

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
paula about for congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

	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))....	110.00	27924.99
(b) Total Contribution Refunds (from Line 20(d))	1524.00	18700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-1414.00	9224.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3049.71	31667.98
(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)).....	3049.71	31667.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	22852.93	
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).....	50000.00	

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

paula about 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).....	0.00	20050.00
(ii) Unitemized.....	110.00	7874.99
(iii) TOTAL of contributions from individuals ▶	110.00	27924.99
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	110.00	27924.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	50000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2.73	3.66
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	112.73	77928.65

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3049.71	31667.98
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	1524.00	18700.00
(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)).....	1524.00	18700.00
21. OTHER DISBURSEMENTS	0.00	246.76
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4573.71	50614.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	27313.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	112.73
25. SUBTOTAL (add Line 23 and Line 24).....	27426.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4573.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	22852.93

**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 5 OF 9			
	<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)
paula aboud for congress

Full Name (Last, First, Middle Initial) A. Terri Berg		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 1341 E. Greenlee Rd.		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4525
City Tucson State AZ Zip Code 85719	Purpose of Disbursement NGP reimbursement - APRIL	
Candidate Name paula aboud for congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

Full Name (Last, First, Middle Initial) B. First Bank - Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 62.70 Transaction ID : SB17.4496
City Ft. Lauderdale State FL Zip Code 33340	Purpose of Disbursement discount	
Candidate Name paula aboud for congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

Full Name (Last, First, Middle Initial) c. First Bank - Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 7.20 Transaction ID : SB17.4498
City Ft. Lauderdale State FL Zip Code 33340	Purpose of Disbursement service fee	
Candidate Name paula aboud for congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

SUBTOTAL of Disbursements This Page (optional).....	969.90
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 6 OF 9	
	<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)
paula aboud for congress

Full Name (Last, First, Middle Initial) A. First Bank - Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 72.12 Transaction ID : SB17.4508
City Ft. Lauderdale State FL Zip Code 33340	Purpose of Disbursement service fee	
Candidate Name paula aboud for congress		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 799 Ninth St. NW		Amount of Each Disbursement this Period 1667.79 Transaction ID : SB17.4499
City Washington State DC Zip Code 20001	Purpose of Disbursement Tax Payment	
Candidate Name paula aboud for congress		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

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:	
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1739.91
TOTAL This Period (last page this line number only).....	2709.81

**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 7 OF 9
	<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)
paula aboud for congress

Full Name (Last, First, Middle Initial) A. John Eli Aboud		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 1661 N. Swan Rd. Ste. 234		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4493
City Tucson	State AZ Zip Code 85712	
Purpose of Disbursement refund	Category/Type	
Candidate Name paula aboud for congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

Full Name (Last, First, Middle Initial) B. Michael Aboud		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 1661 N. Swan Rd. Ste. 234		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4492
City Tucson	State AZ Zip Code 85712	
Purpose of Disbursement refund	Category/Type	
Candidate Name paula aboud for congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

Full Name (Last, First, Middle Initial) c. Mary Ganapol		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 4012 E Calle Chica		Amount of Each Disbursement this Period -100.00 Transaction ID : SB20A.4527
City Tucson	State AZ Zip Code 85711	
Purpose of Disbursement Refund ck not cashed	Category/Type	
Candidate Name paula aboud for congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

SUBTOTAL of Disbursements This Page (optional).....	900.00
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 8 OF 9	
	<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)
paula aboud for congress

Full Name (Last, First, Middle Initial) A. Jill Maratea		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 4721 E. Lee St.		Amount of Each Disbursement this Period -50.00 Transaction ID : SB20A.4528
City Tucson State AZ Zip Code 85712	Purpose of Disbursement Refund ck. not cashed	
Candidate Name paula aboud for congress		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

Full Name (Last, First, Middle Initial) B. Jan Rickert Mueller		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 4220 N Pontatoc Rd		Amount of Each Disbursement this Period -50.00 Transaction ID : SB20A.4529
City Tucson State AZ Zip Code 85718	Purpose of Disbursement Refund ck. not cashed	
Candidate Name paula aboud for congress		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 02		

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).....	-100.00
TOTAL This Period (last page this line number only).....	800.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4218**
 paula aboud for congress

LOAN SOURCE Full Name (Last, First, Middle Initial) paula aboud for congress	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1341 E. GREENLEE RDD	

City	State	ZIP Code
TUCSON	AZ	85719

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 06 / 2012	na	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).....	50000.00
TOTALS This Period (last page in this line only).....	50000.00

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