

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

Ann Clemmer for Congress

ADDRESS (number and street) ▼

PO Box 7878

Check if different than previously reported. (ACC)

Little Rock

AR

72217

2. **FEC IDENTIFICATION NUMBER** ▼

C C00552257

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

AR

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Jill Sawyer Hatcher

Signature of Treasurer Jill Sawyer Hatcher

[Electronically Filed]

Date

/ /

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

Ann Clemmer 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))....	31905.00	31905.00
(b) Total Contribution Refunds (from Line 20(d))	250.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	31655.00	31655.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	30633.44	30633.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30633.44	30633.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	99984.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Ann Clemmer for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14100.00	14100.00
(ii) Unitemized.....	5305.00	5305.00
(iii) TOTAL of contributions from individuals ▶	19405.00	19405.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12500.00	12500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	31905.00	31905.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	22007.83	22007.83
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	53912.83	53912.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30633.44	30633.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	250.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	250.00
21. OTHER DISBURSEMENTS	11126.21	11126.21
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	42009.65	42009.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	88081.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	53912.83
25. SUBTOTAL (add Line 23 and Line 24).....	141994.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42009.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	99984.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 32
	<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)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
Dwight Bennett

Mailing Address **PO Box 686**

City **Benton** State **AR** Zip Code **72018**

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

Name of Employer **Self-employed** Occupation **Trucking**

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
03 / 30 / 2014

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Angela Benton

Mailing Address **1258 CR 562**

City **Monette** State **AR** Zip Code **72441**

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

Name of Employer **Benton Flying Service** Occupation **Treasurer**

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
02 / 11 / 2014

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Christopher Bequette

Mailing Address **2115 N Beechwood St**

City **Little Rock** State **AR** Zip Code **72207**

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

Name of Employer **Requested** Occupation **Requested**

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
03 / 31 / 2014

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 6 OF 32
	<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)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
Jim Cooper

Mailing Address **PO Box 506**

City **Melbourne** State **AR** Zip Code **72556**

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

Name of Employer **Nursing Homes** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ricky Cross

Mailing Address **10508 Jenny Lind Rd**

City **Ft Smith** State **AR** Zip Code **72908**

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

Name of Employer **AT&T** Occupation **Legislative Affairs**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DICKSTEIN SHAPIRO LLP PAC

Mailing Address **1825 EYE STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00110197**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 29 / 2014

Transaction ID : SA11AI.4315

Amount of Each Receipt this Period
2000.00

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

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

3500.00

**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 7 OF 32
	<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)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
Sheila Harrison

Mailing Address 300 Fair Oaks Dr

City State Zip Code
Bryant AR 72022

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Timmie Hunter

Mailing Address 841 Davis St

City State Zip Code
New Madrid MO 63869

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

Name of Employer Requested Occupation Requested
New Madrid County Port Authori Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Catherine Johnson

Mailing Address 23616 Kanis Road

City State Zip Code
Little Rock AR 72223

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

Name of Employer Requested Occupation Requested
Catherine Johnson & Associates Associate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period
 250.00

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 8 OF 32
	<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)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
Ron Lazenby

Mailing Address 20 Chenal Circle

City Little Rock State AR Zip Code 72223

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period
 500.00

In-kind - Rent

B. Full Name (Last, First, Middle Initial)
Phillip Lea

Mailing Address 111 Evergreen Estates Dr

City Russellville State AR Zip Code 72802

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2014

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Bruce Leggitt

Mailing Address 11 Hall Drive

City Greenbrier State AZ Zip Code 72058

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

Name of Employer Central AR R C & D Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4544

Amount of Each Receipt this Period
 250.00

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 9 OF 32
	<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)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
Stephanie Malone

Mailing Address 2105 S O Street

City State Zip Code
Fort Smith AR 72901

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

Name of Employer Occupation
State of AR State Rep

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Michael Overstreet

Mailing Address 902 Muirfield Dr

City State Zip Code
Oxford MS 38655

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

Name of Employer Occupation
Self-employed Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Timothy Peterman

Mailing Address 11315 Aplewood Dr

City State Zip Code
Kansas City MO 64134

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

Name of Employer Occupation
UMB Bank Associate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
John Ponthie

Mailing Address 2723 Alvamar Dr

City State Zip Code
Shreveport LA 71106

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Sandra Porter

Mailing Address 705 Ruth Dr

City State Zip Code
Bryant AR 72022

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Kyleen Prewett

Mailing Address 726 Woody Dr

City State Zip Code
Alexander AR 72002

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

Name of Employer Requested Occupation Requested
University of AR Coop Admin

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
 03 20 2014

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
500.00

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

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

1800.00

**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 32
	<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)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
Sandra Raveendran

Mailing Address 3100 Edgestoune Lane

City Little Rock	State AR	Zip Code 72205
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4397

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Roy Robinson

Mailing Address 671 Old Auburn Road

City Elsberry	State MO	Zip Code 63343
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Lee Rose

Mailing Address 830 Briarwood Lane

City Coushing	State OK	Zip Code 74023
------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period
250.00

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 12 OF 32
	<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)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
Harold Senter

Mailing Address **PO Box 78**

City **Keiser** State **AR** Zip Code **72351**

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

Name of Employer **Self-Employed** Occupation **Farmer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Terri Thompson

Mailing Address **721 Colonial Dr**

City **Bryant** State **AR** Zip Code **72022**

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

Name of Employer **Thompson Electric** Occupation **Owner**

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
03 / 15 / 2014

Transaction ID : SA11AI.4351

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Bettye Thrash

Mailing Address **113 Medina Way**

City **Hot Springs Village** State **AR** Zip Code **71909**

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

Name of Employer **Retired** Occupation **Retired**

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
03 / 17 / 2014

Transaction ID : SA11AI.4359

Amount of Each Receipt this Period
500.00

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

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

1300.00

**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 13 OF 32
	<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)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
Mark Veasman

Mailing Address 37084 Sue St

City Gelsmar State LA Zip Code 70734

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11Al.4566

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 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).....

1000.00

14100.00

**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 32
	<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)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Mailing Address 2831 LONE OAK ROAD

City PADUCAH State KY Zip Code 42003

FEC ID number of contributing federal political committee. **C** C00351197

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
 01 / 29 / 2014

Transaction ID : SA11C.4317

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
The PAC of Credit Union National Assoc

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

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
 02 / 11 / 2014

Transaction ID : SA11C.4428

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
Value in Electing Women PAC

Mailing Address 701 8th Street NW, Ste 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00327189

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
 03 / 26 / 2014

Transaction ID : SA11C.4425

Amount of Each Receipt this Period
 2500.00

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

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

12500.00

12500.00

**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 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Ann Clemmer for Congress

A. Full Name (Last, First, Middle Initial)
Roland Reed

Mailing Address 2200 Riverfront Dr #4311

City Little Rock State AR Zip Code 72201

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

Name of Employer Secretary of State Occupation Communications Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
22007.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA15.4823

Amount of Each Receipt this Period
22007.83

Repayment of unauthorized withdrawals

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 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).....

22007.83

22007.83

**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 16 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Allegra Print & Imaging		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 11225 Interstate 30		Amount of Each Disbursement this Period 946.27 Transaction ID : SB17.4468
City Little Rock	State AR Zip Code 72209	
Purpose of Disbursement Printing	Category/Type 003	
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. Axiom		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 420 McKinley St		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4447
City Corona	State CA Zip Code 92879	
Purpose of Disbursement Political strategy	Category/Type 001	
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) C. Axiom		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 420 McKinley St		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4452
City Corona	State CA Zip Code 92879	
Purpose of Disbursement Political strategy	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4696.27
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 17 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Daniels & Flynt		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO Box 2747		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4430
City Bentonville	State AR Zip Code 72712	
Purpose of Disbursement Accounting fees	Category/Type 001	
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. Data Forms		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 1070 Matley Lane		Amount of Each Disbursement this Period 918.00 Transaction ID : SB17.4451
City Reno	State NV Zip Code 89502	
Purpose of Disbursement Party printing	Category/Type 001	
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) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 357.71 Transaction ID : SB17.4437
City Menlo Park	State CA Zip Code 94025	
Purpose of Disbursement Advertising	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1575.71
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 18 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 256.00
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Transaction ID : SB17.4438
Candidate Name	004 Category/ Type	
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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 0.10
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Transaction ID : SB17.4439
Candidate Name	004 Category/ Type	
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) c. Ron Lazenby		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 20 Chenal Circle		Amount of Each Disbursement this Period 500.00
City Little Rock	State AR	
Zip Code 72223	Purpose of Disbursement In-kind - Rent	Transaction ID : SB17.4827
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	756.10
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 19 OF 32		
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Oxford Graphics		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 7900 Colonel Glenn Road		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4457
City Little Rock	State AR Zip Code 72204	
Purpose of Disbursement Printing	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Oxford Graphics		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 7900 Colonel Glenn Road		Amount of Each Disbursement this Period 2251.00 Transaction ID : SB17.4466
City Little Rock	State AR Zip Code 72204	
Purpose of Disbursement Signs	Category/Type 003	
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) c. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 581.13 Transaction ID : SB17.4432
City Little Rock	State AR Zip Code 72201	
Purpose of Disbursement Website	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4832.13
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 20 OF 32	
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014	
Mailing Address 2200 Riverfront Dr #4311			Amount of Each Disbursement this Period 548.32	
City Little Rock	State AR	Zip Code 72201	Transaction ID : SB17.4433	
Purpose of Disbursement Website		Category/ Type 001		
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. Roland Reed			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014	
Mailing Address 2200 Riverfront Dr #4311			Amount of Each Disbursement this Period 602.13	
City Little Rock	State AR	Zip Code 72201	Transaction ID : SB17.4434	
Purpose of Disbursement Print and stationary		Category/ Type 001		
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) c. Roland Reed			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014	
Mailing Address 2200 Riverfront Dr #4311			Amount of Each Disbursement this Period 548.12	
City Little Rock	State AR	Zip Code 72201	Transaction ID : SB17.4435	
Purpose of Disbursement Domain registration		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1698.57
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 21 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed			Date of Disbursement MM / DD / YYYY 02 / 06 / 2014		
Mailing Address 2200 Riverfront Dr #4311			Amount of Each Disbursement this Period 342.86		
City Little Rock	State AR	Zip Code 72201	Transaction ID : SB17.4436		
Purpose of Disbursement Postage		001 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. Republican Party of AR			Date of Disbursement MM / DD / YYYY 02 / 28 / 2014		
Mailing Address 1201 West 6th Street			Amount of Each Disbursement this Period 15000.00		
City Little Rock	State AR	Zip Code 72201	Transaction ID : SB17.4440		
Purpose of Disbursement Filing fee		001 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) c. US Postal Service			Date of Disbursement MM / DD / YYYY 03 / 25 / 2014		
Mailing Address 600 E Capitol Ave			Amount of Each Disbursement this Period 980.00		
City Little Rock	State AR	Zip Code 72202	Transaction ID : SB17.4464		
Purpose of Disbursement Postage		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	16322.86
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 22 OF 32	
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Zin Creative		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 3569 NW Gerritz Terrace		Amount of Each Disbursement this Period 220.00
City Portland State OR Zip Code 97229	Purpose of Disbursement Graphic design <input type="checkbox"/> 001 Category/Type	
Candidate Name		Transaction ID : SB17.4455
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) 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		Transaction ID
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	30101.64

**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 23 OF 32			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Jeremy Hutchinson		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 201 E North St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4445
City Benton	State AR	
Zip Code 72015	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

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

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

**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 24 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 Transaction ID : SB21.4620
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--foreign ATM	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 402.00 Transaction ID : SB21.4621
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4622
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	703.00
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 25 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4623
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4624
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4625
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1300.00
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 26 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4643
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4644
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1.00 Transaction ID : SB21.4626
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--foreign ATM	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1001.00
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 27 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 10.00 Transaction ID : SB21.4627
City Little Rock	State AR	
Purpose of Disbursement Unauthorized disbursement--withdrawal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4629
City Little Rock	State AR	
Purpose of Disbursement Unauthorized disbursement--withdrawal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 502.00 Transaction ID : SB21.4630
City Little Rock	State AR	
Purpose of Disbursement Unauthorized disbursement--withdrawal		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	1012.00
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 28 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4631
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4632
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withddrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 10.21 Transaction ID : SB21.4645
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1010.21
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 29 OF 32
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4633
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 160.00 Transaction ID : SB21.4634
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 340.00 Transaction ID : SB21.4635
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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 30 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4636
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4637
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4638
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 31 OF 32			
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4639
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4640
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4641
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 32 OF 32
	<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)
Ann Clemmer for Congress

Full Name (Last, First, Middle Initial) A. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.4642
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Unauthorized disbursement--withdrawal	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Roland Reed		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB21.4646
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Cash balance adjustment for unauthorized activities	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	11126.21