-9345

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

Name of Employer Occupation  
CONWAY REGIONAL MEDICAL CENTER PHARMACIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 07 / 2012

**Transaction ID : SA11.6734**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. GEORGE K. MITCHELL**

Mailing Address 1511 N. FILLMORE ST.

City State Zip Code  
LITTLE ROCK AR 72207-5371

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 07 / 2012

**Transaction ID : SA11.6737**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address 203 COUNTRY WOOD ROAD

City MORRILTON State AR Zip Code 72110-4200

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

Name of Employer MOBLEY CONTRACTORS, INC. Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.6628**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAN E. MOUDY**

Mailing Address P.O. BOX 574

City BENTON State AR Zip Code 72018-0574

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SA11.6659**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRANCEIL NICHOLS**

Mailing Address 1030 SUMMERWOOD DRIVE

City CONWAY State AR Zip Code 72034-6030

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
460.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SA11.6647**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address **64 RESPLANDOR WAY**

City **HOT SPRINGS VILLAGE** State **AR** Zip Code **71909-7717**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : SA11.6661**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHAD PEKRON**

Mailing Address **1010 WHEATLAND COVE**

City **BENTON** State **AR** Zip Code **72019**

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

Name of Employer **QUATTLEBAUM GROOMS** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 13 / 2012**

**Transaction ID : SA116813**

Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JANE S. PREISS**

Mailing Address **78 CHEVAUX CIRCLE**

City **LITTLE ROCK** State **AR** Zip Code **72223-4295**

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

Name of Employer **SELF-EMPLOYED** Occupation **WRITER/TEACHER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2012**

**Transaction ID : SA11.6681**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**325.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address P.O. BOX 457

City CAMDEN State AR Zip Code 71711-0457

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

Name of Employer DAN REYNOLDS CO. Occupation INDEPENDENT PRODUCER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

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

**Transaction ID : SA11.6640**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY BETH RINGGOLD**

Mailing Address 160 PEBBLE BEACH DRIVE

City LITTLE ROCK State AR Zip Code 72212-2624

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

Name of Employer CAJUN'S WHARF RESTAURANT Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.6740**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD RUZICH**

Mailing Address 1625 W. BARRY AVENUE

City CHICAGO State IL Zip Code 60657-3015

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

Name of Employer COZEN O'CONNOR Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2012

**Transaction ID : SA11.6744**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 66
	<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)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. EDDIE W. SHIELDS**

Mailing Address 1325 ROBB COURT

City State Zip Code  
LITTLE ROCK AR 72223-6502

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

Name of Employer Occupation  
AR ALLERGY AND ASTHMA CLINIC PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 31 2012

**Transaction ID : SA11.6696**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ERIC R. SIEGEL**

Mailing Address 501 RIDGEWAY DRIVE  
APT. 7

City State Zip Code  
LITTLE ROCK AR 72205-4180

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

Name of Employer Occupation  
UAMS BIostatistician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 30 2012

**Transaction ID : SA11.6676**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARILYN S. SIMMONS**

Mailing Address 14201 CLARBORNE COURT

City State Zip Code  
LITTLE ROCK AR 72211-5590

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 30 2012

**Transaction ID : SA11.6686**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address 1801 WEDEMEYER STREET

City SAN FRANCISCO State CA Zip Code 94129-5274

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2012

**Transaction ID : SA11.6624**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ADDISON SMITH**

Mailing Address 2300 19TH STREET  
APT. 6

City WASHINGTON State DC Zip Code 20009

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

Name of Employer **SPHERE CONSULTING** Occupation **PUBLIC AFFAIRS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : SA116806**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BERTIE DEMING SMITH**

Mailing Address 3600 PARLIAMENT DRIVE

City ALEXANDRIA State LA Zip Code 71303-3009

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.6716**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2100.00

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

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

FOR LINE NUMBER: PAGE 26 OF 66  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

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

Mailing Address 1801 CENTRAL AVE  
SUITE B

City State Zip Code  
HOT SPRINGS AR 71901-6800

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

Name of Employer Occupation  
SECURITY BANK PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 07 2012

**Transaction ID : SA11.6735**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 1801 PICKERING LANE

City State Zip Code  
LITTLE ROCK AR 72211-1642

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

Name of Employer Occupation  
KEEP ARKANSAS BEAUTIFUL FOUNDATION EXECUTIVE DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2012

**Transaction ID : SA11.6650**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**B. ANDREW SPEED**

Mailing Address 14 GLASGOW COURT

City State Zip Code  
LITTLE ROCK AR 72211-2170

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

Name of Employer Occupation  
BKD, LLP CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.6625**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address 3911 OAK GROVE ROAD

City NORTH LITTLE ROCK State AR Zip Code 72118-2055

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

Name of Employer BELL & CO. Occupation COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2012

**Transaction ID : SA11.6743**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BETTY JANE STRONG**

Mailing Address 6811 BRINKLEY ROAD

City PINE BLUFF State AR Zip Code 71603-8618

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

Name of Employer THE STRONG COMPANY, INC. Occupation PERSONAL ASSISTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.6731**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. NAJEEB THOMAS**

Mailing Address 4228 HOUMA BLVD  
SUITE 510

City METAIRIE State LA Zip Code 70006-3015

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

Name of Employer INFORMATION REQUESTED USING BEST EF Occupation INFORMATION REQUESTED USING BEST E

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2012

**Transaction ID : SA11.6741**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 66
	<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)  
**Tim Griffin for Congress**

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

Mailing Address P.O. BOX 157

City State Zip Code  
GUY AR 72061-0157

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : SA11.6688**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CAPTAIN B. REX WHITE**

Mailing Address 4100 MONTICELLO DRIVE

City State Zip Code  
NORTH LITTLE ROCK AR 72116-6464

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2012

**Transaction ID : SA11.6729**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT WHITE**

Mailing Address 6500 SUMMERHILL ROAD  
SUITE 109

City State Zip Code  
TEXARKANA TX 75503-1728

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SA11.6698**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 66
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>MARK V. WILLIAMSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012	
Mailing Address 5519 S GRANDVIEW		<b>Transaction ID : SA11.6654</b>	
City LITTLE ROCK	State AR	Zip Code 72207-1915	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MARK V. WILLIAMSON COMPANY	Occupation INSURANCE		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>ANDREA WYVILL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 9240 FOXEN CIRCLE		<b>Transaction ID : SA116807</b>	
City LINCOLN	State NE	Zip Code 68526	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer ST. ELIZABETH HOSPITAL	Occupation SOCIAL WORKER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) <b>Z. LYNN ZENO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 3110 N. RODNEY PARHAM ROAD		<b>Transaction ID : SA11.6702</b>	
City LITTLE ROCK	State AR	Zip Code 72212-3047	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer INDEPENDENT INSURANCE AGENTS OF ARI	Occupation EXECUTIVE DIRECTOR		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	31450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACSPA - SURGEONS PAC**

Mailing Address **20 F STREET, NW  
SUITE 1000**

City **WASHINGTON** State **DC** Zip Code **20001-6701**

FEC ID number of contributing federal political committee. **C C00382424**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 02 / 2012**

**Transaction ID : SA11.6714**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN CABLE ASSOCIATION INC PAC**

Mailing Address **ONE PARKWAY CENTER  
SUITE 212**

City **PITTSBURGH** State **PA** Zip Code **15220-3505**

FEC ID number of contributing federal political committee. **C C00364109**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

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

**Transaction ID : SA11.6629**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED BUILDERS & CONTRACTORS PAC**

Mailing Address **4250 NORTH FAIRFAX DRIVE  
9TH FLOOR**

City **ARLINGTON** State **VA** Zip Code **22203-1665**

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

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

**Transaction ID : SA11.6636**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**10000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1400 W. MARKHAM  
SUITE 305

City LITTLE ROCK State AR Zip Code 72201-1844

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.6728**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
CHESAPEAKE ENERGY CORPORATION PAC

Mailing Address P.O. BOX 18576

City OKLAHOMA CITY State OK Zip Code 73154-0576

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11.6699**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 WESTPARK DRIVE

City MCLEAN State VA Zip Code 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

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

**Transaction ID : SA11.6622**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

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

Mailing Address 101 CONSTITUTION AVE, NW  
SUITE 200 EAST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00363879**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

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

**Transaction ID : SA11.6644**

Amount of Each Receipt this Period  
3000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HEWLETT-PACKARD COMPANY PAC**

Mailing Address 3000 HANOVER ST. MS 1035

City PALO ALTO State CA Zip Code 94304-1112

FEC ID number of contributing federal political committee. **C C00196725**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2012

**Transaction ID : SA11.6721**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JONES WALKER WAECHTER POITEVENT CARRERE & DENEGRE PAC**

Mailing Address 201 ST. CHARLES AVENUE

City NEW ORLEANS State LA Zip Code 70170-1000

FEC ID number of contributing federal political committee. **C C00111534**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.6634**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

5500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LAS VEGAS SANDS CORP. POLITICAL ACTION COMMITTEE**

Mailing Address 3355 LAS VEGAS BLVD S

City LAS VEGAS State NV Zip Code 89109-8941

FEC ID number of contributing federal political committee. **C C00399642**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.6732**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES' PAC**

Mailing Address 2121 CRYSTAL DRIVE SUITE 100

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

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

**Transaction ID : SA11.6626**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC**

Mailing Address 2901 TELESTAR COURT

City FALLS CHURCH State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C C00005249**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.6642**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PHILLIPS 66 PAC**

Mailing Address 315 JOHNSTONE

City State Zip Code  
BARTLESVILLE OK 74003-6617

FEC ID number of contributing federal political committee. **C C00513549**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 08 / 2012

**Transaction ID : SA11.6745**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SARAH PAC**

Mailing Address P.O. BOX 7711

City State Zip Code  
ARLINGTON VA 22207-0711

FEC ID number of contributing federal political committee. **C C00458588**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.6627**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

4000.00

31000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 66	
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ROCCO CICIRELLO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>
Mailing Address <b>5401 SOUTHWOOD ROAD</b>		Amount of Each Disbursement this Period <b>224.00</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72205</b>	Purpose of Disbursement <b>GRASSROOTS CONSULTING</b>	<b>Transaction ID : SB.58</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ROCCO CICIRELLO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 05 / 2012</b>
Mailing Address <b>5401 SOUTHWOOD ROAD</b>		Amount of Each Disbursement this Period <b>248.00</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72205</b>	Purpose of Disbursement <b>GRASSROOTS CONSULTING</b>	<b>Transaction ID : SB.59</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ROCCO CICIRELLO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 08 / 2012</b>
Mailing Address <b>5401 SOUTHWOOD ROAD</b>		Amount of Each Disbursement this Period <b>168.00</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72205</b>	Purpose of Disbursement <b>GRASSROOTS CONSULTING</b>	<b>Transaction ID : SB.60</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>640.00</b>
<b>TOTAL</b> 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 36 OF 66	
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. TIM GRIFFIN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address P.O. BOX 7526		Amount of Each Disbursement this Period 259.50
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement EXPENSE REIMBURSEMENT - MILEAGE	Transaction ID : SB.114
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED DISBURSEMENTS 10.19.12
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TIM GRIFFIN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address P.O. BOX 7526		Amount of Each Disbursement this Period 325.00
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement EXPENSE REIMBURSEMENT - MILEAGE	Transaction ID : SB.117
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED DISBURSEMENTS 10.19.12
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TIM GRIFFIN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2012
Mailing Address P.O. BOX 7526		Amount of Each Disbursement this Period 282.00
City LITTLE ROCK	State AR	
Zip Code 72217	Purpose of Disbursement EXPENSE REIMBURSEMENT - MILEAGE	Transaction ID : SB.119
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED DISBURSEMENTS 11.10.12
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	325.00
<b>TOTAL</b> 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 37 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. CLAYTON HALL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address 1362 EAST CAPITOL STREET, NE		Amount of Each Disbursement this Period 272.70
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement EXPENSE REIMBURSEMENT - AIRFARE	
Candidate Name	Category/Type	<b>Transaction ID : SB.95</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> ITEMIZED DISBURSEMENTS 11.26.12

Full Name (Last, First, Middle Initial) <b>B. K. RYAN JAMES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address P.O. BOX 1051		Amount of Each Disbursement this Period 212.54
City LITTLE ROCK State AR Zip Code 72203	Purpose of Disbursement CONSULTING - COMMUNICATIONS	
Candidate Name	Category/Type	<b>Transaction ID : SB.10</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. K. RYAN JAMES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address P.O. BOX 1051		Amount of Each Disbursement this Period 2000.00
City LITTLE ROCK State AR Zip Code 72203	Purpose of Disbursement CONSULTING - COMMUNICATIONS	
Candidate Name	Category/Type	<b>Transaction ID : SB.11</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2212.54
<b>TOTAL</b> 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 38 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. K. RYAN JAMES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>P.O. BOX 1051</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72203</b>	Purpose of Disbursement <b>CONSULTING - COMMUNICATIONS</b>	<b>Transaction ID : SB.9</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHANCE KETZCHER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 09 / 2012</b>
Mailing Address <b>25925 SPRINGLAKE ROAD</b>		Amount of Each Disbursement this Period <b>260.00</b>
City <b>HENSLEY</b>	State <b>AR</b>	
Zip Code <b>72065</b>	Purpose of Disbursement <b>SECURITY FOR ELECTION NIGHT</b>	<b>Transaction ID : SB.42</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MITCHELL LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>C/O TIM GRIFFIN FOR CONGRESS, P.O.</b>		Amount of Each Disbursement this Period <b>378.50</b>
City <b>LITTLE ROCK</b>	State <b>AR</b>	
Zip Code <b>72217</b>	Purpose of Disbursement <b>EXPENSE REIMBURSEMENT - MILEAGE</b>	<b>Transaction ID : SB.104</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1260.00</b>
<b>TOTAL</b> 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 39 OF 66	
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. MITCHELL LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2012
Mailing Address C/O TIM GRIFFIN FOR CONGRESS, P.O.		Amount of Each Disbursement this Period 198.00
City LITTLE ROCK	State AR	Zip Code 72217
Purpose of Disbursement EXPENSE REIMBURSEMENT - MILEAGE	Category/Type	
Candidate Name	Transaction ID : SB.107	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED DISBURSEMENTS 11.14.12
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MITCHELL LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address C/O TIM GRIFFIN FOR CONGRESS, P.O.		Amount of Each Disbursement this Period 2003.12
City LITTLE ROCK	State AR	Zip Code 72217
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name	Transaction ID : SB.24	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MITCHELL LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address C/O TIM GRIFFIN FOR CONGRESS, P.O.		Amount of Each Disbursement this Period 2003.12
City LITTLE ROCK	State AR	Zip Code 72217
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name	Transaction ID : SB.27	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4006.24
<b>TOTAL</b> 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 40 OF 66	
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. RAY MARENO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address 8620 N. CLAREMONT		Amount of Each Disbursement this Period 260.00
City SHERWOOD	State AR	
Zip Code 72120	Purpose of Disbursement SECURITY FOR ELECTION NIGHT	Transaction ID : SB.56
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STEVE MCDANIEL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 6601 PONTIAC DRIVE		Amount of Each Disbursement this Period 153.50
City NORTH LITTLE ROCK	State AR	
Zip Code 72216	Purpose of Disbursement EXPENSE REIMBURSEMENT - MILEAGE	Transaction ID : SB.109
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STEVE MCDANIEL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2012
Mailing Address 6602 PONTIAC DRIVE		Amount of Each Disbursement this Period 206.00
City NORTH LITTLE ROCK	State AR	
Zip Code 72216	Purpose of Disbursement EXPENSE REIMBURSEMENT - MILEAGE	Transaction ID : SB.111
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED DISBURSEMENTS 11.16.12
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	413.50
<b>TOTAL</b> 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 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. KERRY MURPHY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address 4023 MOCKINGBIRD COVE		Amount of Each Disbursement this Period 349.77
City BENTON	State AR Zip Code 72015	
Purpose of Disbursement EXPENSE REIMBURSEMENT - MILEAGE	Category/Type	<b>Transaction ID : SB.101</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b> ITEMIZED DISBURSEMENTS 11.15.12

Full Name (Last, First, Middle Initial) <b>B. KERRY MURPHY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 4023 MOCKINGBIRD COVE		Amount of Each Disbursement this Period 2130.92
City BENTON	State AR Zip Code 72015	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB.23</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KERRY MURPHY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address 4023 MOCKINGBIRD COVE		Amount of Each Disbursement this Period 1477.81
City BENTON	State AR Zip Code 72015	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB.30</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3608.73
<b>TOTAL</b> 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 66	
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. KERRY MURPHY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>
Mailing Address <b>4023 MOCKINGBIRD COVE</b>		Amount of Each Disbursement this Period <b>574.50</b>
City <b>BENTON</b> State <b>AR</b> Zip Code <b>72015</b>	Purpose of Disbursement <b>EXPENSE REIMBURSEMENT - MILEAGE</b>	
Candidate Name		Transaction ID : <b>SB.98</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	<b>[MEMO ITEM]</b> ITEMIZED DISBURSEMENTS 10.29.12

Full Name (Last, First, Middle Initial) <b>B. AR INLAND MARITIME MUSEUM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>120 RIVERFRONT PARK DRIVE</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>NORTH LITTLE ROCK</b> State <b>AR</b> Zip Code <b>72114</b>	Purpose of Disbursement <b>CHARITABLE CONTRIBUTION</b>	
Candidate Name		Transaction ID : <b>SB.36</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ARKANSAS MILITARY VETERANS HALL OF FAME</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2012</b>
Mailing Address <b>P.O. BOX 11011</b>		Amount of Each Disbursement this Period <b>220.00</b>
City <b>CONWAY</b> State <b>AR</b> Zip Code <b>72034</b>	Purpose of Disbursement <b>EVENT PARTICIPATION</b>	
Candidate Name		Transaction ID : <b>SB.37</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>470.00</b>
<b>TOTAL</b> 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 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial)  
**A. AT&T MOBILITY**

Mailing Address 10802 EXECUTIVE CENTER DRIVE

City LITTLE ROCK State AR Zip Code 72211

Purpose of Disbursement TELEPHONE SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 08 / 2012

Amount of Each Disbursement this Period: 406.38

Transaction ID : SB.68

**[MEMO ITEM]**  
ITEMIZED DISBURSEMENTS 11.8.12

Full Name (Last, First, Middle Initial)  
**B. BELLWETHER CONSULTING GROUP**

Mailing Address 1150 HUNGRYNECK BOULEVARD SUITE C-336

City MOUNT PLEASANT State SC Zip Code 29464

Purpose of Disbursement CONSULTING - FUNDRAISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 07 / 2012

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB.1

Full Name (Last, First, Middle Initial)  
**C. BELLWETHER CONSULTING GROUP**

Mailing Address 1151 HUNGRYNECK BOULEVARD SUITE C-337

City MOUNT PLEASANT State SC Zip Code 29464

Purpose of Disbursement CONSULTING - FUNDRAISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2012

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB.2

**SUBTOTAL** of Disbursements This Page (optional)..... 7500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 66	
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. CENTRAL ARKANSAS DUCKS UNLIMITED</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012	
Mailing Address 504 HOLLY LYNN DRIVE			Amount of Each Disbursement this Period 250.00	
City BRYANT	State AR	Zip Code 72022	Transaction ID : SB.41	
Purpose of Disbursement CHARITABLE CONTRIBUTION		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. COMCAST OF LITTLE ROCK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012	
Mailing Address 2714 S SHACKLEFORD ROAD			Amount of Each Disbursement this Period 238.01	
City LITTLE ROCK	State AR	Zip Code 72201	Transaction ID : SB.69	
Purpose of Disbursement OFFICE EXPENSE - UTILITIES		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		ITEMIZED DISBURSEMENTS 11.8.12	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CYSTIC FIBROSIS FOUNDATION</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012	
Mailing Address 200 RIVER MARKET AVENUE			Amount of Each Disbursement this Period 300.00	
City LITTLE ROCK	State AR	Zip Code 72202	Transaction ID : SB.43	
Purpose of Disbursement CHARITABLE CONTRIBUTION		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	550.00
<b>TOTAL</b> 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 45 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ENGAGE, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 725 8TH STREET SE			Amount of Each Disbursement this Period 299.00
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CONSULTING - MEDIA		Category/ Type	<b>Transaction ID : SB.6</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. HIGH VELOCITY PRINTING &amp; GRAPHICS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 25608 INTERSTATE 30			Amount of Each Disbursement this Period 2121.82
City BRYANT	State AR	Zip Code 72022	
Purpose of Disbursement ADVERTISING EXPENSE		Category/ Type	<b>Transaction ID : SB.70</b>  <b>[MEMO ITEM]</b> ITEMIZED DISBURSEMENTS 11.8.12
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. ICONTRIBUTE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 725 8TH STREET SE			Amount of Each Disbursement this Period 5.50
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	<b>Transaction ID : SB.80</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	304.50
<b>TOTAL</b> 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 46 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ICONTRIBUTE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 725 8TH STREET SE		Amount of Each Disbursement this Period 27.50
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB.81
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ICONTRIBUTE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2012
Mailing Address 725 8TH STREET SE		Amount of Each Disbursement this Period 55.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB.82
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ICONTRIBUTE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 725 8TH STREET SE		Amount of Each Disbursement this Period 4.13
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB.83
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	86.63
<b>TOTAL</b> 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 47 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ICONTRIBUTE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address <b>725 8TH STREET SE</b>			Amount of Each Disbursement this Period <b>5.50</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type	<b>Transaction ID : SB.84</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. ICONTRIBUTE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>725 8TH STREET SE</b>			Amount of Each Disbursement this Period <b>27.50</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type	<b>Transaction ID : SB.85</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. ICONTRIBUTE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>
Mailing Address <b>725 8TH STREET SE</b>			Amount of Each Disbursement this Period <b>19.25</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type	<b>Transaction ID : SB.86</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>52.25</b>
<b>TOTAL</b> 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 48 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ICONTRIBUTE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>725 8TH STREET SE</b>		Amount of Each Disbursement this Period <b>19.25</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name		<b>Transaction ID : SB.87</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ICONTRIBUTE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2012</b>
Mailing Address <b>725 8TH STREET SE</b>		Amount of Each Disbursement this Period <b>19.25</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name		<b>Transaction ID : SB.88</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ICONTRIBUTE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2012</b>
Mailing Address <b>725 8TH STREET SE</b>		Amount of Each Disbursement this Period <b>33.00</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name		<b>Transaction ID : SB.89</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>71.50</b>
<b>TOTAL</b> 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 49 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ICONTRIBUTE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2012</b>	
Mailing Address <b>725 8TH STREET SE</b>			Amount of Each Disbursement this Period <b>55.00</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>SB.90</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ICONTRIBUTE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2012</b>	
Mailing Address <b>725 8TH STREET SE</b>			Amount of Each Disbursement this Period <b>5.50</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>SB.91</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ICONTRIBUTE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 13 / 2012</b>	
Mailing Address <b>725 8TH STREET SE</b>			Amount of Each Disbursement this Period <b>6.87</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>SB.92</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>67.37</b>
<b>TOTAL</b> 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 50 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. IMAGE SOS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 08 / 2012</b>
Mailing Address <b>520 LOMA VIS</b>		Amount of Each Disbursement this Period <b>2725.00</b>
City <b>ROCKWALL</b> State <b>TX</b> Zip Code <b>75032</b>	Purpose of Disbursement <b>ADVERTISING EXPENSE</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB.47</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JPMS COX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 26 / 2012</b>
Mailing Address <b>11300 CANTRELL ROAD SUITE 301</b>		Amount of Each Disbursement this Period <b>8000.00</b>
City <b>LITTLE ROCK</b> State <b>AR</b> Zip Code <b>72212</b>	Purpose of Disbursement <b>ACCOUNTING AND COMPLIANCE FEES</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB.7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MILLENNIUM PAYROLL SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2012</b>
Mailing Address <b>310 NATURAL RESOURCES DRIVE</b>		Amount of Each Disbursement this Period <b>1903.93</b>
City <b>LITTLE ROCK</b> State <b>AR</b> Zip Code <b>72205</b>	Purpose of Disbursement <b>PAYROLL TAXES</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB.25</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>12628.93</b>
<b>TOTAL</b> 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 51 OF 66	
	<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)  
**Tim Griffin for Congress**

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

Mailing Address 310 NATURAL RESOURCES DRIVE

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 31 / 2012

Amount of Each Disbursement this Period  
34.21

Transaction ID : SB.26

Category/Type

Full Name (Last, First, Middle Initial)  
**B. MILLENNIUM PAYROLL SOLUTIONS**

Mailing Address 310 NATURAL RESOURCES DRIVE

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 15 / 2012

Amount of Each Disbursement this Period  
688.13

Transaction ID : SB.28

Category/Type

Full Name (Last, First, Middle Initial)  
**C. MILLENNIUM PAYROLL SOLUTIONS**

Mailing Address 310 NATURAL RESOURCES DRIVE

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 15 / 2012

Amount of Each Disbursement this Period  
32.46

Transaction ID : SB.29

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 754.80

**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 52 OF 66	
	<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)  
**Tim Griffin for Congress**

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

Mailing Address 310 NATURAL RESOURCES DRIVE

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 15 / 2012

Amount of Each Disbursement this Period: 656.69

Transaction ID : SB.31

Full Name (Last, First, Middle Initial)  
**B. MILLENNIUM PAYROLL SOLUTIONS**

Mailing Address 310 NATURAL RESOURCES DRIVE

City LITTLE ROCK State AR Zip Code 72205

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 15 / 2012

Amount of Each Disbursement this Period: 32.46

Transaction ID : SB.32

Full Name (Last, First, Middle Initial)  
**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 25 / 2012

Amount of Each Disbursement this Period: 50000.00

Transaction ID : SB.12

**SUBTOTAL** of Disbursements This Page (optional)..... 50689.15

**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 53 OF 66			
	<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)  
**Tim Griffin for Congress**

**A. OFFICE DEPOT**

Full Name (Last, First, Middle Initial)  
Mailing Address 2600 CANTRELL ROAD

City LITTLE ROCK State AR Zip Code 72202

Purpose of Disbursement OFFICE EXPENSE -SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 08 / 2012

Amount of Each Disbursement this Period: 1803.75

Transaction ID : SB.73

**[MEMO ITEM]**  
ITEMIZED DISBURSEMENTS 11.8.12

**B. ONMESSAGE**

Full Name (Last, First, Middle Initial)  
Mailing Address 17304 PRESTON ROAD SUITE 1310

City DALLAS State TX Zip Code 75252

Purpose of Disbursement TELEVISION & RADIO ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 22 / 2012

Amount of Each Disbursement this Period: 20438.00

Transaction ID : SB.13

**C. ONMESSAGE**

Full Name (Last, First, Middle Initial)  
Mailing Address 17304 PRESTON ROAD SUITE 1310

City DALLAS State TX Zip Code 75252

Purpose of Disbursement TELEVISION & RADIO ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 22 / 2012

Amount of Each Disbursement this Period: 6630.00

Transaction ID : SB.14

**SUBTOTAL** of Disbursements This Page (optional) ..... 27068.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ONMESSAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 17304 PRESTON ROAD SUITE 1310		Amount of Each Disbursement this Period 6547.00
City DALLAS State TX Zip Code 75252	Purpose of Disbursement TELEVISION & RADIO ADVERTISING	
Candidate Name		Transaction ID : SB.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ONMESSAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 17304 PRESTON ROAD SUITE 1310		Amount of Each Disbursement this Period 6630.00
City DALLAS State TX Zip Code 75252	Purpose of Disbursement TELEVISION & RADIO ADVERTISING	
Candidate Name		Transaction ID : SB.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ONMESSAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 17304 PRESTON ROAD SUITE 1310		Amount of Each Disbursement this Period 822.00
City DALLAS State TX Zip Code 75252	Purpose of Disbursement TELEVISION & RADIO ADVERTISING	
Candidate Name		Transaction ID : SB.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13999.00
<b>TOTAL</b> 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 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ONMESSAGE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>17304 PRESTON ROAD SUITE 1310</b>		Amount of Each Disbursement this Period <b>109311.00</b>
City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75252</b>	Purpose of Disbursement <b>TELEVISION &amp; RADIO ADVERTISING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB.18</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ONMESSAGE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>17304 PRESTON ROAD SUITE 1310</b>		Amount of Each Disbursement this Period <b>25235.04</b>
City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75252</b>	Purpose of Disbursement <b>TELEVISION &amp; RADIO ADVERTISING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB.19</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ONMESSAGE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2012</b>
Mailing Address <b>17304 PRESTON ROAD SUITE 1310</b>		Amount of Each Disbursement this Period <b>4507.00</b>
City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75252</b>	Purpose of Disbursement <b>TELEVISION &amp; RADIO ADVERTISING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB.20</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>139053.04</b>
<b>TOTAL</b> 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 56 OF 66			
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ONMESSAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address 17304 PRESTON ROAD SUITE 1310		Amount of Each Disbursement this Period 29475.00
City DALLAS State TX Zip Code 75252	Purpose of Disbursement TELEVISION & RADIO ADVERTISING	
Candidate Name		Transaction ID : SB.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ONMESSAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address 17304 PRESTON ROAD SUITE 1310		Amount of Each Disbursement this Period 4718.35
City DALLAS State TX Zip Code 75252	Purpose of Disbursement TELEVISION & RADIO ADVERTISING	
Candidate Name		Transaction ID : SB.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. OUR HOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 302 EAST ROOSEVELT ROAD		Amount of Each Disbursement this Period 1000.00
City LITTLE ROCK State AR Zip Code 72206	Purpose of Disbursement CHARITABLE CONTRIBUTION	
Candidate Name		Transaction ID : SB.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35193.35
<b>TOTAL</b> 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 57 OF 66	
	<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)  
**Tim Griffin for Congress**

**A. PROVIDENT BUSINESS SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 30306

City LITTLE ROCK State AR Zip Code 72260

Purpose of Disbursement ADVERTISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2012

Amount of Each Disbursement this Period: 195.30

Transaction ID : SB.33

**B. PROVIDENT BUSINESS SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 30306

City LITTLE ROCK State AR Zip Code 72260

Purpose of Disbursement ADVERTISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 16 / 2012

Amount of Each Disbursement this Period: 250.39

Transaction ID : SB.34

**C. PROVIDENT BUSINESS SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 30306

City LITTLE ROCK State AR Zip Code 72260

Purpose of Disbursement ADVERTISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 16 / 2012

Amount of Each Disbursement this Period: 450.69

Transaction ID : SB.35

**SUBTOTAL** of Disbursements This Page (optional) ..... 896.38

**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 58 OF 66	
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. SECURITY BANKCARD CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address P.O. BOX 6139		Amount of Each Disbursement this Period 9976.78
City NORMAN	State OK	
Zip Code 73070	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMOS	Transaction ID : SB.67
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SECURITY BANKCARD CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address P.O. BOX 6139		Amount of Each Disbursement this Period 2133.89
City NORMAN	State OK	
Zip Code 73070	Purpose of Disbursement 4TH QUARTER PREPAYMENT	Transaction ID : SB.77
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] ITEMIZED DISBURSEMENTS 11.8.12
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHARP COUNTY REPUBLICAN WOMEN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address 718 ASH FLAT DRIVE		Amount of Each Disbursement this Period 250.00
City ASH FLAT	State AR	
Zip Code 72513	Purpose of Disbursement CHARITABLE CONTRIBUTION	Transaction ID : SB.62
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10226.78
<b>TOTAL</b> 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 66	
	<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)  
**Tim Griffin for Congress**

**A. THE SALINE COURIER**

Full Name (Last, First, Middle Initial)  
Mailing Address 321 NORTH MARKET STREET

City BENTON State AR Zip Code 72015

Purpose of Disbursement  
ADVERTISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 08 / 2012

Amount of Each Disbursement this Period  
1804.10

Transaction ID : SB.74

**[MEMO ITEM]**  
ITEMIZED DISBURSEMENTS 11.8.12

**B. WAL-MART**

Full Name (Last, First, Middle Initial)  
Mailing Address 17309 INTERSTATE 30

City BENTON State AR Zip Code 72015

Purpose of Disbursement  
OFFICE EXPENSE -SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 08 / 2012

Amount of Each Disbursement this Period  
540.78

Transaction ID : SB.75

**[MEMO ITEM]**  
ITEMIZED DISBURSEMENTS 11.8.12

**C. WILEY REIN LLP**

Full Name (Last, First, Middle Initial)  
Mailing Address 7925 JONES BRANCH DRIVE  
SUITE 6200

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 20 / 2012

Amount of Each Disbursement this Period  
1788.75

Transaction ID : SB.64

**SUBTOTAL** of Disbursements This Page (optional)..... 1788.75

**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 66	
	<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)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. WINDRIVER LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2012</b>
Mailing Address <b>301 MAIN STREET SUITE 204</b>		Amount of Each Disbursement this Period <b>975.00</b>
City <b>NORTH LITTLE ROCK</b>	State <b>AR</b> Zip Code <b>72114</b>	
Purpose of Disbursement <b>OFFICE RENT</b>	Candidate Name	<b>Transaction ID : SB.66</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>975.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>314841.44</b>

**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 61 OF 66	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELOITTE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 09 / 2012</b>
Mailing Address P.O. BOX 365		Amount of Each Disbursement this Period <b>3000.00</b>
City WASHINGTON	State DC	
Purpose of Disbursement CONTRIBUTION REFUND	Zip Code 20044	<b>Transaction ID : SB.45</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3000.00</b>

**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 62 OF 66	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. MCSALLY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>1331 N WILMOT SUITE 220</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB.51</b>
City <b>TUCSON</b> State <b>AZ</b> Zip Code <b>85711</b>	Purpose of Disbursement <b>CAMPAIGN CONTRIBUTION</b>	
Candidate Name <b>MARTHA E MCSALLY</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>AZ</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>B. ANDERSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address <b>160 LOUISVILLE ROAD</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB.50</b>
City <b>GROVETOWN</b> State <b>GA</b> Zip Code <b>30813</b>	Purpose of Disbursement <b>CAMPAIGN CONTRIBUTION</b>	
Candidate Name <b>LEE I ANDERSON</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>GA</b> District: <b>12</b>		

Full Name (Last, First, Middle Initial) <b>C. BEN LANGE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>155 COLLINS ROAD NE SUITE A</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB.38</b>
City <b>CEDAR RAPIDS</b> State <b>IA</b> Zip Code <b>52402</b>	Purpose of Disbursement <b>CAMPAIGN CONTRIBUTION</b>	
Candidate Name <b>BEN LANGE</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IA</b> District: <b>01</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> 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 63 OF 66	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. BOUSTANY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2012
Mailing Address P.O. BOX 80126		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB.39</b>
City LAFAYETTE State LA Zip Code 70598-0126	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
Candidate Name <b>CHARLES W BOUSTANY JR</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA District: 03		

Full Name (Last, First, Middle Initial) <b>B. BRUCE HOLLAND FOR SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address P.O. BOX 2387		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB.40</b>
City GREENWOOD State AR Zip Code 72936	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
Candidate Name <b>BRUCE HOLLAND</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DAVID JOYCE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 2525 SOUTH RIDGE EAST		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB.44</b>
City ASHTABULA State OH Zip Code 44005-0650	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
Candidate Name <b>DAVID P JOYCE</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 14		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3250.00
<b>TOTAL</b> 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 66	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A. KERRY BENTIVOLIO FOR US CONGRESS**

Full Name (Last, First, Middle Initial)  
Kerry Bentivolio

Mailing Address 260 WHITE PINE TRAIL

City MILFORD State MI Zip Code 48381

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name  
**KERRY BENTIVOLIO**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: MI District: 11

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

Amount of Each Disbursement this Period  
1000.00

Transaction ID : SB.49

**B. MULLIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Markwayne Mullin

Mailing Address P.O. BOX 3681

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name  
**MARKWAYNE MULLIN**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: OK District: 02

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

Amount of Each Disbursement this Period  
1000.00

Transaction ID : SB.52

**C. PATON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Jonathan Paton

Mailing Address P.O. BOX 68758

City ORO VALLEY State AZ Zip Code 85737

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name  
**JONATHAN PATON**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify)

State: AZ District: 01

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

Amount of Each Disbursement this Period  
1000.00

Transaction ID : SB.54

**SUBTOTAL** of Disbursements This Page (optional) ..... 3000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 66	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

Full Name (Last, First, Middle Initial) <b>A. PLUMMER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 09 / 2012</b>
Mailing Address <b>P.O. BOX 1272</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB.48</b>
City <b>O'FALLON</b>	State <b>IL</b>	
Zip Code <b>62269</b>	Purpose of Disbursement <b>CAMPAIGN CONTRIBUTION</b>	Category/ Type
Candidate Name <b>JASON PLUMMER</b>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>IL</b> District: <b>12</b>	

Full Name (Last, First, Middle Initial) <b>B. RICKY GILL FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address <b>P.O. BOX 691900</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB.57</b>
City <b>STOCKTON</b>	State <b>CA</b>	
Zip Code <b>95269</b>	Purpose of Disbursement <b>CAMPAIGN CONTRIBUTION</b>	Category/ Type
Candidate Name <b>RICKY GILL</b>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CA</b> District: <b>09</b>	

Full Name (Last, First, Middle Initial) <b>C. RON CALDWELL FOR SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2012</b>
Mailing Address <b>2490 HWY 248</b>		Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : SB.61</b>
City <b>WYNNE</b>	State <b>AR</b>	
Zip Code <b>72396</b>	Purpose of Disbursement <b>CAMPAIGN CONTRIBUTION</b>	Category/ Type
Candidate Name <b>RON CALDWELL</b>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2250.00</b>
<b>TOTAL</b> 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 66	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Tim Griffin for Congress**

**A. VERNON PARKER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 3230 EAST BROADWAY ROAD  
SUITE C240

City PHOENIX State AZ Zip Code 85040

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name  
**VERNON PARKER**

Office Sought:  House  Senate  President  
State: AZ District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify)

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

Amount of Each Disbursement this Period  
1000.00

Transaction ID : SB.63

**B. WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 GULF FREEWAY  
SUITE 100

City LEAGUE CITY State TX Zip Code 77573

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name  
**RANDY WEBER**

Office Sought:  House  Senate  President  
State: TX District: 14

Disbursement For: 2012  
 Primary  General  
 Other (specify)

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

Amount of Each Disbursement this Period  
1000.00

Transaction ID : SB.55

**C. HUCK PAC INC**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2008

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 07 / 2012

Amount of Each Disbursement this Period  
5000.00

Transaction ID : SB.46

**SUBTOTAL** of Disbursements This Page (optional)..... 7000.00

**TOTAL** This Period (last page this line number only)..... 18500.00