

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Ann Clemmer for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	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))....	13010.00	94856.17
(b) Total Contribution Refunds (from Line 20(d))	18628.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-5618.00	94856.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	48574.76	3225.92
(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)).....	48574.76	3225.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5525.82	
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).....	8000.00	

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).....	5800.00	69366.17
(ii) Unitemized.....	2210.00	5490.00
(iii) TOTAL of contributions from individuals ▶	8010.00	74856.17
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	0.00
(d) The Candidate.....	0.00	20000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13010.00	94856.17
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	8000.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	8000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1077.82	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	22087.82	94856.17

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48574.76	3225.92
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	18628.00	0.00
(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)).....	18628.00	0.00
21. OTHER DISBURSEMENTS	538.91	3548.70
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	67741.67	6774.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	51179.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22087.82
25. SUBTOTAL (add Line 23 and Line 24).....	73267.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67741.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5525.82

**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 27
	<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)
Eric Andrews

Mailing Address 8725 Oltmans Hills Dr

City Benton State AR Zip Code 72019

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

Name of Employer State Farm Insurance Occupation Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.4864

Amount of Each Receipt this Period
300.00

B. 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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11AI.4861

Amount of Each Receipt this Period
50.00

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

Mailing Address P O Box 2407

City Fort Smith State AR Zip Code 72902

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
 05 / 09 / 2014

Transaction ID : SA11AI.4884

Amount of Each Receipt this Period
500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<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)
Jamie Clemmer

Mailing Address **P O Box 7878**

City **Little Rock** State **AR** Zip Code **72217**

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.4981

Amount of Each Receipt this Period
1000.00

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

Mailing Address **3603 Ashebury Pt**

City **Greenwood** State **AR** Zip Code **72936**

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

Name of Employer **Walters, Gaston** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.4872

Amount of Each Receipt this Period
500.00

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

Mailing Address **5813 Karen Drive**

City **North Little Rock** State **AR** Zip Code **72118**

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.4882

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 7 OF 27
	<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)
NRA Political Victory Fund

Mailing Address 11250 Waples Mill Rd

City State Zip Code
Fairfax VA 22030

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

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
 05 / 20 / 2014

Transaction ID : SA11AI.4880

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3308 Bauxite Cutoff Rd

City State Zip Code
Bauxite AR 72011

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

Name of Employer Occupation
Luigi's Pizza Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.4980

Amount of Each Receipt this Period
 200.00

C. 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

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period
 500.00

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

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

1700.00

**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 27
	<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 Walker

Mailing Address 865 Spotted Oak

City Elizabeth State AR Zip Code 72531

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

Name of Employer Mountain Home Schools Occupation Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11Al.4868

Amount of Each Receipt this Period
 1500.00

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).....

1500.00

5800.00

**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 27
	<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)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Mailing Address 1707 L STREET, NW
SUITE 750

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11C.4830

Amount of Each Receipt this Period
 5000.00

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).....

5000.00

5000.00

**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 27
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Ann Clemmer

Mailing Address **PO Box 7878**

City **Little Rock** State **AR** Zip Code **72217**

FEC ID number of contributing federal political committee. **C H4AR02158**

Name of Employer **State of AR** Occupation **State representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 / /
05 / 12 / 2014

Transaction ID : SA13A.4832

Amount of Each Receipt this Period

8000.00

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
 / /

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
 / /

Amount of Each Receipt this Period

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

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

8000.00

8000.00

**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 27
	<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: 22546.74

Date of Receipt: 05 / 22 / 2014

Transaction ID : SA15.4966

Amount of Each Receipt this Period: 538.91

Repayment of authorized withdrawals

B. 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: 23085.65

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA15.4985

Amount of Each Receipt this Period: 538.91

Replacement for bounced check

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

Amount of Each Receipt this Period

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

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

1077.82

1077.82

**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 12 OF 27	
	<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. AC Entergy Utility		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 123 Summit		Amount of Each Disbursement this Period 92.17
City Little Rock	State AR	
Zip Code 72227	Purpose of Disbursement Electricity	Transaction ID : SB17.4945
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:		

Full Name (Last, First, Middle Initial) B. Arkansas Federation of Young Republicans		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address P O Box 2474		Amount of Each Disbursement this Period 240.00
City Little Rock	State AR	
Zip Code 72203	Purpose of Disbursement Entry fee for debate	Transaction ID : SB17.4907
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:		

Full Name (Last, First, Middle Initial) C. Axiom		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 420 McKinley St		Amount of Each Disbursement this Period 4898.00
City Corona	State CA	
Zip Code 92879	Purpose of Disbursement Campaign strategies	Transaction ID : SB17.4901
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).....	5230.17
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 13 OF 27			
	<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. Candidate Command LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1420 NW Vvion Rd		Amount of Each Disbursement this Period 6670.00
City Kansas City	State MO	
Zip Code 64118	Purpose of Disbursement Mailers	Transaction ID : SB17.4922
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:		

Full Name (Last, First, Middle Initial) B. Ann Clemmer		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO Box 7878		Amount of Each Disbursement this Period 525.00
City Little Rock	State AR	
Zip Code 72217	Purpose of Disbursement Expenses for Lincoln Day events	Transaction ID : SB17.4942
Candidate Name	Category/ Type	
Office Sought: <input checked="" 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: AR District: 02		

Full Name (Last, First, Middle Initial) c. Corky's Ribs & BBQ		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 12005 Westhaven Dr		Amount of Each Disbursement this Period 390.15
City Little Rock	State AR	
Zip Code 72211	Purpose of Disbursement Food for fundraiser	Transaction ID : SB17.4936
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).....	7585.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27			
	<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 05 / 05 / 2014
Mailing Address PO Box 2747		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4893
City Bentonville	State AR	
Zip Code 72712	Purpose of Disbursement Accounting services	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. Daniels & Flynt		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 2747		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4933
City Bentonville	State AR	
Zip Code 72712	Purpose of Disbursement Accounting services	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. Laurus		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 80828		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.4934
City Atlanta	State GA	
Zip Code 30366	Purpose of Disbursement Consulting	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).....	1390.00
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 15 OF 27			
	<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

A. Laurus

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 80828

City Atlanta State GA Zip Code 30366

Purpose of Disbursement Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 27 / 2014

Amount of Each Disbursement this Period: 520.62

Transaction ID : SB17.4941

B. Law Office of James C Thomas III

Full Name (Last, First, Middle Initial)
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300

City Kansas City State MO Zip Code 64153

Purpose of Disbursement Legal and reporting fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 16 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.4915

c. Mentzer Media Services

Full Name (Last, First, Middle Initial)
Mailing Address 600 Fairmont Ave

City Towson State MD Zip Code 21286

Purpose of Disbursement TV ads

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 06 / 2014

Amount of Each Disbursement this Period: 25000.00

Transaction ID : SB17.4894

SUBTOTAL of Disbursements This Page (optional) 28520.62

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 27			
	<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. Mentzer Media Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 600 Fairmont Ave		Amount of Each Disbursement this Period 3500.00
City Towson	State MD	
Zip Code 21286	Purpose of Disbursement TV ads	Transaction ID : SB17.4903
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:		

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 11.50
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fee	Transaction ID : SB17.4977
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:		

Full Name (Last, First, Middle Initial) C. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 28.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fee	Transaction ID : SB17.4978
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).....	3540.25
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 27			
	<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. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 5.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fee	Transaction ID : SB17.4979
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:		

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 5.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fee	Transaction ID : SB17.4902
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:		

Full Name (Last, First, Middle Initial) C. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 86.25
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fee	Transaction ID : SB17.4914
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).....	97.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27			
	<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. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.4924
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit card processing fee	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. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 2.88 Transaction ID : SB17.4929
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit card processing fee	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. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 28.75 Transaction ID : SB17.4946
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit card processing fee	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).....	37.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 27	
	<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. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 11.50
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fee	Transaction ID : SB17.4947
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:		

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 144 Second St		Amount of Each Disbursement this Period 5.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card processing fee	Transaction ID : SB17.4948
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:		

Full Name (Last, First, Middle Initial) C. Provident Business Solutions		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address P O Box 30306		Amount of Each Disbursement this Period 424.93
City Little Rock	State AR	
Zip Code 77260	Purpose of Disbursement Bumper Stickers	Transaction ID : SB17.4899
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).....	442.18
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 27			
	<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. Saline County GOP		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 125 N Market		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4955
City Benton	State AR	
Zip Code 72015	Purpose of Disbursement Lincoln Day dinner & Ad	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. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 12309 Chenal Pkwy		Amount of Each Disbursement this Period 45.22 Transaction ID : SB17.4918
City Little Rock	State AR	
Zip Code 72212	Purpose of Disbursement Office supplies	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. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 600 E Capitol Ave		Amount of Each Disbursement this Period 6.80 Transaction ID : SB17.4909
City Little Rock	State AR	
Zip Code 72202	Purpose of Disbursement Postage	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).....	502.02
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 27		
	<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. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 600 E Capitol Ave		Amount of Each Disbursement this Period 74.80
City Little Rock	State AR	
Zip Code 72202	Purpose of Disbursement Postage	Transaction ID : SB17.4910
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:		

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 600 E Capitol Ave		Amount of Each Disbursement this Period 340.00
City Little Rock	State AR	
Zip Code 72202	Purpose of Disbursement Postage	Transaction ID : SB17.4911
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:		

Full Name (Last, First, Middle Initial) c. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 600 E Capitol Ave		Amount of Each Disbursement this Period 85.00
City Little Rock	State AR	
Zip Code 72202	Purpose of Disbursement Postage	Transaction ID : SB17.4919
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).....	499.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 27	
	<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. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 600 E Capitol Ave		Amount of Each Disbursement this Period 117.60
City Little Rock State AR Zip Code 72202	Category/Type	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.4935
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	Category/Type	
Purpose of Disbursement	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	Category/Type	
Purpose of Disbursement	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).....	117.60
TOTAL This Period (last page this line number only).....	47962.92

**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 27			
	<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. Patricia Cherry		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1315 Southridge Ct		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4986
City Ft. Smith	State AR	
Purpose of Disbursement Contribution 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. Rodney Dean		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 415 Rogers Ave		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4987
City Ft. Smith	State AR	
Purpose of Disbursement Contribution 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) C. Michael Morton		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 415 Rogers Ave		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4953
City Ft. Smith	State AR	
Purpose of Disbursement Contribution 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:	

SUBTOTAL of Disbursements This Page (optional)	7800.00
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 27			
	<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. Terry Morton		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2806 May Branch Point		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4988
City Ft. Smith	State AR Zip Code 72903	
Purpose of Disbursement Contribution refund	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:		

Full Name (Last, First, Middle Initial) B. Jerry Sams		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 3316 Pecan Grove Lane		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4951
City Alma	State AR Zip Code 72921	
Purpose of Disbursement Contribution refund	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:		

Full Name (Last, First, Middle Initial) c. David Veasman		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 129		Amount of Each Disbursement this Period 400.00 Transaction ID : SB20A.4950
City Brittany	State LA Zip Code 70718	
Purpose of Disbursement Contribution refund	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).....	5600.00
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 27			
	<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. Marilyn Veasman		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 10 North Linker Dr		Amount of Each Disbursement this Period 5200.00 Transaction ID : SB20A.4949
City Dover	State AR Zip Code 72837	
Purpose of Disbursement Contribution refund	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	18600.00

**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 26 OF 27	
	<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 05 / 28 / 2014
Mailing Address 2200 Riverfront Dr #4311		Amount of Each Disbursement this Period 538.91 Transaction ID : SB21.4958
City Little Rock State AR Zip Code 72201	Purpose of Disbursement Bounced check on repayment of unauthorized transfer	
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:		

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).....	538.91
TOTAL This Period (last page this line number only).....	538.91

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Ann Clemmer for Congress** Transaction ID : **SC/10.4832**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ann Clemmer	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 7878	

City	State	ZIP Code
Little Rock	AR	72217

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 12 / Y 2014	M M / D D / Y Y Y Y	% (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	8000.00
TOTALS This Period (last page in this line only).....	8000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	