

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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 31

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))....	31405.00	31405.00
(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)).....	31155.00	31155.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	30133.44	30133.44
(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)).....	30133.44	30133.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	100534.73	
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).....	22007.83	

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).....	13600.00	13600.00
(ii) Unitemized.....	5305.00	5305.00
(iii) TOTAL of contributions from individuals ▶	18905.00	18905.00
(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))..	31405.00	31405.00
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.....	22007.83	22007.83
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	22007.83	22007.83
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	53412.83	53412.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30133.44	30133.44
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	10576.21	10576.21
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	40959.65	40959.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	88081.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	53412.83
25. SUBTOTAL (add Line 23 and Line 24).....	141494.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40959.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	100534.73

**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 31
	<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 31	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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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
0	3		3	1		2	0	1	4

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
0	3		2	8		2	0	1	4

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
0	1		2	9		2	0	1	4

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 31
	<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 31
	<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)
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

B. 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

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

Mailing Address 2105 S O Street

City Fort Smith State AR Zip Code 72901

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

Name of Employer State of AR Occupation State Rep

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

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: (check only one)	PAGE 9 OF 31
	<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. Michael Overstreet
Full Name (Last, First, Middle Initial)
Mailing Address 902 Muirfield Dr

City Oxford	State MS	Zip Code 38655
----------------	-------------	-------------------

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

Name of Employer Self-employed	Occupation 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

B. Timothy Peterman
Full Name (Last, First, Middle Initial)
Mailing Address 11315 Aplewood Dr

City Kansas City	State MO	Zip Code 64134
---------------------	-------------	-------------------

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

Name of Employer UMB Bank	Occupation 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

C. John Ponthie
Full Name (Last, First, Middle Initial)
Mailing Address 2723 Alvamar Dr

City Shreveport	State LA	Zip Code 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
 03 / 31 / 2014

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 10 OF 31
	<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 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
 03 / 31 / 2014

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
300.00

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

Mailing Address 726 Woody Dr

City State Zip Code
Alexander AR 72022

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
 03 / 20 / 2014

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
500.00

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

Mailing Address 3100 Edgestoune Lane

City State Zip Code
Little Rock AR 72205

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

Name of Employer Requested Occupation Requested
N/A 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

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

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

1050.00

**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 31
	<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)
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

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

Mailing Address 830 Briarwood Lane

City Coushing	State OK	Zip Code 74023
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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

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

Mailing Address PO Box 78

City Keiser	State AR	Zip Code 72351
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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
 02 / 27 / 2014

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period
300.00

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

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

1050.00

**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 31
	<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)
Terri Thompson

Mailing Address 721 Colonial Dr

City State Zip Code
Bryant AR 72022

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

Name of Employer Occupation
Thompson Electric 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
03 / 15 / 2014

Transaction ID : SA11AI.4351

Amount of Each Receipt this Period
500.00

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

Mailing Address 113 Medina Way

City State Zip Code
Hot Springs Village AR 71909

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

Name of Employer Occupation
Retired 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
03 / 17 / 2014

Transaction ID : SA11AI.4359

Amount of Each Receipt this Period
500.00

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

Mailing Address 37084 Sue St

City State Zip Code
Gelsmar LA 70734

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

Name of Employer Occupation
Requested 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
03 / 31 / 2014

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
1000.00

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

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

2000.00

13600.00

**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 31
	<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 State Zip Code
PADUCAH KY 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
5000.00

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 State Zip Code
Washington DC 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
5000.00

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 State Zip Code
Washington DC 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
2500.00

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 14 OF 31
	<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)
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 M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA13B.4483

Amount of Each Receipt this Period
 _____ 22007.83

Repayment of unauthorized disbursements-Paid off on 4/15/14

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 M / D 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 M / D 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 15 OF 31			
	<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 16 OF 31			
	<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 17 OF 31			
	<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 MM / DD / YYYY 02 / 05 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 256.00 Transaction ID : SB17.4438
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:	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement MM / DD / YYYY 03 / 04 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 0.10 Transaction ID : SB17.4439
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:	

Full Name (Last, First, Middle Initial) c. Oxford Graphics		Date of Disbursement MM / DD / YYYY 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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2256.10
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 18 OF 31			
	<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 / 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) B. 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:	

Full Name (Last, First, Middle Initial) c. 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 Transaction ID : SB17.4433
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).....	3380.45
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 31			
	<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 602.13		
City Little Rock	State AR	Zip Code 72201	Transaction ID : SB17.4434		
Purpose of Disbursement Print and stationary		001 Category/ Type			
Candidate Name					
Office Sought:	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 / 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		001 Category/ Type			
Candidate Name					
Office Sought:	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 / 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:	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).....	1493.11
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 31		
	<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. Republican Party of AR		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1201 West 6th Street		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.4440
City Little Rock	State AR	
Zip Code 72201	Purpose of Disbursement Filing fee	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. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 600 E Capitol Ave		Amount of Each Disbursement this Period 980.00 Transaction ID : SB17.4464
City Little Rock	State AR	
Zip Code 72202	Purpose of Disbursement Postage	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. 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 Transaction ID : SB17.4455
City Portland	State OR	
Zip Code 97229	Purpose of Disbursement Graphic design	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).....	16200.00
TOTAL This Period (last page this line number only).....	29601.64

**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 21 OF 31		
	<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 22 OF 31			
	<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 23 OF 31			
	<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	
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	
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	
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 24 OF 31			
	<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 25 OF 31			
	<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	
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 / 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	
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 502.00 Transaction ID : SB21.4630
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).....	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 26 OF 31			
	<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 27 OF 31			
	<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 28 OF 31			
	<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	
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	
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	
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 29 OF 31			
	<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 30 OF 31		
	<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 1050.00 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).....	1550.00
TOTAL This Period (last page this line number only).....	10576.21

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Ann Clemmer for Congress** Transaction ID : **SC/10.4483**

LOAN SOURCE Full Name (Last, First, Middle Initial) Roland Reed	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2200 Riverfront Dr #4311	

City	State	ZIP Code
Little Rock	AR	72201

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22007.83	0.00	22007.83

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 2014	4/15/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	22007.83
TOTALS This Period (last page in this line only).....	22007.83

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